



Waipapa
Taumata Rau
University
of Auckland



Prevention of the abuse of Takatāpui and Rainbow older people

Kia oraora ngā puāwai i te puhikaiooreore,
ka ū te kanorau ki te kāuru katoa

Dickson, S., Tashkoff, A., Roberts, S., Wang-Yu, S., & Peri, K.

October 2026



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Acknowledgements

About Hohou Te Rongo Kahukura – Outing Violence

Hohou Te Rongo Kahukura – Outing Violence is a charitable trust focused on building Takatāpui and Rainbow communities free of violence. We operate with a Te Tiriti structure, are survivor-led, and take a community development and research-based approach to prevent violence and improve responses after violence. We offer training, advice, and support for violence response agencies and policy-makers; regional family violence intervention in the Waikato; and a national sexual violence service supporting Takatāpui and Rainbow survivors all over Aotearoa.

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This report comes alive through interviews with community experts. Our final mihi is to their generous sharing of lived and professional experiences of Takatāpui and Rainbow older people. We are committed to ensuring the needs of older people are visible and prioritised within Takatāpui and Rainbow communities, and across every service, policy, strategy, and programme for older people in Aotearoa.

Research team

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Sandra Dickson (she/they) brings over 30 years' experience working in family and sexual violence prevention at local, national, and international levels. Beginning as a social worker, for the last 20 years they have focused on research, community development, and supporting effective violence prevention and responses to Takatāpui and Rainbow communities. In 2022, Sandra led extensive community engagement research focused on the needs of Takatāpui and Rainbow older people, and they are committed to community research and the insights that come from lived experience. Sandra is a Pākehā, gender-non-conforming bisexual woman of Scottish, Canadian, and English descent who came out in the 1980s. They are also autistic and a survivor.

Anna Tashkoff – Kaiārahi Rangahau Takatāpui (Takatāpui Research Lead)

He uri tēnei o ngā hekenga whakapapa nō Te Tai Rāwhiti, nō Te Tai Tokerau, nō Kōtirana, nō Purukāria, nō Hōrana anō hoki. Ko Āniwaniwa tōku ingoa. Ko Ana, ko Anna rānei ōku ingoa kārangaranga. Ana identifies as a wahine takatāpui (ia/she/her) and is passionate about working in spaces that prioritise the wellbeing of tāngata whenua, as well as tāngata Takatāpui and Rainbow communities. From joining Hohou Te Rongo Kahukura in 2023 as a trainer, and later as Kaiārahi Rangahau Takatāpui, her role in this project has involved interviewing, writing, reviewing, guiding, and consulting, with the goal of creating positive change for our peoples.

Summer Roberts – Pourangahau (Researcher)

He uri tēnei nō Ngāti Maniapoto me Ngāti Mahuta. Summer (ia/she/her) provided a Māori lens as a contributing author, giving Māori insight and perspective in her role in this project as a researcher. With a background in education and lived experiences as Māori, Takatāpui, a survivor, and as a support carer for her 95-year-old grandmother, this project has been both personally meaningful and professionally enriching.

University of Auckland

Dr. Kathy Peri

Kathy is a researcher with expertise in ageing, dementia care, and health services research. Her work focuses on improving the quality of life and care outcomes for older adults, particularly those living with cognitive impairment, and vulnerable older people through applied, interdisciplinary research. Dr Peri has led and contributed to nationally and internationally recognised studies, working closely with health professionals, community organisations, and policy-makers to translate research findings into practical improvements in care practice and policy. Kathy has led three projects related to the abuse of older people (AOP) funded by MSD over the past four years. The most recent projects developed a Risk Assessment Tool to be used in AOP situations and Takatāpui and Rainbow community contexts.

Sihan Wang-Xu

Sihan (they/she) is a PhD candidate in Gender Studies at the University of Auckland. They are a queer, non-binary researcher and community organiser with a deep interest in space-making, queer experience, and collective belonging. Their current PhD project studies the online Baihe fanfiction community using digital ethnography.

Contents

Acknowledgements.....	1
About Hohou Te Rongo Kahukura – Outing Violence	1
Mihi – Acknowledgements.....	1
Research team.....	1

Executive Summary.....	6
Project aims, background, and research methodology	6

Chapter One:	
Introduction.....	12
Terms used in this report	13
Project elements	13
Background and context: colonisation and history of Takatāpui and Rainbow older people in Aotearoa New Zealand.....	14
Theoretical framework	18

Chapter Two:	
Research literature reviews	19
Introduction	20
Societal factors shaping abuse	22
Community factors shaping abuse	31
Relational factors shaping abuse	40
Individual-level factors shaping abuse	46

Chapter Three:	
New Zealand policy documents: a thematic analysis.....	51
AOP policy context	52
Absence of Takatāpui and Rainbow older people	53
Takatāpui and Rainbow specific policy content.....	54

Chapter Four:

Community expert insights	61
Recognising abuse of Takatāpui and Rainbow older people	63
Kaumātua Takatāpui and the lived realities of colonisation.....	64
Societal factors shaping abuse	71
Community factors shaping abuse	78
Relational factors shaping abuse	93
Individual factors shaping abuse	103

Chapter Five:

Discussion and recommendations	108
Foundations: context for systemic change	109
Short-term priorities: increase immediate safety	110
Medium-term priorities: expand supports and help-seeking pathways.....	111
Longer-term priorities: support systemic change	113

Appendices	115
Appendix 1: Terminology used in this report	115
Appendix 2: Legal rights timeline.....	123
Appendix 3: International literature review methodology	125
Appendix 4: International literature review annotated bibliography table.....	127
Appendix 5: National literature review methodology	146
Appendix 6: National literature review annotated bibliography table	147
Appendix 7: New Zealand policy review methodology	160
Appendix 8: Policy review table	161
Appendix 9: Community expert interviews methodology	168
Appendix 10: Consent form.....	169
Appendix 11: Participant information sheet.....	171
Appendix 12: Interview guide	175
Appendix 13: Interviewer selection sheet	179

References	180
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Figures

Figure 1: Social Ecological Framework	18
Figure 2: International literature review PRISMA flow diagram.....	126

Tables

Table 1: Societal risk factors.....	22
Table 2: Societal protective factors	28
Table 3: Community risk factors	31
Table 4: Community protective factors	38
Table 5: Relational risk factors	40
Table 6: Relational protective factors	44
Table 7: Individual risk factors.....	46
Table 8: Individual protective factors	49
Table 9: Key themes of Takatāpui and Rainbow sections	54
Table 10: Community expert demographics.....	62
Table 11: Community expert insights into societal risk and protective factors	71
Table 12: Community expert insights into community risk and protective factors	78
Table 13: Community expert insights into relational risk and protective factors.....	93
Table 14: Community expert insights into individual risk and protective factors	103
Table 15: International literature review table	127
Table 16: National literature review annotated bibliography table	147
Table 17: Policy review table.....	161

Executive Summary

Project aims, background, and research methodology

There is limited research focused on the perspectives, recognition, and experiences of the abuse of older people (AOP) within diverse communities, including Takatāpui and Rainbow communities in Aotearoa New Zealand. In addition, there are gaps in understanding systemic factors that may contribute to AOP for these communities. The *Prevention of abuse of older people* work programme, led by the Ministry of Social Development | Te Manatū Whakahiato Ora, focuses on building the foundations needed to better understand, prevent, and respond to AOP in Aotearoa New Zealand. This report sits within that work programme, focusing on the prevention of abuse of Takatāpui and Rainbow older people, including different forms of physical, sexual, financial, psychological, cultural and spiritual harm, and neglect.

Within the same programme, the national prevalence survey of those older than 55 living in the community found Takatāpui and Rainbow older people were nearly twice as likely as the general older population to report experiencing harm in the last 12 months, due to the compounding effects of discrimination, marginalisation, and exclusion over time. Financial harm (14% cf 3.8%), cultural and spiritual harm (12.8% cf 3%), and physical harm (10.1% cf 2.6%) were all experienced at four times the rates of the general older population.¹ AOP is also layered over higher lifetime rates of partner violence and sexual violence for Takatāpui and Rainbow communities.²

Findings in this report draw from three methods of information gathering:

- A comprehensive review of international and national research literature
- A review of the current New Zealand AOP system and policy context, and a thematic analysis of how this addresses the needs of Takatāpui and Rainbow older people
- An exploration of the differences between diverse groups within Takatāpui and Rainbow communities via 10 community expert interviews.

1 Meehan et al., 2026.

2 Ministry of Justice | Te Tāhū o te Ture, 2025.

Key messages at a glance

- Takatāpui and Rainbow older people experience specific identity-based harm in healthcare, aged-residential care (ARC), and social services.
- Family rejection, estrangement, and lack of acceptance is common.
- Cumulative **minority stress** is a significant barrier to help-seeking.
- Takatāpui and Rainbow older people need inclusive, culturally specific, and competent support.
- Takatāpui and Rainbow older people are often unacknowledged in key AOP systems, strategy, and policy documents.
- Specific, tailored AOP services and resources must be developed for Takatāpui and Rainbow older people.
- There is an urgent need for systemic change to improve the prevention and response to the abuse of Takatāpui and Rainbow older people.

Takatāpui and Rainbow older people experience specific identity-based harm in healthcare, aged-residential care (ARC), and social services

Within healthcare and social services, specific forms of identity-based abuse and harm stem from colonisation and the legacies of the criminalisation and pathologisation of Takatāpui and Rainbow identities. In addition, system and practice assumptions that older people are not Takatāpui or Rainbow create inequities and invisibility of their specific needs.

There are significant gaps in foundational training and policy, system, and ongoing capacity building, which leave healthcare and social services lacking the necessary Rainbow competencies. This is particularly in relation to cultural diversity and the experiences of older bisexual people, **trans and non-binary people**, **intersex** people, and people living with HIV (PLHIV). These gaps in training, policy, and capacity building are directly responsible for institutional abuse and can significantly limit the pathways available for Takatāpui and Rainbow older people facing abuse to seek help.

Family rejection, estrangement, and lack of acceptance is common

Rejection and violence from families and whānau across the lifespan creates significant minority stress, reduces help and support for many Takatāpui and Rainbow older people, and increases the risk of all forms of AOP. This includes further identity-based abuse and conversion practices or attempts to change the identities of Takatāpui and Rainbow older people. Those who come out later in life may be considered deceitful or targeted for harm by former partners, adult children, and grandchildren. Families and in-laws may also fail to recognise **Rainbow relationships**, exclude partners from funerals and end-of-life decision-making, and force Takatāpui and Rainbow older people to hide their identity within ARC contexts. These experiences are understood by many Takatāpui and Rainbow older people as forms of identity-based spiritual abuse.

Cumulative minority stress is a significant barrier to help-seeking

While New Zealand's legislative changes to extend citizenship rights are significant and positive, they have not ended discrimination, stigma, and exclusion. This is particularly relevant for Takatāpui and Rainbow older people, due to the cumulative impacts of lifetime discrimination, as well as being part of generations more likely to hold discriminatory views.³ Minority stress (the additional stress faced by marginalised groups as a result of such discrimination, stigma and exclusion) negatively influences life expectancy, physical and mental health outcomes, housing security, income and employment for Takatāpui and Rainbow people, particularly for those who also experience other intersecting marginalisations, including HIV stigma.

Cumulative minority stress also shapes Takatāpui and Rainbow people's trust in institutions, reduces opportunities for social connection, and impacts their willingness and/or ability to seek help after abuse. Older people who are fearful of discrimination when talking about their relationships, sexuality, or gender identity may find asking for help after identity-based harm or partner violence extremely difficult, particularly if the person causing harm is also part of Takatāpui and Rainbow communities.

Takatāpui and Rainbow older people need inclusive, culturally specific, and competent support

Existing international and national research, though limited, identifies and often replicates a focus on the needs of older white/Pākehā lesbians and gay men who are open about their identities. Yet Takatāpui and Rainbow older people may differ in terms of sexuality and gender journeys, age, ethnic and cultural belonging, gender, disability status, sexuality, HIV status, and/or socio-economic status. Differing lived experiences shape distinct contexts for AOP, influence help-seeking behaviours, and affect the accessibility of resources and supports.

Therefore, social support and abuse response services for Takatāpui and Rainbow older people must offer inclusive, culturally specific, and competent support. Opportunities to reclaim and affirm traditional identities and intersections between culture and sex, sexuality, and gender diversity protect against abuse for Māori, Pacific, and Ethnic⁴ Rainbow older people, including within families and whānau. The needs of older bisexual people, trans and non-binary people, intersex people, and PLHIV must not be assumed to be the same as the needs of older lesbians and gay men.

Takatāpui and Rainbow older people are often unacknowledged in key AOP systems, strategy, and policy documents

Takatāpui and Rainbow older people are not named as a priority group in key AOP systems, strategy, and policy documents in Aotearoa New Zealand. Most documents fail to mention Takatāpui and Rainbow older people at all. Where relevant content exists, Takatāpui and Rainbow older people are most likely to appear within a list of marginalised communities.

3 See [Appendix 2](#) for a brief timeline of significant legislation that restricted and later extended citizenship rights to Takatāpui and Rainbow people in Aotearoa New Zealand.

4 Please note, the authors have capitalised Ethnic as a proper noun when relating to personhood or specific communities such as those defined by the Ministry for Ethnic Communities | Te Tari Mātāwaka, including long-term settlers, former refugees, migrants, and multi-generational New Zealanders who identify as Middle Eastern, African, Continental European, Latin American, or Asian. When referring to the concept more broadly, ethnic/ethnicity has not been capitalised.

A minority of AOP systems, strategy, and policy documents acknowledge that existing services for older people, including those offering support after abuse, may not be appropriate for Takatāpui and Rainbow older people. These documents describe factors that increase the risk of AOP as generational context, discrimination, social isolation, and family disconnection for Takatāpui and Rainbow older people. They further articulate aspirations for inclusive, supportive, and culturally competent services, including recommendations for policy and workforce capability development.

Specific, tailored AOP services and resources must be developed for Takatāpui and Rainbow older people

Between invisibility and discrimination in older people's community services, and ageism and exclusion in Takatāpui and Rainbow community groups, there is a lack of specific, safe, and mana-enhancing support for Takatāpui and Rainbow older people. This includes AOP supports.

The development of specific, tailored AOP services for older Rainbow and Takatāpui people would offer the opportunity to provide nuanced, mana-enhancing support, including for older people who may have had past negative experiences of help-seeking after family violence or sexual violence. Ideally, the design of targeted support would enhance social connections and reduce isolation, critical to preventing and responding to AOP. Specialist abuse response services should also help guide the necessary shifts in mainstream abuse responses and improve the understanding of abuse more broadly.

There is an urgent need for systemic change to improve the prevention and response to the abuse of Takatāpui and Rainbow older people

Preventing and responding to the abuse of Takatāpui and Rainbow older people requires urgent action across policy, funding, service delivery, workforce development, data collection, and community capacity building. We consider several elements foundational to these necessary shifts, including giving effect to Te Tiriti o Waitangi; the explicit inclusion of Takatāpui and Rainbow older people as a priority group in national ageing, health, AOP, and social policy development; and ensuring human rights protections are fit for purpose.

Recommendations

Based on our research findings, this report presents 24 detailed recommendations to improve AOP prevention and response services for Takatāpui and Rainbow older people, with a focus on increasing immediate safety, expanding supports and help-seeking pathways, and supporting systemic change.

Short-term key priorities to increase immediate safety:

- Resource community-led AOP prevention, and response services designed specifically for Takatāpui and Rainbow older people.
- Develop tailored and culturally diverse resources for Takatāpui and Rainbow older people, families, and whānau on ageing well, healthy relationships, legal protections and complaints processes, and digital safety.

Medium-term key priorities to expand supports and help-seeking pathways:

- Develop foundational training for housing, healthcare, and social services professions to improve Rainbow competency.
- Invest in **Kaupapa Māori** and culturally specific research, services, and workforce development for Takatāpui and Rainbow older people.
- Develop policy-driven and culturally safe Rainbow competency standards in housing, healthcare, ARC, and social services, accompanied by commitments to professional development and capacity building towards respectful practices.
- Strengthen and promote effective and independent complaints processes for state agencies and state-funded housing healthcare, ARC, and social services to improve systemic accountability.

Longer-term key priorities to support systemic change:

- Establish leadership on Takatāpui and Rainbow community issues within government and improve data collection guidelines and standards.
- Increase research funding and ensure the visibility of Takatāpui and Rainbow older people in national campaigns to reduce ageism.
- Ensure access to adequate income for Takatāpui and Rainbow older people, including reviewing the residency status requirement for New Zealand superannuation, which has specific, negative impacts for older migrant Rainbow people.

Together, these recommendations seek to prevent and respond effectively to abuse, and uphold the dignity, safety, and wellbeing of Takatāpui and Rainbow older people in Aotearoa New Zealand.

Limitations

The timeframe and scope for this research resulted in several limitations. The international literature review was restricted to examining published English language research. The policy review was restricted to New Zealand, so did not consider policy contexts or indigenous approaches to preventing and responding to the abuse of Rainbow older people in other countries.

In addition, interviews were limited to 10 community experts. The importance of diverse perspectives, all of which could bring in knowledge about the needs of Takatāpui and Rainbow older people, was critical for the research team. Nevertheless, given the considerable diversity that exists within Takatāpui and Rainbow communities, without doubt some perspectives will have been less well-explored. We also did not seek to interview older people directly experiencing abuse or harm, though many personal experiences were shared by those interviewed.

Finally, this research did not include opportunities to wānanga with family and whānau to include caregiver perspectives, particularly important for Māori, Pacific, and other collective cultures. Exploring barriers and enablers to providing safe support for Takatāpui and Rainbow older people through wānanga with kaupapa Māori services and Pacific, Ethnic, and mainstream older person's services could also have contributed an additional and useful perspective to this report.

Chapter One: Introduction



There is limited research focused on the perspectives, recognition and experiences of the abuse of older people (AOP) within diverse communities, including Takatāpui and Rainbow communities in Aotearoa New Zealand. In addition, there are gaps in understanding systemic factors that may contribute to AOP for these communities. The *Prevention of abuse of older people* work programme, led by the Ministry of Social Development | Te Manatū Whakahiato Ora, focuses on building the foundations needed to better understand, prevent, and respond to AOP in Aotearoa New Zealand. This report sits within that work programme, focusing on the prevention of abuse of Takatāpui and Rainbow older people, including different forms of physical, sexual, financial, psychological, cultural and spiritual harm, and neglect.

In alignment with the wider work programme, this report uses the following working definition of AOP:

A single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person (Qu et al., 2021).

Terms used in this report

AOP is a relatively recent term. Existing policy, and international and national research literature, predominantly use the term elder abuse to refer to experiences of harm that fall under AOP. This report will refer to elder abuse when the term is used in the context of existing policy and research literature.

In this report, **Takatāpui and Rainbow communities** is used as an umbrella term for people whose innate sex characteristics, gender identity or expression, or sexuality differ from dominant binary norms.⁵ Existing policy and international and national research contexts use a range of umbrella terms for these populations, so the specific terminology will be used for accuracy when referencing specific literature or policies. Takatāpui and Rainbow will be used when summarising multiple sources.

Project elements

This report uses three elements to investigate and understand abuse of Takatāpui and Rainbow older people, explored in the following chapters:

- **Chapter Two:** A comprehensive review of international and national research literature.
- **Chapter Three:** A review of the current New Zealand AOP system and policy context, and thematic analysis of how this addresses the needs of Takatāpui and Rainbow older people.
- **Chapter Four:** An exploration of differences between the diverse groups within Takatāpui and Rainbow communities via 10 community expert interviews.
- **Chapter Five:** Weaves together the different project elements to highlight recommendations to prevent and respond to the abuse of Takatāpui and Rainbow older people that emerge from our findings.

5 See [Appendix 1](#) for terminology, including kupu Māori and terms related to sex, sexuality, and gender diversity used in this report.

Background and context: colonisation and history of Takatāpui and Rainbow older people in Aotearoa New Zealand

At least 4.9% of adults in Aotearoa New Zealand identify as part of the LGBTIQ+ communities, one in three of whom are bisexual women. Adults over 65 years old make up 7.4% of the total LGBTIQ+ population, but represent only 1.8% within their own age group, the lowest of all age brackets. According to Stats NZ, this is due to changes in social, economic, political, and legal rights for LGBTIQ+ people over time. LGBTIQ+ adults over 65 are also more likely to be disabled than their non-LGBTIQ+ age group peers (Stats NZ | Tatauranga Aotearoa, 2025).

To mark the International Day of Older Persons in October 2023, the United Nations highlighted concerns about the human rights of LGBT older people, and encouraged member states to develop and implement measures to reduce violence and discrimination (United Nations, 2023). They identified human rights challenges stemming from cumulative discrimination and minority stress, including in relation to access to safe and respectful healthcare, lack of recognition of chosen families, and the potential for pervasive discrimination and violence within care institutions. Human rights violations at end-of-life and death were also identified, including exclusion of partners and **chosen family**, and funeral processes that denied an older person's identity.

Takatāpui and Rainbow older people in Aotearoa New Zealand grew up during periods marked by criminalisation, pathologisation, and forced concealment of identity. This generational context impacts on all Takatāpui and Rainbow older people. In addition to concerns named by the United Nations, the specific context in Aotearoa New Zealand includes the impacts of colonisation on Takatāpui and Rainbow communities.

The following section explores the enduring impacts of colonial values and their ongoing influence on the lived realities of Takatāpui and Rainbow **kaumātua**. These forces intersect with age, ethnic and cultural belongings, gender, disability status, sexuality, and/or socio-economic status to produce compounded forms of marginalisation and discrimination. Over generations, colonial values have been reinforced through Crown policies and internalised within whānau and communities, shaping social attitudes, behaviours, and care practices in ways that continue to disadvantage Takatāpui and Rainbow kaumātua today.⁶

The negative impacts of Western individualism on the Māori cultural collective

Whakapapa is fundamental to Māori identity, recognising genealogical and spiritual connections that provide a sense of belonging and uphold intergenerational relationships and obligations essential to sustaining wellbeing (Kerekere, 2017). Within this framework, the principle of **taonga tuku iho**, the care and nurturing of ancestral treasures, including mātauranga Māori and whakapapa, is entrusted to kaumātua to pass down to younger generations, with the status, tradition, and integrity of the people relating chiefly to the visible presence and authority of its elders (Durie, 1999).

6 For a brief timeline of relevant legislation introduced by the Crown since 1858, see [Appendix 2](#).

However, Western individualism emphasises the individual over the collective and advocates personal autonomy, self-reliance, and individual freedom. As **McBreen (2012, p.28)** notes, “many Māori have whakapapa as their first source of identity; however, as a consequence of colonisation, many do not know or care to know their whakapapa.” Individualistic principles were reinforced through government mechanisms such as the 1862 and 1865 Native Lands Acts, resulting in dispossession, housing insecurity, and severed intergenerational ties, as well as the 2003 Limited Employment Locations policy.⁷ This meant individuals within whānau and care structures for kaumātua were forced to relocate, uprooting kaumātua from their ancestral lands or leaving them isolated and alone (Allison et al., 2026).

This colonial shift has negatively impacted indigenous collective identities, values, and **tikanga (Pihama et al., 2020)**, disrupting the holistic balance of **hauora** by isolating individuals from whānau and neglecting the interconnected nature of self, belonging, and collective identity. Diminished opportunities for kaumātua to share intergenerational knowledge devalues their mana and positions them as dependents within systems that continue to reflect Western frameworks of ageing. These effects are intensified by reduced engagement in **marae** life, limited whānau support, and increasing financial pressures (Allison et al., 2026). Due to ageism imported through colonisation, as well as the negative impacts of cultural disconnection, kaumātua Takatāpui face increased vulnerability and barriers to wellbeing.

Christianisation and ‘civilisation’ marginalised Māori fluidity and diversity

Māori understandings of gender and sexuality were more fluid, diverse, and accepting than that of Victorian Britain. Sexuality and gender-diverse people were recognised and accepted within collective, spiritual, and familial contexts, with the roles of all genders valued as essential to collective survival (Kerekere, 2017).

The arrival of missionaries in 1814 marked the beginning of assimilation and the establishment of colonial hegemony in Aotearoa. Through discrete yet pervasive psychological and physical violence, missionaries sought to dismantle Māori traditions and the tikanga-based societal framework, replacing it with Church-sanctioned truth: the conviction that salvation and civilisation were inseparable from Christianity and British cultural norms (Wallace, 2021). Māori spirituality was framed as primitive or heathen, positioning missionaries as moral saviours tasked with redeeming an ‘uncivilised’ people in their own image (Klink, 2019, as cited in Wallace, 2021). This moral paternalism justified cultural domination or assimilation not as oppression, but as an act of kindness, or moral uplift. However, it signalled the beginning of a profound intergenerational disconnection from Māoritanga and the emergence of colonial power as both spiritual and psychological control. This had deep ramifications for kaumātua Takatāpui through importing rigid, binary notions of gender, **heteronormativity**, and patriarchal valuing of masculinity over femininity, reinforced through Christianity.

7 For more information on this policy, see Evans (2007) and Work and Income | Te Hiringa Tangata (n.d.).

The introduction of missionary schools from 1816, and later the Native Schools Act 1867, further advanced the colonial agenda by seeking to Christianise and assimilate Māori. Literacy education was delivered primarily through the Bible, reinforcing Christian doctrine while simultaneously displacing Māori cosmologies. **Te reo Māori** was banned, with breaches punished harshly. Children were “given a walloping that would leave marks on their hands and legs” for speaking te reo Māori at school (Simon & Smith, 2001, as cited in Hoskins et al., 2020, p. 43). Christianisation profoundly affected Māori understandings of gender, sexuality, and social norms, encouraging Māori to adopt Christian names, replacing ancestral names that reflected whakapapa and gender inclusivity (Wallace, 2021). Missionaries imposed rigid moral codes that defined ‘normal’ sexual behaviours and **gender expressions** through a heteronormative Christian lens, along with exclusionary practices that stigmatised non-heteronormativity, positioning Takatāpui identities as deviant or immoral (Reynolds, 2012, as cited in Pihama et al., 2020) and creating intergenerational trauma for kaumātua Takatāpui (McBreen, 2012).

The loss of sovereignty extended beyond political and cultural domains to include spiritual authority. **Tohunga**, often elders of high status and deep spiritual knowledge, were systematically discredited under colonial Christian ideologies with the introduction of the Tohunga Suppression Act in 1907, repealed in 1962. This marginalisation severed traditional lines of spiritual leadership and diminished Māori systems of health, education, and knowledge transmission (Wallace, 2021), meaning tāngata Takatāpui who were being persecuted, criminalised, and culturally disenfranchised could also not access culturally appropriate care for their wellbeing.

The English Laws Act 1858 and subsequent legislation, including the Crimes Act (1908, 1961), criminalised sexual activity between men, reinforcing stigma and forcing Takatāpui to conceal their identities. These laws institutionalised Christian morality within state structures, entrenching shame and exclusion that persists in the lives of many kaumātua Takatāpui.

Intersectionality frames layers of lifetime marginalisation

In addition to the historical and ongoing impacts of colonisation and assimilation, kaumātua Takatāpui face a lifetime of marginalisation and systemic discrimination through racism, ageism, heteronormativity, classism, and **ableism**, within both Māori and Pākehā structures (Dickson et al., 2023). Intersectionality provides a framework for understanding how multiple aspects of identity interact to shape experiences of privilege and marginalisation (Crenshaw, 1989, as cited in Kerekere, 2017).

Many kaumātua Takatāpui have experiences of racism and discrimination from health professionals who lack understanding of both Māori worldviews and diverse sexual or gender identities. These discriminatory beliefs and practices contribute to a mistrust of mainstream services, leading to delayed care, underreporting of health concerns, and poorer health outcomes (Pihama et al., 2020). **Te Tāhū Hauora | The Health Quality and Safety Commission (2023)** identifies that health assessments for older people often focus on deficits rather than strengths, creating barriers to culturally responsive care for kaumātua.

In **te ao Māori**, age brings not only respect and recognition, but also obligations and expectations to fulfil roles and responsibilities on and outside the marae (Durie, 1999). These responsibilities, such as attending tangihanga, can present practical and financial challenges. Gendered roles in some traditional processes can raise complex questions about the inclusion of sexuality and gender-diverse whānau members in these roles (Kerekere, 2017). Furthermore, due to colonisation and assimilation many kaumātua lack access to te reo Māori and other cultural resources, limiting their ability to fully express or assert their identities within Māori and Takatāpui communities.

Intersectionality is also evident within whānau Māori, where caregiving roles are often assumed rather than chosen, with the expectation that children will care for their parents as they age (Allison et al., 2026). In contemporary times, these responsibilities often fall disproportionately on women, reinforcing colonial, patriarchal gender roles that position women as carers, limiting participation in societal roles, including paid work, and impacting economic outcomes and wellbeing, starting at younger ages for wāhine Māori compared to non-Māori wāhine (Schulze et al, 2024). Within a Māori worldview of collective and relational wellbeing, these intersecting pressures ripple through the whānau, shaping their capacity to provide care and support. As a result, the wellbeing of kaumātua Takatāpui cannot be separated from the wellbeing of those who carry these responsibilities.

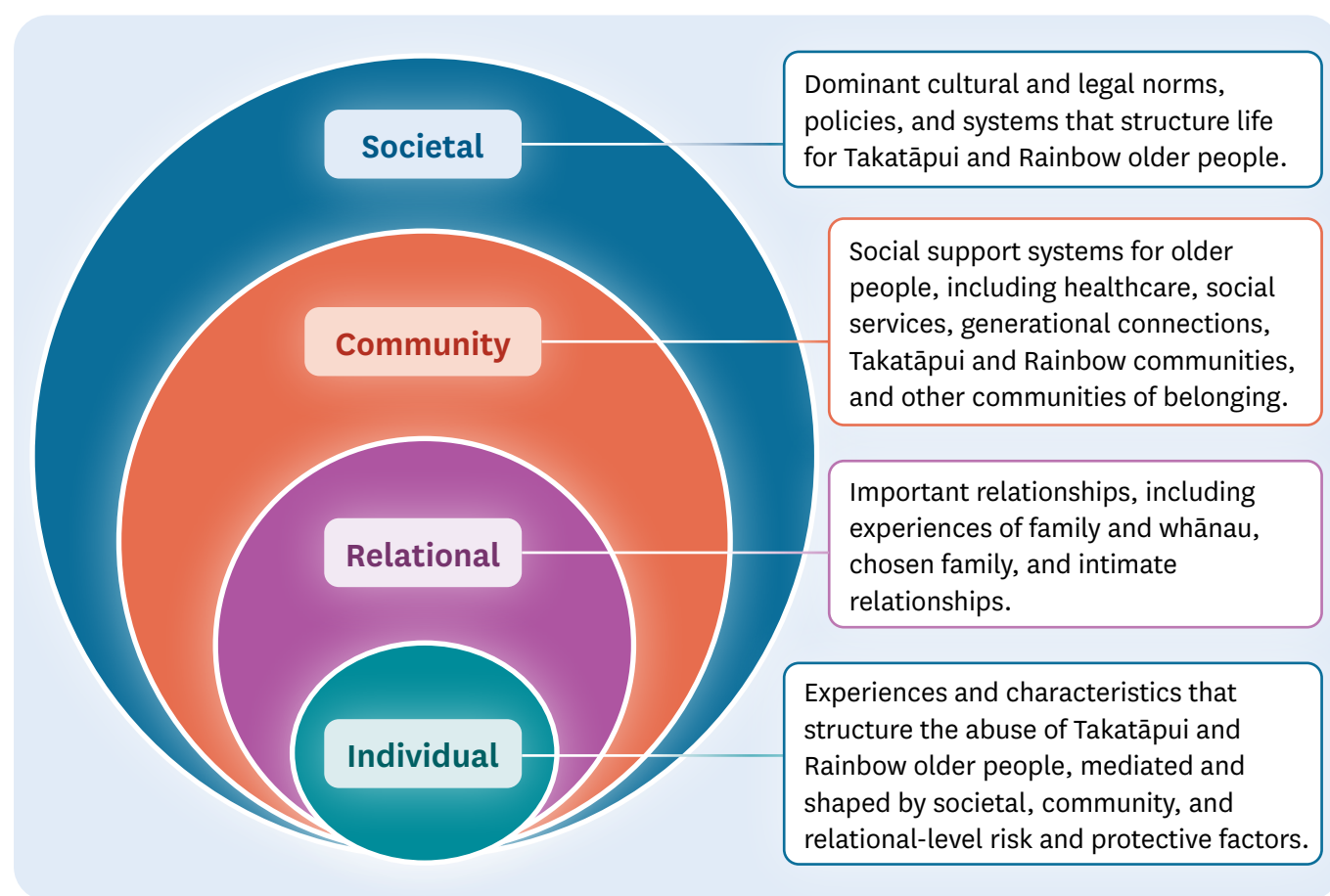
Taken collectively, these intersecting, deeply layered forms of marginalisation reinforce the impacts of assimilation and Western values for both kaumātua Takatāpui and the whānau who care for them. For kaumātua Takatāpui, the enduring impacts of colonisation and intergenerational trauma frame their experiences as Māori, as kaumātua, and as Takatāpui. The Victorian British values underpinning colonisation underpin the systemic marginalisation of all Takatāpui and Rainbow older people in Aotearoa New Zealand, including those from other nations or peoples also marginalised through colonisation and Christianisation who now call Aotearoa New Zealand home.

Theoretical framework

This report uses the Social Ecological Framework (SEF) to explore and analyse the complex interplay between individual behaviours and the broader contexts in which they occur. The SEF highlights how social relationships, community contexts, and broader societal systems collectively contribute to experiences of abuse and harm for Takatāpui and Rainbow older people. The framework enables the exploration of cross-cultural differences and contextual complexities.

Risk and protective factors at each level are examined in Chapter Two through international and national literature reviews, and Chapter Four through community expert interviews.

Figure 1: Social Ecological Framework⁸



8 This social ecological framework utilises McLeroy et al., (1988) to explore factors specific to the abuse of Takatāpui and Rainbow older people.

Chapter Two: Research literature reviews



Introduction

This chapter explores international and national literature review research findings concerning both risk and protective factors for the abuse of Takatāpui and Rainbow older people. Risk and protective factors are explored using the Social Ecological Framework (SEF) at the societal, community, relational, and individual levels. These literature reviews informed both the design of the community expert interviews discussed in Chapter Four and the discussion and recommendations in Chapter Five.

The international literature review analysed 90 peer-reviewed articles using **Grant and Booth's (2009)** Search, Appraisal, Synthesis, and Analysis (SALSA) framework.⁹ The literature was predominantly drawn from Western contexts and largely reflected Western-centric terminology, including terms such as lesbian, gay, bisexual, transgender, and acronyms such as LGBT+ and variants.¹⁰

We found that empirical international literature was predominantly published from Canada, the United States, and the United Kingdom. Canada and the United States stood out in terms of well-funded projects that have produced high-quality data helping to inform ongoing research studies. Literature on Rainbow communities in non-Western countries remains sparse. The Asia-Pacific region, including Australia, Bangladesh, China, Thailand, and the Philippines, produced a small number of relevant studies. The Australian studies focused overwhelmingly on white Australian populations, despite ethnic diversity within Australian society (**Ansara, 2015; Barrett, 2015; Harrison, 2006; Lyons et al., 2021; Waling et al., 2019, 2020; Webb & Elphick, 2017**). One article discussing Sistergirl and Brotherboy communities in the Aboriginal and Torres Strait Islander cultures was found (**Brömdal et al., 2024**). No published material from Pacific nations focused on the abuse of Pacific Rainbow older people was identified.

The international literature clearly identifies those cultural differences, including differing perspectives on ageing, frame the abuse of Rainbow older people. For example, many non-Western, indigenous, and aboriginal cultures have traditional roles and protections for older people which differ from Western frameworks of care. Relying exclusively on Western conceptualisations of abuse risks excluding culturally diverse experiences. It is also worth noting that the definition and legal frameworks for AOP vary across regions and literature, and narrower categorisations may overlook many harmful experiences (**Cook-Daniels & Munson, 2010**). The definition of 'older people' itself can also be culturally and regionally specific. In a South African study, **Henderson and Khan (2020)** point out that terms such as 'ageing', 'old age', and 'elder care' are not universal, but historically and socio-politically constructed.

Criticisms also emerge from the international literature that despite many studies using the term 'LGBT+', research and collected data tends to focus exclusively on gay men and lesbians, leaving the experiences of bisexual, trans and non-binary, intersex, and other identities inadequately addressed. Even within the LGBTQ+ coalition, acceptance is inconsistent and sometimes contested. For example, 'queer' is considered traumatic by many older LGBT adults due to its historic use as a slur, thus needs to be handled carefully in interview design (**Gutman et al., 2020**).

9 See **Appendix 3** for a full description of the methodology for the international literature review.

10 See **Appendix 4** for the annotated bibliography of international literature.

The New Zealand national literature review considered 44 articles and reports, including community research, recognising that research done with and for communities often identifies emerging issues before academia.¹¹ As with the international review, the national literature, particularly peer-reviewed research, was more likely to focus on the experiences of older Pākehā and other white lesbians and gay men, with a paucity of research into the experiences of other identities, including older Māori, Pacific, and Ethnic Rainbow people, bisexual people, trans and non-binary people, and intersex people. Many researchers described difficulties in reaching more diverse older people through existing community connections, signalling barriers that Betts (2018) refers to as the “queer unwanted”, or hierarchies of social connections for older people in Takatāpui and Rainbow communities.

In the national literature, researchers explore experiences of abuse and harm – many of which appear to meet the AOP definition – using the terms discrimination, exclusion, and stigma related to ageism, sexism, racism, ableism, as well as heteronormativity, **cisnormativity**, **monosexism**, transphobia, biphobia, and homophobia.¹² There is an additional conceptual issue for Takatāpui and Rainbow communities, shared with other and intersecting marginalised groups: experiences of identity-based discrimination before becoming ‘older’ – wherever that threshold is set – may include actions, or failures to act, within healthcare, social services, communities, families and whānau, and intimate relationships. Ageism is not the only defining feature or driver of harm experienced as older people for Takatāpui and Rainbow communities.

A related issue is that lifetime experiences of intimate partner violence and sexual harm are discussed across many pieces of reviewed national research. Unless specifically focusing on such forms of violence, these experiences and their impacts were minimised and normalised by both older participants and researchers. This has implications for recognising abuse for Takatāpui and Rainbow older people, both within communities and by older people experiencing harm.¹³

The remainder of this chapter will explore risk and protective factors for AOP identified from the international and national literature, at each level of the SEF.

11 See **Appendix 5** for a full description of the methodology for the national literature review. For more information about community research, see the [Hohou Te Rongo Kahukura research principles](https://communityresearch.org.nz/) or visit the Community Research online hub <https://communityresearch.org.nz/>

12 See **Appendix 1** for the terminology used in this report.

13 See **Appendix 6** for the annotated bibliography of national literature.

Societal factors shaping abuse

Societal structures in the SEF refers to dominant cultural and legal norms, policies, and systems that structure life for Takatāpui and Rainbow older people. The experiences of communities, family and whānau, and relationships, as well as individual older people, are mediated and shaped through these social structures.

Societal risk factors

Table 1 summarises the literature review findings for societal risk factors.

Table 1: Societal risk factors

International	National
Colonisation and culturally specific social norms	Structural colonisation
Structural discrimination and stigma	Structural discrimination and stigma – minority stress
Ageism/sexism	Ageism/sexism
Failure to collect Rainbow data creates invisibility	Failure to collect Rainbow data creates invisibility
Lack of visibility in research	Lack of recognition of cultural diversity
Government-level discriminatory legislation	Pathologisation and criminalisation
Generational conflict	Dehumanising public discussions
Intersecting systems of inequality	Negative attitudes and media commentary

The international literature identifies that structural discrimination and stigma continue to frame the lives of Rainbow older people, including ageist and ableist systems and policies, which devalue dependent status for Rainbow older adults in the United States (Adams, 2020). Similarly, within neoliberal regimes, LGBTQ+ elders are framed in disciplinary ways that mark them as dependent and burdensome, because the absence of heteronormative family support positions them as reliant on formal care systems (Kia, 2019). To tackle these structural biases, Adams (2020) argues that it is necessary to learn from and build upon the legacies of existing struggles, such as the Disability Rights Movement, to better understand the abuse of Rainbow older adults as an intersectional issue.

Motivations for abuse are often rooted in intersecting systems of inequality. Generational conflict emerges as one of the most frequent drivers, reflecting ageism and intergenerational power struggles. Sexism operates alongside this, shaping specific vulnerabilities such as violence directed at bisexual women (Kia, 2019; Gutman et al., 2024). The gendered dynamics of violence are also evident; in Canavese et al.’s (2025) Brazil-based study, male aggressors accounted for more than half of reported cases of violence, reflecting what they refer to as patriarchal power relations. Yet homophobia itself is frequently invisible within official reporting systems, reflecting broader societal denial and heteronormative assumptions (Canavese et al., 2025).

Structural concerns are culturally specific. For example, in South Africa, patriarchal structures produce gender constructs that erase LGBT identities altogether (Reygan & Henderson, 2019). In China, LGBT stigma is entangled with notions of family responsibility and filial piety, intensified by structural shifts such as the one-child policy and economic reforms. Here, collectivist values that privilege family over individual identities embed stigma in culturally specific ways (Hua et al., 2019).

Such structural biases are reflected in different layers of Western society. Existing queer and gerontological theories that neglect older LGBT adults' needs and voices result in a rhetorical silence (Brown, 2009). Furthermore, although many LGBT elders have worked to arrange material and social supports for themselves and their peers, their activities have become visible only relatively recently, due to the activism of middle-aged and older LGBT members of human service and academic networks.

In some Western countries (for example, the United States), legal hierarchies further privilege blood and marital ties over chosen families. Public narratives reinforce these hierarchies, presenting LGBTQ+ rights as a zero-sum game that threatens heterosexual families, while simultaneously pitting minority groups against one another (Cook-Daniels, 2008).

Abuse also operates at the level of the state. Government neglect and discriminatory laws perpetuate structural harm, while the absence of robust data collection ensures that older LGBTQ+ adults remain uncounted and unprotected (Kia, 2019). In contexts such as Pakistan, abuse is explicitly inflicted upon older LGBT individuals by the system and law enforcers, yet goes largely underreported because of a widespread distrust of the authorities (Mujahid et al., 2024).

Historical and generational shifts intensify these dynamics. Many older cohorts have lived through prolonged periods of criminalisation, erasure, and exclusion. For some, the traumas of the AIDS pandemic (Bouchard et al., 2020, 2021), the pre-Stonewall era (Morrow, 2014), and decades of societal rejection (Thummapol, 2025) have left enduring challenges.

Moreover, colonial legacies intersect with these histories. For example, in Canada, Indigenous and Two-Spirit elders describe experiencing a 'double whammy' of discrimination, facing racism and homophobia/transphobia simultaneously (Kortes-Miller et al., 2018).

A persistent lack of statistics on Rainbow communities compounds their invisibility in policy-making. In Australia, the Bureau of Statistics has historically omitted older LGBT people from national data sets, leaving them absent from evidence bases that inform policy and practice (Webb & Elphick, 2017). Homophobia is also under-recorded in the Brazilian national database of violence-related notifications from healthcare services, suggesting the institutional and systemic neglect of elder Rainbow lives (Canavese et al., 2025). Even where policies exist, their implementation is often fragmented and weak, limiting their effectiveness in addressing discrimination and abuse (Reygan & Henderson, 2019).

Many of these issues were also identified in the national literature review, in which the central influence of colonisation on understandings of ageing and sex, sexuality, and gender diversity is recognised in many pieces of research. The imposition of Western, Christianised understandings in Aotearoa New Zealand framing sex, sexuality, and gender diversity as immoral and wrong, in combination with the suppression of indigenous beliefs, obscured the traditional Māori acceptance of fluidity, disrupting Takatāpuitanga and the roles of Takatāpui within iwi, hapū, and whānau (Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Kerekere, 2017, 2021; Moyle, 2023; Pihama et al., 2020; Royal Commission of Inquiry into Abuse in Care, 2024; Stevens, 2013).¹⁴

Colonial values structure discrimination and abuse within state systems and services, including state and faith-based care settings (Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Kerekere, 2017; Moyle, 2023; Pihama et al., 2020; Royal Commission of Inquiry into Abuse in Care, 2024; Stevens, 2013). In addition, the lack of use of languages other than English by the state, as well as community resources and information, reinforces ideas that Rainbow identities are only for white people (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Thomsen et al., 2023).

Pacific and Ethnic Rainbow older people in Aotearoa New Zealand have also faced and continue to face significant disruption and violence from colonisation and racism, including within broader Rainbow communities (Bal, 2024; Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Moyle, 2023; Royal Commission of Inquiry into Abuse in Care, 2024; Stevens, 2013; Thomsen et al., 2023). Pre-colonisation of Pacific nations, Pacific societies held accepting and inclusive views and acknowledged cultural roles for MVPFAFF+ people and other Pacific Rainbow identities, disrupted by Christianisation in particular (Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Thomsen et al., 2023). Similarly, in South Asian contexts, diverse sexualities and genders were also accepted and sometimes revered prior to European colonisation. The subsequent introduction of repressive laws and the banning of traditional texts with queer content led South Asian communities, including diaspora in Aotearoa, to view sexuality and gender diversity as abnormal and foreign (Bal, 2024; Bal & Divakalala, 2022; Human Rights Commission | Te Kāhui Tika Tangata, 2024).

Particularly relevant to Pacific and Ethnic Rainbow diaspora in Aotearoa is legal context in ancestral lands, including criminalisation, creating a challenging context for Pacific and Ethnic Rainbow people to safely live authentic lives in Aotearoa (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Thomsen et al., 2023).¹⁵

14 See Appendix 2 for a brief timeline of relevant legislation introduced by the Crown since 1858.

15 Sixty-five countries currently criminalise same-sex intimacies, and “13 jurisdictions maintain laws which explicitly criminalise people whose gender expression doesn’t align with their sex assigned at birth” (Human Dignity Trust, n.d., para. 10). More than half of these countries can trace the source of this law to their relationship with Britain as a former colony or other form of historical relationship.

As identified in the international literature, ageism and Western ideas about ageing also profoundly impact Takatāpui and Rainbow older people, including broader negative stereotypes and attitudes about ageing and older adults and internalised narratives of decline (Betts, 2018, 2023; Betts et al., 2020; Dickson et al., 2023; Neville & Henrickson, 2010; Neville et al., 2015). Ageist ideas that older people are not sexual contributes to failing to recognise the importance of sexuality for those who are not heterosexual in terms of relationship histories, community belongings, activism, and sense of self (Betts, 2018, 2023; Betts et al., 2020; Kerekere, 2021; Neville et al., 2014; Robinson, 2020). The intersection between ageing and sexism renders older lesbian, bisexual, and trans women particularly invisible, while patriarchal societal structures that privilege men over women reduce their economic, cultural, and social power (Betts, 2018, 2021, 2023; Robinson, 2020).

Shifts in legal rights and international psychiatric classifications of sexuality and gender diversity since 1950 have both reflected and influenced wider social attitudes of Takatāpui and Rainbow people, including a lack of recognition of diverse identities (Dickson et al., 2023; Kushner, 2012; Neville et al., 2015; Ramsay, 2023; Royal Commission of Inquiry into Abuse in Care, 2024; Stevens, 2013).¹⁶ Intimacy between men was decriminalised in the Homosexual Law Reform Act 1986 in Aotearoa, and protection from discrimination for gay, lesbian, and bisexual people was introduced in the Human Rights Act 1993. This context means Takatāpui and Rainbow older people have lived through times in which being recognised as different through breaking gender or sexuality norms came with severe consequences, such as conversion practices; shock treatment; imprisonment; the removal of children; institutionalisation, including psychological, sexual and physical abuse in care; and loss of friends, family and employment (Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Kushner, 2012; Kushner et al., 2013; Moyle, 2023; Neville et al., 2014, Neville et al., 2015; Pihama et al., 2020; Ramsay, 2023; Robinson, 2020; Royal Commission of Inquiry into Abuse in Care, 2024; Thomsen et al., 2023; Stevens, 2013).

The dehumanising public discussions of the AIDS epidemic, inadequate and discriminatory health responses, and resulting significant loss and death of peers, is also formative generational context for Takatāpui and Rainbow older people (Dickson et al., 2023; Neville & Henrickson, 2010; Pihama et al., 2020; Positive Women | Wāhine Kaha, 2023; Stevens, 2013).

While New Zealand's legislative changes to extend citizenship rights are significant and positive, they have not ended discrimination, stigma, and exclusion. This is particularly relevant for Takatāpui and Rainbow older people due to the cumulative impacts of lifetime discrimination, as well as being part of generations more likely to hold discriminatory views (Betts, 2018, 2023; Dickson et al., 2023; Henrickson et al., 2021; Positive Women | Wāhine Kaha, 2023; Stevens, 2013). Stats NZ | Tatauranga Aotearoa (2025) report significantly higher rates of discrimination in the last 12 months towards lesbian and gay people (29%), other sexualities (44%), bisexual people (46%), and trans and non-binary people (67%), in comparison with heterosexual people (21%) and cisgender people (22%).

16 The Diagnostic and Statistical Manual of Mental Disorders (DSM) classified homosexuality as a psychiatric illness in DSM I (1952). Persistent and marked distress about sexuality and lack of sexual attraction were not removed as psychiatric conditions until DSM 5 (2013). Transsexualism, or the desire to change the gender you were assigned at birth, first appears as a pathology in DSM III (1980), changing to gender identity disorder in DSM IV (1994) and finally removed in DSM 5 (2013), though gender dysphoria, or distress related to wanting to be a different gender than the gender you were assigned at birth, remains (American Psychiatric Association, 1952, 1973, 1980, 1994, 2013; Stevens, 2013).

Systemic and structural discrimination informed by heteronormativity, monosexism, and cisnormativity makes Takatāpui and Rainbow older people and their needs invisible, including through lack of routine data collection about sex, sexuality, and gender diversity by state agencies and lack of inclusion in older person's strategies, guidelines, research, and healthcare and social support services, including responses to harm (Betts, 2018, 2023; Betts et al., 2020; Dickson, 2016, 2017; Dickson et al., 2023; Henrickson et al., 2020, 2021, 2024; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Kushner, 2012; Kushner et al., 2013; Moyle, 2023; Neville & Henrickson, 2010; Neville et al., 2015; Pihama et al., 2020; Robinson, 2020; Royal Commission of Inquiry into Abuse in Care, 2024; Stevens, 2013; Te Tāhū Hauora | Health Quality & Safety Commission, 2025; Thomsen et al., 2023; Treharne & Adams, 2017). Within this context of invisibility, older bisexual people, trans and non-binary people, intersex people, and Māori, Pacific, and Ethnic Rainbow older people are even less likely to be the focus of health and social science research, which disproportionately focuses on older Pākehā, and older lesbians and gay men (Betts et al., 2020; Treharne & Adams, 2017).

The national literature identifies a lack of foundational training for psychologists, healthcare professionals, social workers, and those working in aged residential care (ARC) about Takatāpui and Rainbow lives and issues, including HIV stigma (Betts, 2018, 2023; Betts et al., 2020; Henrickson et al., 2020, 2021; Neville et al., 2015; Pihama et al., 2020; Positive Women | Wāhine Kaha, 2023; Robinson, 2020; Stevens, 2013; Treharne & Adams, 2017). While not all older people living with HIV (PLHIV) are part of Takatāpui and Rainbow communities, gay, bisexual, and other men who have sex with men are the most affected community group (Treharne & Adams, 2017). Positive Women | Wāhine Kaha (2023) estimates that 72% of PLHIV in Aotearoa will be over the age of 50 by 2030, and raises concerns that PLHIV age faster, face risks of HIV treatment toxicities from extended medication usage, and have an increased risk of developing age-related comorbidities. Extensive stigma towards older PLHIV in healthcare and support settings has been identified in Aotearoa New Zealand (Positive Women | Wāhine Kaha, 2023).

In addition to heteronormativity, monosexism, and cisnormativity, more overt discrimination includes homophobia, biphobia, and transphobia (Betts, 2018, 2023; Buxton, 2020; Ramsay, 2023; Robinson, 2020; Royal Commission of Inquiry into Abuse in Care, 2024). The recent marked rise in mis- and disinformation about Takatāpui and Rainbow communities contributes to hostility, particularly towards trans and non-binary people (Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Moyle, 2023; Stats NZ | Tatauranga Aotearoa, 2025). Negative media commentary from politicians, faith leaders, and other public figures may also remind Takatāpui and Rainbow older people of past experiences of discrimination (Betts, 2018, 2021, 2023; Dickson et al., 2023; Moyle, 2023).

Homophobia, biphobia, and transphobia towards Takatāpui and Rainbow people, including in denial of services, have been identified in public services, including healthcare and ARC (Betts, 2018, 2021, 2023; Betts et al., 2020; Dickson et al., 2023; Henrickson et al., 2020, 2021; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Kerekere, 2017, 2021; Kushner, 2012; Neville & Henrickson, 2010; Neville et al., 2015; Pihama et al., 2020; Ramsay, 2023; Robinson, 2020; Stevens, 2013; Veale et al., 2019; Yee et al., 2025).

Transphobia within systems includes verbal harassment, unfair treatment, misgendering, and violence towards people who break gender norms (Dickson et al., 2023; Ramsay, 2023; Veale et al., 2019; Yee et al., 2025). The impact of legislative changes to improve and simplify the process of updating legal identity documents to align with post-transition identities is not yet known (Yee et al., 2025). Experiences of older intersex people within healthcare settings are not explored in the reviewed research, but discrimination and a widespread lack of understanding and hostility towards younger intersex people have been identified (Betts, 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Ramsay, 2023; Stevens, 2013).

The concept of biphobia, or binary, monosexist ideas of sexuality which privilege heterosexual and, to a lesser extent, lesbian/gay identities, has been utilised to explain high rates of discrimination towards bisexual people (Betts, 2018, 2023; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Pond, 2020). One example is bierasure, or the obscuring of the uniqueness of bisexual people's experiences, such as being conflated with lesbian and gay people in research and community services (Betts, 2018, 2023). Bisexual people experience both homophobia and biphobia, with resulting impacts on mental health and rates of experiencing intimate partner and sexual violence, including stereotypes that they are risky partners, hypersexual and therefore immoral, likely to cheat, and that their identity is fleeting (Betts, 2018, 2023; Pond, 2020).

Stats NZ | Tatauranga Aotearoa (2025) suggest this historical and contemporary context of criminalisation, pathologisation, and discrimination is responsible for population-level effects on social, health, and economic domains for LGBTIQ+ people in Aotearoa New Zealand. Minority stress explains the ways in which discrimination, stigma, and exclusion negatively influence life expectancy, physical and mental health outcomes, housing security, income, and employment, particularly for those who also experience other and intersecting marginalisations, including HIV stigma (Betts, 2018, 2023; Betts et al., 2020; Dickson et al., 2023; Fraser & Buchanan, 2025; Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Kerekere, 2017, 2021; Kushner, 2012; Kushner et al., 2013; Ministry of Social Development | Te Manatū Whakahiato Ora, 2024; Neville & Henrickson, 2010; Pihama et al., 2020; Pond, 2020; Positive Women | Wāhine Kaha, 2023; Royal Commission of Inquiry into Abuse in Care, 2024; Robinson, 2020; Stats NZ | Tatauranga Aotearoa, 2025; Stevens, 2013; Thomsen et al., 2023; Treharne & Adams, 2017; Veale et al., 2019; Yee et al., 2025).

Minority stress impacts align with rates of discrimination; with the general pattern that lesbian and gay people experience higher rates of negative outcomes than heterosexual people. When bisexual people and people with other diverse sexualities are not amalgamated with lesbians and gay men, they experience higher rates still, and trans and non-binary people experience the highest rates of all (Betts, 2018, 2023; Pond, 2020; Stats NZ | Tatauranga Aotearoa, 2025).

Interpersonal violence, such as family violence, intimate partner violence, and sexual violence, is experienced at higher rates by Takatāpui and Rainbow people across the lifetime in New Zealand, particularly bisexual people and trans and non-binary people (Dickson, 2016, 2017; Dickson et al., 2023; Hargrave et al., 2024; Ministry of Justice | Te Tāhū o te Ture, 2024; Pond, 2020; Plum & Zhuge, 2024; Te Tāhū Hauora | Health Quality & Safety Commission, 2025; Treharne & Adams, 2017). Significant barriers in help-seeking from the police and mainstream violence response services related to discrimination have also been identified (The Backbone Collective & Hohou Te Rongo Kahukura, 2024; Dickson, 2016, 2017; Dickson et al., 2023; Hargrave et al., 2024; Ministry of Justice | Te Tāhū o te Ture, 2024; Te Tāhū Hauora | Health Quality & Safety Commission, 2025; Veale et al., 2019; Yee et al., 2025).

These societal factors contextualise recent prevalence findings in Aotearoa New Zealand, in which older Rainbow people were identified as experiencing higher rates of harm in state administrative data, such as police victimisations, ACC injury claims, hospital admissions, and InterRAI home care assessments (Chen et al., 2026). The national prevalence survey of those older than 55 living in the community, conducted by Meehan et al. (2026), also found Takatāpui and Rainbow older people were more likely to report experiencing harm. Overall, almost one-third of Takatāpui and Rainbow respondents (32.4%) said they had experienced at least one form of harm in the past 12 months, about twice the prevalence rate for older people not part of Takatāpui and Rainbow communities (16.4%). Financial harm (14% cf 3.8%), cultural and spiritual harm (12.8% cf 3%), and physical harm (10.1% cf 2.6%) were all experienced at four times the rates of the general older population. Meehan et al. (2026) suggest this is due to the compounding effects of discrimination, marginalisation, and exclusion over time.

Societal protective factors

Table 2 summarises the literature review findings for societal protective factors.

Table 2: Societal protective factors

International	National
Legislation for citizenship rights and protections	Te Tiriti o Waitangi
Collective cultural values that emphasise care and respect	Decolonisation and support for Kaupapa Māori approaches
Cultural competency training within services	Culturally and linguistically diverse approaches
Progressive, robust policies to dismantle discrimination	Social policy supports to reduce stigma and discrimination
	Inclusion in strategy, policy, and service contexts
	Legislation for citizenship rights and protections

At the societal level, the international literature review found protective factors included progressive policy changes, greater recognition of Rainbow people in law and service provision, and collective cultural values. A sense of acceptance, belonging, connection, and safety all contributed to stronger psychological security for Rainbow older people. To foster this, long-term care services and their staff must shift away from heteronormative practices, demonstrate affirming attitudes toward LGBTQ+ residents, and cultivate an informed understanding of both the shared and diverse experiences that exist across LGBTQ+ generations and communities.

Many of the traumatic experiences reported in literature derive from historic discrimination at policy and legal levels. For example, the illegality of homosexuality across the world has subjected Rainbow people to extreme inequalities and discrimination resulting in left-over survivor trauma (Helmrath et al., 2024). Helmrath et al. (2024) argue that the existence of robust policies is vital for dismantling discrimination. Similarly, Johnston (2016) recommends that implementing cultural competency training will create a safer environment for Rainbow older people in care services.

These suggestions align with findings from a survey of older LGBTQ adults about the willingness to use long-term care services in the United States (L. Dickson et al., 2021). Participants showed a lower likelihood of anticipating discrimination when compared to previous studies, attributed to the legalisation of same-sex marriage and increasing positive attitudes towards LGBTQ+ people.

Although collective cultural norms may at times exacerbate risks of abuse, cultural values that emphasise care and respect remain crucial in sustaining wellbeing and protection for Rainbow older people in collectivist cultures. Furthermore, interdependence and respect for older people can provide natural buffers against isolation. For instance, a study conducted in the Philippines found that LGBT older adults experienced openness and inclusivity within family systems, where kinship and community ties provided care and emotional support in later life (Reyes et al., 2024).

Similarly, the African philosophy of Ubuntu, which emphasises shared humanity, mutual interdependence, and communal care, illustrates how community belonging can mitigate the effects of marginalisation. Within such frameworks, the responsibility for care extends beyond biological family to friends and community members, offering a social infrastructure that fosters safety and belonging for Rainbow older people (Mange et al., 2022).

The national literature also identifies progressive policy changes as a protective factor, offering greater recognition for Takatāpui and Rainbow people in law and service provision. Collective cultural values, including recognising and giving effect to Te Tiriti o Waitangi, decolonisation, and state resourcing for the development of Kaupapa Māori approaches are also recognised as protective (Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Kerekere, 2017; Moyle, 2023; Pihama et al., 2020; Royal Commission of Inquiry into Abuse in Care, 2024; Stevens, 2013).

State resourcing for culturally and linguistically diverse approaches and support for Takatāpui and Rainbow communities is also protective, including in relation to the impacts of hostile faith environments on wellbeing (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Moyle, 2023; Positive Women | Wāhine Kaha, 2023; Stevens, 2013; Thomsen et al., 2023). Meehan et al. (2026) suggest government funding should target communities with the greatest levels of risk of experiencing AOP, while sustainable funding to expand capacity for Takatāpui and Rainbow community groups is also recommended (Moyle, 2023; Stevens, 2013).

The inclusion of the needs of Takatāpui and Rainbow older people in older person's strategies, healthcare and social services, as well as abuse and violence responses more broadly, is required to improve the delivery and funding of social policy by the state (Betts, 2018, 2021, 2023; Dickson, 2016; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Stevens, 2013; Te Tāhū Hauora | Health Quality & Safety Commission, 2025).

Policy shifts to protect against hate speech and extend protections in the Human Rights Act to trans, non-binary, and intersex binary people are also called for, including to address recent increases in mis- and disinformation (Human Rights Commission | Te Kāhui Tika Tangata, 2020; 2024).

Research funding to support the development of mātauranga Māori, reduce knowledge gaps, and address barriers in help-seeking after AOP must include less visible older people within Takatāpui and Rainbow communities (Betts, 2018, 2023; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Meehan, Scott, et al., 2026; Pihama et al., 2020; Stevens, 2013; Treharne & Adams, 2017). Systemic foundational training in healthcare, ARC, and social services professions which integrates such research is also recommended to shift structural discrimination and improve cultural competency (Betts, 2018, 2021, 2023; Betts et al., 2020; Moyle, 2023; Pihama et al., 2020; Stevens, 2013; Treharne & Adams, 2017).

Ensuring human rights obligations and policy settings do not discriminate within state and state-funded services, including through providing resources, establishing regulation, robust complaints processes, consultation, and acting on feedback from Takatāpui and Rainbow older people, is also protective against harm and abuse (Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Royal Commission of Inquiry into Abuse in Care, 2024; Stevens, 2013). However, for human rights monitoring to take place, state data collection should include routine data collection of demographic information, including ethnicity, sexuality, gender identity and disability status, by government agencies as well as the community services they fund (Betts, 2018, 2023; Betts et al., 2020; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Te Tāhū Hauora | Health Quality & Safety Commission, 2025).

Community factors shaping abuse

The community level in the SEF refers to social support systems for older people, including healthcare, social services, generational connections, Takatāpui and Rainbow communities, and other communities of belonging. The experiences of family and whānau, intimate relationships, and individual older people are mediated and shaped through these community experiences.

Community risk factors

Table 3 summarises the literature review findings for community risk factors.

Table 3: Community risk factors

International	National
Unwelcoming and unsafe healthcare and social services	Unwelcoming and unsafe healthcare and social services
Community-level stigma and abuse	Community-level abuse and stigma
Lifetime discriminatory experiences in services	Dominance of Western approaches in healthcare, social services, and Rainbow community spaces
Rural and smaller communities with less support	HIV stigma
Hostility and discrimination in ARC	Housing insecurity, unsafe housing, and workplaces
Harassment and judgement from age-group peers in shared housing and ARC	Lack of competent violence response services
Lack of anti-discrimination policies and training in healthcare and social services	Lack of training, policy, and support in ARC
Abuse and violence from neighbours	Impacts of colonial values within Māori communities
	Lack of acceptance within diverse cultural contexts
	Faith-based settings with hostile attitudes
	Ageism within Rainbow community spaces
	Less acceptance for older bisexual, trans and non-binary, and intersex people – the “queer unwanted”

Substantial international research has examined the experiences of Rainbow older people within health and social care services at the community level. Qualitative studies across countries and regions consistently show that these services are often unwelcoming and unsafe, including in terms of institutional abuse. The majority of empirical studies came from the United States (Ahrendt et al., 2017; Benoit et al., 2019; Bloemen et al., 2019; Bouchard et al., 2021; Candrian & Cloyes, 2021; Cook-Daniels & Munson, 2010; Czaja et al., 2016; Gabrielson, 2011; Johnston, 2016; Johnson et al., 2005; Henry et al., 2020; Savage & Barringer, 2023; Winberry, 2024) and Canada (Boulé et al., 2020; Furlotte et al., 2016; Gutman et al., 2020; Kortess-Miller et al., 2018; Logie et al., 2019; Morrissey, 2010; Okpodi, 2015; Robson, 2023; Waling et al., 2019). A smaller but notable body of research emerges from the Europe, including the United Kingdom (Almack et al., 2010; Helmrath et al., 2024; Westwood, 2015), Sweden (Löf & Olaison, 2020), and Ireland (Sharek et al., 2015). In the Asia-Pacific region, relevant studies were found in Australia (Ansara, 2015; Brömdal et al., 2024; Harrison, 2006), Bangladesh (Khan, 2021), Thailand (Thunmmapol et al., 2025), and China (Hua et al., 2019). One study was found in Brazil (Canavese et al., 2025), and two in South Africa (Henderson & Khan, 2020; Mange et al., 2022). Kia (2019) also contributed a theoretical article on chronic care.

Public institutions such as churches and schools are also often homophobic and biased against Rainbow older people (Mange, 2022). In the broader context, unwelcoming and unsafe services increase the risk of isolation (Green, 2016). Many Rainbow older adults face challenges with mental health without social worker intervention due to fear of accessing services that may discriminate (Mange et al., 2022).

Healthcare and social services that exclude or marginalise Rainbow older people are perceived as heteronormative (Averett et al., 2011; Westwood, 2015). Some services reject Rainbow older people with excuses (Barrett, 2015; Johnston, 2016). Geographical disparities also exist for rural and underserved areas in which care services are less accessible (Kortess-Miller, 2018), and limited healthcare facilities in small communities sometimes raise confidentiality concerns (Logie et al., 2019).

Many Rainbow older people have also had unpleasant and discriminatory experiences engaging with health and social care services earlier in life, leading to anticipation of discrimination and distrust of these services (Johnston, 2016; L. Dickson et al., 2021; Candrian & Cloyes, 2021). Older transgender adults recall abusive psychiatric treatments involving sustained physical and psychological violence (Cook-Daniels & Munson, 2010). In a survey of 789 respondents in the United States, Dickson et al. (2021) found that 78.6% anticipated experiencing some form of discrimination in long-term care. Similarly, Waling et al. (2019) interviewed older Australian lesbians and gay men regarding their access to residential care services. Despite recent policy developments in Australia, such as The National Strategy on LGBTI Ageing and Aged Care and the designation of older lesbian and gay people as a 'special needs' group under the Aged Care Act 1997, participants still expressed concerns about accessing residential care services. They perceived these environments as non-inclusive, with potential for discrimination and hostility. In a qualitative study conducting focus groups in Ontarian cities of Canada, participants commonly expressed significant fears about entering long-term care homes related to their minority status (Kortess-Miller, 2018).

Research shows that neglect, including needs being unmet or ignored, is one of the major concerns for LGBT older people entering care services (Hovey, 2009; Cook-Daniels & Munson, 2010; Grossman et al., 2014; Spira et al., 2017; Bloemen et al., 2019; Savage & Barringer, 2023; Thummapol, 2025).

Gender identity also significantly influences concerns about abuse and neglect (Savage & Barringer, 2023; L. Dickson et al., 2021). Heteronormative services often disrespect Rainbow identities, which leads to differential treatment (Barrett, 2015; Helmrath et al., 2024; Mange et al., 2022). Care providers may mark Rainbow clients as ‘different’, resulting in compromised access or reduced quality of care (Kia, 2019). In one survey, more than half of respondents reported fearing verbal harassment from long-term care staff members (Dickson et al., 2017).

Many Rainbow older people therefore cannot express their sexuality in care services (Mange et al., 2022), and same-sex partners or chosen family members are not recognised (Kia, 2019). While hiding non-conforming identities serves as a strategy to avoid stigma and abuse from staff and peers, it forces many to ‘re-enter the closet’ (Bouchard et al., 2020; Johnston, 2016; Kia, 2019; Kortés-Miller, 2018; Löf & Olaison, 2020; Mange et al., 2022; Reygan & Henderson, 2019). For many, it is the fear of ‘re-closeting’ that makes them reluctant to use long-term care services. For those who have strived throughout their lives to affirm their identities, the idea of having to advocate again for recognition and autonomy in later life is undesirable (Kortés-Miller, 2018).

Beyond staff interactions, Rainbow older people also worry about harassment and judgement from age-group peers in care facilities, particularly heterosexual residents (L. Dickson et al., 2021; Kortés-Miller, 2018). They may end up residing alongside the anti-LGBT bullies they once sought to escape in their youth (Johnston, 2016).

These risks often derive from the lack of explicit LGBTQ+ anti-discrimination policies and practices in healthcare and social services (Hovey 2009; Kia, 2019). However, even when such policies exist, staff are frequently unaware of them (Hovey, 2009; Simpson et al., 2018). The lack of sexual diversity training for health professionals and care providers places Rainbow older people at risk and in vulnerable positions when accessing relevant services (Candrian & Cloyes, 2021; Mange et al., 2022).

Even within Rainbow communities, the risks of abuse and neglect vary. Compared to cisgender males, cisgender females and gender-expansive individuals express more concerns about abuse, harassment, limited access, and identity disclosure. Being visibly gender-non-conforming exposes individuals to direct hostility or violence (L. Dickson et al., 2021; Kia, 2019; Logie et al., 2019). Gender-affirming healthcare and insurance coverage remain significant challenges for transgender women of all ages (Mujahid, 2024). It is therefore essential to recognise the diversity within Rainbow community rather than homogenising care approaches (Helmrath et al., 2024).

Although some express preferences for Rainbow-only services, these are not always accessible as they often cost too much, especially since Rainbow older people are typically economically disadvantaged (Hovey, 2009). In Rainbow-specific spaces, Rainbow older people may also feel neglected as these spaces are often youth-oriented, making them insensitive to older people’s needs and creating barriers to their access. They reported feeling devalued and unseen in these youth-dominated spaces (Hurd & Mahal, 2025).

Smaller communities also present specific risks. Despite choosing safer accommodations, participants in one study still experienced discrimination from neighbours, feeling ‘othered’ and having their psychological safety compromised, sometimes forcing relocation (Helmrath et al., 2024). In conservative or rural communities, the threat of violence and prejudice is significant, leading some to migrate to urban areas for safety (Thummapol et al., 2025).

In the national literature, healthcare settings have also been the focus of significant research with Takatāpui and Rainbow communities more broadly. One study with 2,269 lesbian, gay, and bisexual people found 74% of participants said their healthcare providers usually or always assumed they were heterosexual (Neville & Henrickson, 2010). Nearly half of Takatāpui and Māori LGBTQI+ in another study said their healthcare provider didn't know or was unsure about their sexuality, and 21% said their healthcare provider didn't know or was unsure about their gender identity (Pihama et al., 2020).

Healthcare delivered through Western values that fail to recognise diversity creates specific, negative experiences for Māori, Pacific, and Ethnic Rainbow people (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Pihama et al., 2020; Stevens, 2013; Thomsen et al., 2023; Veale et al., 2019; Yee et al., 2025). Takatāpui and Māori LGBTQI+ people report healthcare professionals lacking knowledge of their needs and using terms about their identity that made them uncomfortable, leading to weak or no trust (Pihama et al., 2020). Pacific Rainbow+ people report experiencing racism and fat-shaming, and finding healthcare professionals unable to support sexual health in Rainbow+ contexts (Thomsen et al., 2023). Cultural differences in asking for support with mental health have also been identified (Bal & Divakalala, 2022; Dickson et al., 2023; Thomsen et al., 2023).

Heteronormative, monosexual, and cisnormative assumptions by healthcare and social services providers significantly impact older Takatāpui and Rainbow people (Betts, 2018, 2021, 2023; Dickson et al., 2023; Neville & Henrickson, 2010; Pihama et al., 2020; Robinson, 2020; Te Tāhū Hauora | Health Quality & Safety Commission, 2025; Veale et al., 2019; Yee et al., 2025). Barriers in gender-affirming healthcare for older trans and non-binary people include being misgendered, lack of awareness of the diversity of transition journeys, and education and knowledge gaps for healthcare providers. This forces older trans and non-binary people into education roles while seeking healthcare, leading to significant unmet need (Betts, 2023; Dickson et al., 2023; Ramsay, 2023; Veale et al., 2019; Yee et al., 2025).

Older PLHIV report their ageing-related health concerns are minimised, particularly in relation to medication regimes, including significant comorbidities and polypharmacy, a consequence of the healthcare focus on treating the immediate impacts of HIV (Positive Women | Wāhine Kaha, 2023).¹⁷ Older PLHIV also report exclusion from ARC and dentists based on their HIV status, as well as significant fears of engaging with home care services (Dickson et al., 2023; Positive Women | Wāhine Kaha, 2023).

In addition to HIV stigma, other overt discriminatory practices in primary and mental health and social services also include dismissive attitudes to Takatāpui and Rainbow identities and conversion practices (Betts, 2023; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Neville & Henrickson, 2010; Neville et al., 2015; Pihama et al., 2020; Positive Women | Wāhine Kaha, 2023; Robinson, 2020; Veale et al., 2019; Yee et al., 2025).

Within older person's services which do not ask about sexuality and gender identity, many Takatāpui and Rainbow older people are invisible (Betts et al., 2020), yet many choose not to share their identity due to concerns about how they will be treated (Dickson et al., 2023). Half the participants in Dickson et al. (2023) had heard another older person's sexuality talked about disrespectfully, one in three had heard someone else's gender talked about disrespectfully, and 41% of older trans and non-binary people had been misgendered in older person's community groups and services.

17 Polypharmacy is the concurrent use of multiple medications (typically five or more) by a single patient, common for older PLHIV with chronic conditions.

New Zealand research into ARC facilities has identified low levels of staff education on sexuality and intimacy, with half the staff in smaller facilities reporting no education at all (Henrickson et al., 2020, 2021). This research found that without adequate training, policy support, and leadership to guide inclusion, ARC staff fell back on their own cultural, religious, and personal values about sexuality and gender diversity, including lack of support for same-sex intimacy between residents and failures to safeguard the rights of older sexuality and gender-diverse residents. ARC staff expressed concerns about how older sexuality and gender-diverse people would be treated by both other staff members and residents, and many responded to their fears and perceptions of family members and other residents' values, including inappropriate monitoring and needlessly involving family and enduring power of attorney (EPOA) holders in decisions about intimacy (Henrickson et al., 2020, 2021).

Similarly, Neville et al. (2014) found significant covert and overt homophobia and unease with non-heterosexual older people amongst ARC staff, including preferences that older people hide their sexuality. High staff turnover and poor remuneration have also been identified as barriers for ARC staff to become culturally competent in supporting Takatāpui and Rainbow older people (Betts, 2021; Kushner, 2012; Neville et al., 2014; Neville et al., 2015; Robinson, 2020).

Fears of discrimination in ARC for Takatāpui and Rainbow older people are often based on experiences of working in ARC facilities, visiting friends, or hearing experiences of others, as well as the belief that other residents may hold negative views about their identities (Betts, 2018, 2023; Dickson et al., 2023; Robinson, 2020). Concerns have been identified in Aotearoa New Zealand about inadequate staff attempts to address other residents' discriminatory behaviour; institutional lack of knowledge about HIV; lack of recognition and the failure to treat partners and chosen family with respect; and fears of disrespectful intimate personal care, particularly for older trans, non-binary, and intersex people (Betts, 2018, 2023; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Kushner, 2012; Kushner et al., 2013; Neville & Henrickson, 2010; Neville et al., 2015; Pihama et al., 2020; Positive Women | Wāhine Kaha, 2023; Robinson, 2020; Stevens, 2013).

In the face of these experiences and fears of discrimination, Takatāpui and Rainbow older people overwhelmingly seek to avoid ARC, rather than feel forced back into the closet to hide their identities (Betts, 2018, 2023; Dickson et al., 2023; Henrickson et al., 2020, 2021; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Kushner, 2012; Kushner et al., 2013; Neville & Henrickson, 2010; Neville et al., 2014; Neville et al., 2015; Pihama et al., 2020; Positive Women | Wāhine Kaha, 2023; Robinson, 2020; Stevens, 2013).

Housing outside of ARC also often includes discrimination, including from landlords, property managers, and flatmates (Fraser & Buchanan, 2025; Veale et al., 2019; Yee et al., 2025). Workplaces are also sites in which Takatāpui and Rainbow older people fear and report bullying and discrimination because of their identity (Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020; Kushner, 2012; Kushner et al., 2013; Robinson, 2020; Veale et al., 2019; Yee et al., 2025). Stats NZ | Tatauranga Aotearoa (2025) reports LGBTIQ+ people over 65 are more likely to work than their non-LGBTIQ+ peers, perhaps due to reduced lifetime income and lack of other supports.

Seeking help after experiences of partner violence and sexual violence is another community context in which Takatāpui and Rainbow people experience significant barriers. Binary and gendered services, fears and experiences of discrimination, victim blaming fuelled by harmful stereotypes (including ideas that abuse causes sexuality and gender diversity), and fear of coming out due to lack of knowledge or competency within state and community violence response services have all been identified. In addition, fear of the consequences to the person causing harm, especially if they are also Takatāpui or Rainbow, concerns about hostile judgement, and pressure not to report violence because it harms the wider community are also barriers to help-seeking (The Backbone Collective & Hohou Te Rongo Kahukura, 2024; Betts, 2021; Dickson, 2016, 2017; Dickson et al., 2023; Hargrave et al., 2024; Ministry of Justice | Te Tāhū o te Ture, 2024; Te Tāhū Hauora | Health Quality & Safety Commission, 2025; Veale et al., 2019; Yee et al., 2025).

Dickson et al. (2023) found discrimination and experiences of harm also take place in broader community settings, such as on the street or in public places, including verbal and physical abuse directed at Takatāpui and Rainbow older people because of their sexuality, age, gender identity, or being transgender, or HIV status. There were higher rates of mistreatment across most situations for older bisexual people, disabled people, Māori, Pacific, and Ethnic Rainbow people, and especially older trans and non-binary people. Yee et al. (2025) also found older trans and non-binary people often felt unsafe or vulnerable while waiting for or using public transport or walking alone in their neighbourhood after dark.

Takatāpui and Māori LGBTQI+ experience discrimination and harm within Māori communities because of their sexuality and gender identities as a direct consequence of colonisation, including older Takatāpui being denied the ability to fulfil expected cultural roles on marae and in other contexts (Dickson et al., 2023; Kerekere, 2017, 2021; Pihama et al., 2020; Yee et al., 2025). Similarly, more than one in five (21%) Pacific participants report being excluded from Pacific-specific community groups for being Rainbow (Thomsen et al., 2023). Pacific historical narratives and education often erase Pacific Rainbow experiences and contributions, including within faith settings, making Pacific Rainbow older people invisible, including to younger Pacific Rainbow people (Dickson et al., 2023).

Bal and Divakalala (2022) identified disrupted connections within South Asian communities for many LGBT+ people, due to lack of Ethnic LGBT+ representation, ideas that queerness is a 'white people thing' or is associated with some kind of mental health imbalance, and active suppression and violence inside South Asian communities. LGBT+ identity can threaten the status of the entire family in some Ethnic communities, creating additional pressure for Ethnic LGBT+ people to hide their sexuality and gender identity (Bal & Divakalala, 2022; Human Rights Commission | Te Kāhui Tika Tangata, 2024). Dickson et al. (2023) suggest older Ethnic Rainbow people face a choice between hiding their identities to avoid racism, queerphobia, and xenophobia, and maintain cultural connections, or risk being cut off from their communities if they are more open about their identity. Both contexts heighten risks of AOP.

Faith and faith-based care settings more broadly have caused significant harm for Takatāpui and Rainbow communities, including conversion practices, hostility, and rejection of older people (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Moyle, 2023; Royal Commission of Inquiry into Abuse in Care, 2024; Thomsen et al., 2023; Veale et al., 2019; Yee et al., 2025).

In the face of this considerable exclusion, Takatāpui and Rainbow community spaces are important potential buffers and supports for older people (Betts, 2018, 2021, 2023; Dickson et al., 2023). However, older people report lack of accessibility, as well as exclusion and concerns about how they will be treated because of their age, verbal abuse from younger community members, failures to acknowledge their contributions, poor coverage of their experiences in community media, and lack of community activities aimed at older people (Betts, 2018, 2021, 2023; Dickson et al., 2023; Kushner, 2012; Kushner et al., 2013). Stevens (2013) also notes that research funding and priorities tend to focus on the needs of young people within Takatāpui and Rainbow communities.

This focus on youth and the dominance of Western identities renders the needs of Takatāpui, Pacific, and Ethnic Rainbow people invisible (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Kerekere, 2017, 2021; Pihama et al., 2020; Thomsen et al., 2023).

The concept of the “queer unwanted” has been utilised to describe the complexity of older queer adult experiences in queer spaces (Betts, 2018, 2021, 2023; Betts et al., 2020). Betts suggests that queer people who do not fit mainstream ideas of sexuality and gender diversity are marginalised and deemed socially, culturally, or economically irrelevant. This means certain groups within the queer community enjoy greater visibility, consideration, and influence, due to historical and contemporary ideas about who belongs in queer spaces. Betts argues this context needs to be understood by social workers as it poses significant challenges for the development of equitable supports, particularly for older women who experience sexism, older trans and non-binary people, and older bisexual people (Betts, 2018, 2021, 2023; Betts et al., 2020; Robinson, 2020). Older trans and non-binary people and intersex people face violence and hostility inside Takatāpui and Rainbow communities, including a lack of inclusion in community discussions about ageing (Betts, 2018, 2021, 2023; Dickson et al., 2023).

Monosexism and binary views of sexuality also erase bisexual identities, including ideas that bisexual people have not yet made up their mind, or are not properly ‘queer’ if in different-gender relationships. Monosexism, biphobia, and bierasure means bisexuality is often treated with hostility, ignored, or dismissed in Takatāpui and Rainbow communities, as bisexual people are conceptualised as not brave enough to come out ‘properly’ as lesbian or gay (Betts, 2018, 2021, 2023; Dickson et al., 2023; Pond, 2020).

Diverse views towards the inclusion of bisexual women and trans women are also expressed in research with older lesbian participants, including expressed preferences for ARC exclusively for cisgender lesbians (Buxton, 2020; Robinson, 2020).

Community protective factors

Table 4 summarises the literature review findings for community protective factors.

Table 4: Community protective factors

International	National
Inclusive, affirming healthcare and social services	Inclusive, affirming healthcare and social services
Rainbow competency training	Culturally affirming support for diverse Takatāpui and Rainbow older people
Rainbow-identifying staff in healthcare and social services	ARC policy frameworks, training, and best practice guidelines
Supportive Rainbow communities	Affirming and respectful community supports and networks
	Safe ageing in place

Openly Rainbow-friendly service providers and inclusive staff attitudes make Rainbow older people feel safe accessing healthcare and social services. LGBTQ+-affirming training and LGBTQ+-identifying staff reduce discrimination risks (Helmrath et al., 2024; Johnston, 2016). Providers need to be respectful, sensitive, non-judgemental and LGBT-friendly, as well as capable to understand the unique concerns of LGBT older people (Thummapol et al., 2025). For older transgender adults, it is specifically important to care for their needs beyond cisgender assumptions, which could lead to abuse and neglect (Cook-Daniels, 2008; Messinger et al., 2018).

Rainbow-only or Rainbow-specific services is another option. In a survey of older lesbians’ experiences on ageing, Averett et al. (2011) found that 39.1% of their respondents expressed a positive attitude towards retirement or care facilities that are exclusive for lesbian or lesbian and gay people. Even the proposition of women-only communities elicited positive responses. Similarly, another United States study found that many older LGBTQ+ adults would prefer long-term services exclusive for the LGBTQ+ community or provided by LGBTQ+ staff (L. Dickson et al., 2021). Gabrielson’s (2011) study also found that older lesbians prefer LGBT-specific services due to a fear of discrimination in long-term care.

Rainbow communities play a key role in providing support and affirmation to Rainbow older people. The mutual support among friends and chosen family provides a safe environment for Rainbow ageing (Gabielson, 2011). The LGBT community is resilient, with strong support networks and past experiences of overcoming discrimination, providing a source of strength and valuable skills for Rainbow ageing (Johnston, 2016).

The national literature also identified mana-enhancing support for Takatāpui and Rainbow older people as a community-level protective factor. Ensuring healthcare and social services have access to capacity-building professional development, including affirming identities, using simple, straightforward language that older people use for themselves, and recognising important relationships, is critical to preventing harm in these contexts. Such training needs to highlight the specific and unique generational contexts of Takatāpui and Rainbow older people, as well as minority stress, cultural and other forms of diversity, HIV stigma, and a wide range of coming out journeys (Betts 2018, 2023; Betts et al., 2020; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2020, 2024; Kushner, 2012; Kushner et al., 2013; Moyle, 2023; Neville & Henrickson, 2010; Neville et al., 2014, Neville et al., 2015; Pihama et al., 2020; Positive Women | Wāhine Kaha, 2023; Robinson, 2020; Stevens, 2013; Thomsen et al., 2023).

Kaupapa Māori and Pacific healthcare, social services, and cultural events inclusive of diversity within iwi, hapū, and Pacific communities improve access and offer opportunities for culturally affirming support for Takatāpui and Pacific Rainbow people (Dickson et al., 2023; Pihama et al., 2020; Thomsen et al., 2023). Training and support for Māori, Pacific, and Ethnic social services needs to be culturally competent and embedded in specific cultural contexts (Dickson et al., 2023; Pihama et al., 2020; Thomsen et al., 2023). Support for faith leaders to develop inclusive faith settings is also important, particularly for Pacific and Ethnic Rainbow older people (Dickson et al., 2023; Thomsen et al., 2023).

Policy frameworks and best practice guidelines for ARC include improved staff induction processes; inclusive forms and ongoing training to ensure staff are well equipped for respectful discussions of sexuality, identity, important relationships, and gender journeys, including during intake processes; amending next-of-kin requirements; recognising specific issues in relation to end-of-life care, including the importance of chosen family; and best practice HIV and gender-affirming healthcare, including the correct use of pronouns and titles for older trans and non-binary people (Betts, 2018, 2023; Dickson et al., 2023; Henrickson et al., 2020, 2021; Kushner, 2012; Kushner et al., 2013; Neville et al., 2014; Neville & Henrickson, 2010; Positive Women | Wāhine Kaha, 2023; Robinson, 2020).

Within healthcare and social services, policy and practice guidance which acknowledges the high rates and specific forms of such harm towards Takatāpui and Rainbow people is recommended, as well as developing connections with Takatāpui and Rainbow older people and community groups, including for culturally specific groups (Betts, 2018, 2023; The Backbone Collective & Hohou Te Rongo Kahukura, 2024; Dickson, 2016, 2017; Dickson et al., 2023; Neville et al., 2014; Te Tāhū Hauora | Health Quality & Safety Commission, 2025).

In terms of housing, supports to safely age in place, including trusted low-cost or free service navigation support, are strongly preferred by many Takatāpui and Rainbow older people (Betts, 2018, 2023; Dickson et al., 2023; Kushner, 2012; Kushner et al., 2013; Ministry of Social Development | Te Manatū Whakahiato Ora, 2024; Pihama et al., 2020; Robinson, 2020; Thomsen et al., 2023).

Some researchers found support for lesbian, women's, or queer ARC (Robinson, 2020), gay ARC (Kushner et al., 2013), lesbian, gay, and bisexual ARC (Neville & Henrickson, 2010), and LGBTQI+-friendly ARC facilities (Positive Women | Wāhine Kaha, 2023), including staff members from those communities. However, others note tensions and difficulties navigating the boundaries of inclusion for such services, risking the exclusion of non-Pākehā, as well as older bisexual people, trans and non-binary people, and intersex people (Betts, 2018, 2023; Betts et al., 2020; Dickson et al., 2023; Robinson, 2020).

From the 1960s, Takatāpui and Rainbow communities developed social support and human rights advocacy groups to seek legal changes, and this community building and activism is a significant source of pride and connection for many (Betts, 2018, 2021, 2023; Betts et al., 2020; Dickson et al., 2023; Kushner et al., 2013; Pond, 2020; Robinson, 2020; Royal Commission of Inquiry into Abuse in Care, 2024; Stevens, 2013). These networks continue to offer practical support for older Pākehā lesbians and gay men but may not provide the same support for others (Betts, 2018, 2021, 2023; Betts et al., 2020; Dickson et al., 2023; Kushner et al., 2013; Pond, 2020; Robinson, 2020).

More inclusive Takatāpui and Rainbow community spaces with a focus on older people, as well as Māori and culturally specific community spaces, offer opportunities for appropriate and tailored support for Takatāpui and Rainbow older people, including support for intergenerational connections with younger generations (Betts, 2023; Dickson et al., 2023; Dovetail, 2024; Pihama et al., 2020; Ramsay, 2023; Robinson, 2020; Stevens, 2013; Thomsen et al., 2023).

Relational factors shaping abuse

The relational level in the SEF refers to important relationships, including experiences of family and whānau, chosen family, and intimate relationships. The experiences of individual older people are mediated and shaped through relational experiences.

Relational risk factors

Table 5 summarises the literature review findings for relational risk factors.

Table 5: Relational risk factors

International	National
Lack of acceptance and rejection from family	Lack of acceptance and rejection from family
Abuse within family contexts shaped by discrimination and intergenerational dynamics	Abuse within family contexts shaped by discrimination and intergenerational dynamics
High rates and specific forms of intimate partner violence	High rates and specific forms of intimate partner violence
Loss of decision-making capacity	Conversion practices
Shrinking personal networks as ageing takes place	High rates of sexual harm
	Transphobia and biphobia further heighten risks of abuse

The international literature identified significant risks of abuse for Rainbow older adults in close relationships. A common risk factor is family rejection due to homophobia (Avrrett et al., 2011; Bloemen et al., 2019; Grindey-Bell, 2021; Helmrath et al., 2024) and the lack of family support (Coleman, 2018; Czaja et al., 2016; Savage & Barringer, 2023). In the United States context, living in rural areas and small towns heightens these risk factors (Hash & Morrow, 2020). Family rejection can lead to isolation in later life after the loss of a partner, alongside significant mental health challenges (Mange et al., 2022). For those living with reduced capacity, such as dementia, the loss of decision-making capacity increases vulnerability to unsupportive or even hostile family members (Barrett et al., 2015). The lack of family support may also lead them back to heteronormative care services that can result in experiencing discrimination (Waling et al., 2019).

Intimate partner violence is also a serious issue. Specifically, studies show that older transgender people are at heightened risk (Hafford-Letchfield & McCormack, 2024). For older lesbians, society's assumption that perpetrators are male often erases female perpetrators, inhibiting the limiting reporting of abuse (Todd, 2021). Coleman (2018) reports that some older LGBTQ+ adults remain in abusive relationships rather than endure isolation and loneliness. Experiences of abuse are not uniform but reveal varied and complex patterns. For example, LGB participants report coercive control and diverse forms of abuse, including verbal, physical, stalking, and enforced isolation, challenging the dominant framing of intimate partner abuse as situational or mutual conflict (Wydall et al., 2023). They could also be vulnerable to financial abuse when property or assets are registered solely under one partner's name. Due to fear of **outing** and discriminatory legal or social systems, many avoided including both names on legal documents, which heightened dependence and left them with limited protection or recourse in cases of exploitation (Gutman et al., 2024; Robson et al., 2023).

Patterns of abuse often reflect family and intergenerational dynamics. In the Brazilian context, many incidents of abuse are reported within the household, with adult children and spouses identified as the primary perpetrators (Canavese et al., 2025). A Canadian study found adult children could become perpetrators of harm towards older people who came out later in life and were dependent on their support (Morrissey, 2010).

While family members are the main aggressors for many, LGB individuals also report abuse from friends or acquaintances, such as financial abuse, highlighting the potential fragility of social networks outside the family (Gutman, 2024; Canavese et al., 2025).

Alternative support structures including intergenerational and chosen networks of care (drawing on friends, kin, and in some cases, biological family) provide support but often remain fragile and constrained. Research highlights that personal networks often shrink with age, particularly for those reliant on peers within LGB communities (Almack et al., 2010; Heaphy, 2009). Johnston (2016) similarly observes that reduced access to informal and familial networks leaves older LGBTQ+ people in precarious positions when navigating later life.

The national literature identified complex and nuanced disconnection experiences within families of origin for Takatāpui and Rainbow older people, including abuse and violence across the lifespan (Bal & Divakalala, 2022; Betts, 2018, 2023; Betts et al., 2020; Dickson et al., 2023; Kushner, 2012; Kushner et al., 2013; Neville et al., 2015; Pihama et al., 2020; Stevens, 2013; Thomsen et al., 2023; Veale et al., 2019; Yee et al., 2025). Disconnection from parents and older relatives for those who came out when they were younger results in less support and access to resources, while coming out later in life when family may have assumed they were heterosexual and/or cisgender may include being rejected by partners, as well as rejection and harm from adult children and grandchildren (Betts, 2018, 2023; Betts et al., 2020; Dickson et al., 2023; Kushner, 2012; Kushner et al., 2013; Neville et al., 2015; Stevens, 2013; Veale et al., 2019; Yee et al., 2025).

Conversion practices within family settings, or family rejection leading directly to institutional and faith-based conversion practices, also disrupt relationships for Takatāpui and Rainbow people and create substantial minority stress (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Moyle, 2023; Royal Commission of Inquiry into Abuse in Care, 2024; Thomsen et al., 2023; Veale et al., 2019; Yee et al., 2025). Family members directing ARC staff and facilities to stop older people expressing their gender and sexuality identities, including through failing to provide gender-affirming clothing, has been identified, particularly when the older person has diminished capacity (Dickson et al., 2023; Henrickson et al., 2020, 2021; Human Rights Commission | Te Kāhui Tika Tangata, 2020).

Dickson et al. (2023) found that Takatāpui and Rainbow older people reported a wide range of negative behaviours from families they grew up in, including financial abuse and being disinherited, physical violence, and attempts to cut off access to children and grandchildren. Nearly one in three (31%) had experienced family members stopping speaking to them or ending their relationship, 23% reported their families refused to believe them about their identity, and 13% were forced back into the closet to be part of the family. One in 10 (10%) had been sent to a therapist or religious advisor to change their sexuality or gender. Every negative behaviour was reported at higher rates for Māori, Pacific, and Ethnic Rainbow older people, including 41% experiencing family members stopping speaking to them or ending their relationship, 30% reporting their families refused to believe them about their identity, and 19% being forced back into the closet to be part of the family. Sixteen percent of Māori, Pacific, and Ethnic Rainbow older people had been sent to a therapist or religious advisor to change their sexuality or gender. Similarly, the majority of these negative behaviours within families were also reported at higher rates for older bisexual people and trans and non-binary people, including physical violence from family members. For example, one in four older bisexual people (24%) were forced back into the closet to be part of the family, and 33% were not believed about their identity, while 62% of older trans and non-binary people experienced family members stopping speaking to them or ending their relationship, and 47% were not believed about their identity (Dickson et al., 2023). The authors suggest this context makes Takatāpui and Rainbow older people more isolated, less resourced, and more vulnerable to potential abuse, both within families and because they are reliant on potentially unsafe social support systems.

Intimate partner violence and sexual harm are significant issues, including abuse from both same gender and different gender partners, as well as sexual violence perpetrated by others (Dickson, 2016, 2017; Dickson et al., 2023; Hargrave et al., 2024; Ministry of Justice | Te Tāhū o te Ture, 2024; Plum & Zhuge, 2024; Pond, 2020; Te Tāhū Hauora | Health Quality & Safety Commission, 2025; Treharne & Adams, 2017; Yee et al., 2025).

In pooled data from New Zealand's national crime and victim survey, bisexual people report significantly higher rates of sexual violence (14.2%) in the last 12 months, followed by those with other sexualities¹⁸ (9.2%), and lesbians and gay people (7.2%), in comparison with heterosexual people (1.6%). In terms of gender diversity, transgender people (7.7%), and especially transgender people of another gender,¹⁹ (13.3%) also report significantly higher rates of sexual violence than cisgender women (2.9%) and cisgender men (0.9%). While data for family violence offences in the last 12 months is not available for all these groups due to sample size, similar patterns emerge for **sexuality diversity**.

Bisexual people experience the highest rates of family violence offences (7.2%), followed by those with other sexualities (6.9%), lesbians and gay people (4.7%), and heterosexual people (1.8%). Transgender people (1.9%) report rates of family violence offences between cisgender women (3%) and cisgender men (1%). At a population level, older people report lower rates of both forms of violence than younger people, but data for the intersection of older people and LGBTIQ+ people is not explored in this data set (Ministry of Justice | Te Tāhū o te Ture, 2025).

Takatāpui and Rainbow older people may have experienced intimate partner violence for a long time or be targeted for abuse when they are older. For example, Kushner (2012, p. 75) describes a participant who was targeted by a much younger man after the death of his first partner, who took most of his money, leaving the participant with barely enough to survive during his retirement years. Seven older participants in Dickson et al. (2023) indicated concerns over how they were being treated by partners and/or caregivers, highlighting psychological and verbal abuse, isolating behaviours, neglect, and physical and sexual harm. Those causing harm were described as same-gender partners with poor mental health, post-traumatic stress disorder and early trauma experiences, and Alzheimer's.

Intimate partner violence towards Takatāpui and Rainbow people may include unique forms of psychological abuse and isolation that leverage discrimination, stigma, and exclusion. This includes criticising, questioning, making fun of, or shaming someone about their identity; pressures to be sexual based on oversexualising or stereotyping; misgendering by using unwanted pronouns or names; threats or pressure to out someone against their will; trying to stop someone connecting to the Rainbow community; withholding disability aids, hormones, HIV medication, or gender-affirming items; and being told that women can't abuse women/men can't abuse men (The Backbone Collective & Hohou Te Rongo Kahukura, 2024; Dickson, 2016, 2017; Dickson et al., 2023; Pond, 2020; Yee et al., 2025).

Common negative and dehumanising stereotypes contextualise the high rates of relational abuse towards bisexual people, including within Takatāpui and Rainbow communities (The Backbone Collective & Hohou Te Rongo Kahukura, 2024; Dickson, 2016, 2017; Pond, 2020). For example, Buxton (2020, p. 63) notes a reflection from a lesbian participant that "an older friend of hers referred to bisexual women as 'cockroaches on the community', in reference to the breakup of a relationship."

18 The Ministry of Justice | Te Tāhū o te Ture defines other sexualities as those adults who described their sexuality using terms other than lesbian, gay, bisexual, or heterosexual.

19 The Ministry of Justice | Te Tāhū o te Ture defines transgender people of another gender as adults who reported their gender as another gender other than transgender woman or transgender man.

Pond (2020) surveyed 994 women attracted to many genders, finding that nearly three-quarters had been pressured into sex, more often by men but also by women, as well as by men and women together. She suggests hypersexualisation, or the idea that bisexual and other **plurisexual** women are available for sex at any time, is the cultural scaffolding for these high rates of sexual harm. Pond (2020) also notes that bisexuality is largely framed as youthful and transient, and sexuality often assumed based on the gender of partner. Therefore, the queerness of older bisexual and other plurisexual women is often rendered invisible if they are in relationships with men, reducing community connections and culturally competent supports if experiencing abuse.

Relational protective factors

Table 6 summarises the literature review findings for relational protective factors.

Table 6: Relational protective factors

International	National
Positive family relationships	Strong, respectful, mana-enhancing relationships with family
Safe and healthy intimate partner relationships	Safe and healthy intimate partner relationships
Supportive relationships, friendships, and networks	Chosen family and friend networks
	Sense of cultural belonging and whakapapa

The international literature identifies that positive family relationships and acceptance of Rainbow identities lead to better ageing experiences (Reygan & Henderson, 2019; Thummapol et al., 2025). The presence of family in care settings also provides assurance that the older person’s needs are being met (Cook-Daniels, 1997). Reyes et al. (2024) found ageing experience was highly correlated with family interactions. Some LGBT older adults assume the role of caregiver in their families and at the same time receive support from their families. This strong familial connection reduces the fear of ageing alone.

Having a supportive partner or spouse is associated with producing more positive mental health outcomes (Brömdal et al., 2024). For older trans people living with dementia, intimate partners often become powerful advocates for their safety and a buffer against discrimination (Barrett, 2015).

Various types of supportive interpersonal relationships provide protection for Rainbow older people and help reduce the feeling of being trapped and powerless in abusive relationships (Coleman, 2018). Friendship is a vital support source. Reygan and Henderson (2019) found that in challenging contexts, such as inequality, poverty, and homelessness, friendship networks offer both psychological and material support for older LGBT people. Friends emotionally support each other and provide essentials when someone is in need. Friendships are also crucial for reducing loneliness and isolation for people ageing in homophobic, biphobic, and transphobic environments.

Friendships can also be intergenerational. According to Thummapol et al.'s (2025) research in Thailand, intergenerational relationships help battle isolation and ageism by providing companionship, support, and mentorship. Similarly, Kottorp et al. (2016) found in LGBTQ-profiled government-sponsored housing in Sweden, younger residents supporting older residents created intergenerational friendship networks that help foster safe living environments for Rainbow older people.

The national literature also found strong, respectful, and mana-enhancing relationships with family or whānau members were extremely protective for Takatāpui and Rainbow people (Betts, 2018, 2023; Dickson et al., 2023; Kerekere, 2017, 2021; Kushner, 2012; Pihama et al., 2020; Thomsen et al., 2023; Veale et al., 2019; Yee et al., 2025). In Dickson et al. (2023), many Takatāpui and Rainbow older people reported at least some family members treating them as well as everyone else, welcoming partners into the family, and using the correct names and pronouns for older trans and non-binary family members.

Pihama et al. (2020) acknowledge whānau acceptance is particularly important for Takatāpui and Māori LGBTQI+ in terms of cultural belongings and whakapapa. Kaupapa Māori resources and safe support for whānau to learn about Takatāpuitanga, normalise diverse identities, and reduce conversion practices are strongly recommended (Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Moyle, 2023; Pihama et al., 2020; Veale et al., 2019; Yee et al., 2025). Culturally and linguistically specific resources and support for families to affirm and understand particularly Pacific and Ethnic Rainbow identities, and reduce conversion practices, are also supported (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Moyle, 2023; Thomsen et al., 2023; Veale et al., 2019; Yee et al., 2025). Dickson et al. (2023) note such resources must include a focus on Takatāpui and Rainbow older people, in addition to children and young people.

Chosen family and friend networks play specific, protective roles for Takatāpui and Rainbow older people, offering emotional and practical support, including acting as a buffer against family rejection and isolation (Betts, 2018, 2023; Dickson et al., 2023; Kushner, 2012; Kushner et al., 2013; Neville & Henrickson, 2010; Neville et al., 2015; Pihama et al., 2020; Robinson, 2020; Stevens, 2013; Thomsen et al., 2023; Veale et al., 2019; Yee et al., 2025). Dickson et al. (2023) reported that 90% of Takatāpui and Rainbow older people had chosen family in their lives, and 64% felt they could rely on their chosen family in a crisis. However, older bisexual people and Māori, Pacific, and Ethnic Rainbow people were less likely to have chosen family that supported them. LGBT+ people over 65 are as likely to be carers for disabled or ill household members as non-LGBT+ people, but significantly more likely to be helping someone disabled or ill outside their household (Stats NZ | Tatauranga Aotearoa, 2025).

Similarly, safe intimate partner relationships provide significant support to Takatāpui and Rainbow older people, including in terms of affirming identity and as buffers against isolation (Dickson et al., 2023). Yee et al. (2025) found that 37% of older trans and non-binary people said that partners had stood up for them around mistreatment because of their gender identity, and 44% had experienced a partner telling others to use their correct names and pronouns.

Individual-level factors shaping abuse

The individual level in the SEF refers to experiences and characteristics that structure the abuse of Takatāpui and Rainbow older people, mediated and shaped by societal, community, and relational-level risk and protective factors.

Individual risk factors

Table 7 summarises the literature review findings for individual risk factors.

Table 7: Individual risk factors

International	National
Minority stress – substance use and mental health disparities	Minority stress – substance use and mental health disparities
Identity management and social isolation	Identity management and social isolation
Lack of trust in state systems, healthcare, and social services due to anticipated discrimination	Lack of trust in state systems, healthcare, and social services due to anticipated discrimination
HIV stigma	Housing insecurity and homelessness
History of trauma	Lifetime sexual violence and family violence heighten risks of revictimisation as older adults
Barriers to help seeking after harm	Difficult coming out journeys due to discrimination, stigma, and exclusion
Limited awareness of legal protections	Lack of planning for ageing

International literature identifies that Rainbow older people may engage in substance abuse or risky sexual behaviours in response to abuse and social exclusion. Current empirical evidence from the United States and Thailand shows higher rates of harmful health behaviours, such as unhealthy drug or alcohol use (Cook-Daniels, 2017; Thummapol et al., 2025), and infrequent condom use and heightened HIV/AIDS risk (Coleman, 2018; Thummapol et al., 2025). Such behaviours often arise in contexts where older LGBT adults lack supportive environments, including being forced to access testing through community-based associations rather than primary healthcare providers (Thummapol et al., 2025). HIV status may also incur further discrimination from others (Pinazo-Hernandis et al., 2025). These behaviours cannot be separated from longer histories of trauma that shape health-seeking practices and engagement with legal systems, including long wait times and fear of discrimination. Past experiences of prejudice and discrimination often reverberate across the life course, with enduring effects on health, social wellbeing, and vulnerability in later life (Hurd & Mahal, 2025), resulting in delays or avoidance of accessing healthcare (Thummapol et al., 2025; Webb & Elphick, 2017). These findings highlight the urgent need for culturally tailored interventions to reduce unsafe sexual behaviours among those with histories of abuse (Coleman, 2018).

Another individual-level risk factor for Rainbow older people identified in several studies is diminished decision-making power, increasing the risk of abuse and neglect (Almack et al., 2010; Furlotte et al., 2016; Henry et al., 2020; Johnston, 2016). Identity management is also a central theme. Some Rainbow older people conceal their identities in healthcare settings to avoid stigma, rendering themselves invisible. Others, particularly transgender adults who are visibly gender-non-conforming, experience hypervisibility that makes them more likely to be targeted and discriminated against (Kia, 2019).

For those experiencing interpersonal abuse, there are considerable help-seeking barriers. Victim-survivors are consistently underrepresented in domestic abuse research and services, creating what Wydall (2023) terms a 'chasm' in the literature. Many conceal experiences of abuse and their identity to avoid discrimination, and the dual requirement of disclosure further inhibits access to support. Reported consequences include anxiety, depression, suicidal thoughts, and profound social isolation, often intensified by age-related stigma. These dynamics are reinforced by limited legal literacy: many LGBTIQ+ older people remain unaware of how existing laws might protect them from discrimination, while legacies of historical discrimination further limit their willingness to seek legal recourse (Webb & Elphick, 2017).

The national literature identifies impacts of minority stress at the individual level, including one in four LGBT+ New Zealanders reporting daily anxiety (26%), twice the rate of non-LGBT+ New Zealanders, and 34% reporting feeling depressed at least monthly, compared with 18% of non-LGBT+ New Zealanders. Bisexual people report the lowest levels of life satisfaction compared with lesbians and gay men, transgender people, and the general population (Stats NZ | Tatauranga Aotearoa, 2025). LGBTIQ+ people over 65 are also more likely to be regular smokers or ex-smokers than younger LGBTIQ+ people and their non-LGBTIQ+ age-group peers (Stats NZ | Tatauranga Aotearoa, 2025).

Yee et al. (2025) found a range of poor mental health outcomes for older trans and non-binary people, including disordered eating, as well as 41% reporting high or very high psychological distress in the last four weeks and 20% reporting deliberate self-harm in the last 12 months.

Older people are less likely to identify under LGBTIQ+ umbrella terms than younger generations in the national census (Stats NZ | Tatauranga Aotearoa, 2025). Many Takatāpui and Rainbow older people came out much later in life, including after living heteronormative lives (Betts, 2018, 2023; Betts et al., 2020; Buxton, 2020; Dickson et al., 2023; Henrickson et al., 2020, 2021; Kushner, 2012; Kushner et al., 2013; Neville & Henrickson, 2010; Neville et al., 2014; Neville et al., 2015; Ramsay, 2023; Robinson, 2020; Stevens, 2013). Differences in coming out journeys vary across cultural, generational, and urban/rural contexts, as well as for some, having fluid understandings of sexuality and gender. These differences, including whether older people have children and longer-term connections within Takatāpui and Rainbow communities, impact on family and other community connections for individual older people (Dickson et al., 2023; Yee et al., 2025).

Older LGBTIQ+ people are less likely than their non-LGBTIQ+ age-group peers to be in owner-occupied dwellings and more likely to be living in damp and mouldy homes, especially older trans and non-binary people (Stats NZ | Tatauranga Aotearoa, 2025). They are also more likely to be severely housing deprived than both their non-LGBTIQ+ age-group peers and younger LGBTIQ+ people (Stats NZ | Tatauranga Aotearoa, 2025). Yee et al. (2025) found in the last year that one in three older trans and non-binary people had gone without fresh fruit and vegetables, and one in four had postponed or put off visits to the doctor to keep their costs of living down.

Higher lifetime rates of intimate partner violence and sexual violence create additional individual-level risks of abuse of Takatāpui and Rainbow older people (Dickson, 2016, 2017; Dickson et al., 2023). Dickson et al. (2023) reported that Takatāpui and Rainbow older people understood sexual harm experienced earlier in life, including child sexual abuse and sexual harm in institutional contexts, as punishment for being different. Meehan et al. (2026) identified that harm towards older people is particularly associated with younger older people within the 55+ group; poorer health, including mental health; barriers to support; and prior experiences of harm by either a known person, or a known person as well as a stranger. All these individual risk factors are relevant to Takatāpui and Rainbow older people.

Minority stress is also directly responsible for anticipated discrimination and reduced trust in healthcare and social services (The Backbone Collective & Hohou Te Rongo Kahukura, 2024; Betts, 2018, 2023; Betts et al., 2020; Dickson et al., 2023; Kushner, 2012; Kushner et al., 2013; Neville & Henrickson, 2010; Pond, 2020; Robinson, 2020; Stats NZ | Tatauranga Aotearoa, 2025; Stevens, 2013; Thomsen et al., 2023). Anticipated racism and HIV stigma compounds minority stress for Māori, Pacific, and Ethnic Rainbow people (Bal & Divakalala, 2022; Pihama et al., 2020; Positive Women | Wāhine Kaha, 2023; Thomsen et al., 2023).

This anticipated discrimination and lack of trust significantly reduces the capacity of Takatāpui and Rainbow older people to seek support after abuse (The Backbone Collective & Hohou Te Rongo Kahukura, 2024; Dickson, 2016, 2017; Dickson et al., 2023; Hargrave et al., 2024; Meehan et al., 2026; Ministry of Justice | Te Tāhū o te Ture, 2024; Te Tāhū Hauora | Health Quality & Safety Commission, 2025; Veale et al., 2019; Yee et al., 2025). Dickson (2016) found that despite reporting significant impacts on mental and physical health after experiencing intimate partner violence and/or sexual violence, most Rainbow survivors did not seek help from specialist agencies. Similarly, none of the seven older people in Dickson et al. (2023) who discussed intimate partner violence concerns said that they had approached a specialist agency responding to elder abuse, family violence, or sexual violence.

Minority stress also makes isolation significantly more likely (Betts, 2018, 2023; Betts et al., 2020; Dickson et al., 2023; Kushner, 2012; Kushner et al., 2013; Ministry of Social Development | Te Manatū Whakahiato Ora, 2024; Neville & Henrickson, 2010; Pihama et al., 2020; Pond, 2020; Positive Women | Wāhine Kaha, 2023; Robinson, 2020; Stats NZ | Tatauranga Aotearoa, 2025; Stevens, 2013; Thomsen et al., 2023; Treharne & Adams, 2017; Veale et al., 2019; Yee et al., 2025). Trans and non-binary people are less than half as likely to say they never feel lonely as cisgender people, and bisexual people are more than twice as likely to report feeling lonely some or most/all of the time as heterosexual people, and less likely to report never feeling lonely (Stats NZ | Tatauranga Aotearoa, 2025). Dickson et al. (2023) found that Takatāpui and Rainbow older people were more socially isolated than they wanted to be, and that they particularly wanted in-person opportunities to socialise with others. Losses during the AIDS epidemic are part of this context, particularly for Takatāpui and Rainbow older men. One participant in Dickson et al. (2023, p. 31) described losing their partner of 22 years and 37 other men their age through HIV-AIDS-related illnesses between 1986 and 1998.

Pond (2020) notes the impacts of monosexist ideas at the individual level, reporting that being incorrectly assumed to be heterosexual, and to a lesser extent, lesbian, has negative impacts on the mental health of bisexual and other plurisexual women. Her respondents were more comfortable when they were incorrectly assumed to be lesbian, because at least that allowed ongoing connection to wider Rainbow communities.

A lack of planning for ageing has also been identified, attributed in part to existing tools and resources not reaching or being relevant for Takatāpui and Rainbow older people (Dickson et al., 2023; Pihama et al., 2020; Robinson, 2020).

Finally, Takatāpui and Rainbow older people have utilised caution over sharing their sexuality and gender identities throughout their lives, due to generational contexts of criminalisation and pathologisation (Betts, 2018, 2023; Betts et al., 2020; Buxton, 2020; Dickson et al., 2023; Henrickson et al., 2020, 2021; Kushner, 2012; Kushner et al., 2013; Neville & Henrickson, 2010; Neville et al., 2014, Neville et al., 2015; Ramsay, 2023; Robinson, 2020; Stevens, 2013). Dickson et al. (2023) found one in 10 Takatāpui and Rainbow older people do not share their identity with anyone, due to fears of discrimination, and this was higher for older Māori, Pacific, and Ethnic Rainbow people and especially older bisexual people. While identity management is utilised for safety, it can reduce opportunities to build authentic, positive relationships, and asking for help after identity-based harm or intimate partner violence for an older person who cannot talk about their relationships, sexuality, or gender identity is extremely difficult (Dickson et al., 2023).

Individual protective factors

Table 8 summarises the literature review findings for individual protective factors.

Table 8: Individual protective factors

International	National
Community acceptance	The formation and affirmation of positive identities, including for older bisexual people, trans and non-binary, and intersex people
Self-acceptance and pride in overcoming discrimination	Opportunities to reclaim and celebrate culturally specific identities
Capability and agency in decision-making	Celebration of contributions of Takatāpui and Rainbow older people
	Affirming and respectful volunteering opportunities
	Ageing well – access to tailored legal, healthcare, financial rights information, including for PLHIV

The international literature found resilience is possible where psychological safety is fostered: community acceptance and self-acceptance can buffer against negativity and support wellbeing (Helmraeth et al., 2024). Rainbow older people have developed individual strategies to navigate discrimination in society. Reyes et al. (2024) found that older LGBT adults choosing to focus on self-preservation and embracing self-identity can help overcome stereotypes. This aligns with Helmraeth et al.’s (2024) conclusion that self-acceptance improves psychological safety and buffers against negativity. Johnston (2016) also states that older LGBT adults find resilience and strength in their experiences of overcoming discrimination and developing skills for ageing from these experiences.

Capability and agency in making decisions, as well as feeling independent, is also important. In Canadian research looking at long-term care, Rainbow residents emphasised self-decision-making as a key factor in being able to keep high quality of life at the end of the life-cycle as vital (Kortes-Miller, 2018).

Similarly, the national literature identified formation and affirmation of positive sexuality and gender identity as important for Takatāpui and Rainbow older people (Betts, 2018, 2021, 2023; Betts et al., 2020; Buxton, 2020; Dickson et al., 2023; Henrickson et al., 2020, 2021; Kushner, 2012; Kushner et al., 2013; Neville et al., 2015; Pond, 2020; Ramsay, 2023; Robinson, 2020; Stevens, 2013; Veale et al., 2019; Yee et al., 2025). Identity affirmation for the “queer unwanted” groups, such as older bisexual people, trans and non-binary people, and intersex people, is particularly important (Betts, 2018, 2021, 2023; Betts et al., 2020; Dickson et al., 2023; Pond, 2020; Ramsay, 2023; Veale et al., 2019; Yee et al., 2025). Opportunities to reclaim traditional identities and celebrate intersections with cultural identity are also crucial sources of strength and pride for Takatāpui, Pacific Rainbow, and Ethnic Rainbow people (Bal & Divakalala, 2022; Dickson et al., 2023; Human Rights Commission | Te Kāhui Tika Tangata, 2024; Kerekere, 2017, 2021; Moyle, 2023; Pihama et al., 2020; Thomsen et al., 2023; Stevens, 2013).

The celebration of the contributions of Takatāpui and Rainbow older people in diverse storytelling and creative projects has the potential to enhance social connections (Dickson et al., 2023). LGBT+ people are consistently more likely to volunteer through organisations, community groups, and marae at every age group, and volunteering also offers significant opportunities for connection and belonging (Betts, 2018, 2023; Stats NZ | Tatauranga Aotearoa, 2025; Thomsen et al., 2023; Veale et al., 2019; Yee et al., 2025). Finally, planning for ageing well is important for wellbeing for Takatāpui and Rainbow older people, including the need for tailored resources in relation to legal, healthcare, and financial rights, and accurate information about HIV and ageing (Dickson et al., 2023; Pihama et al., 2020; Positive Women | Wāhine Kaha, 2023; Robinson, 2020).

Chapter Three:

New Zealand policy documents: a thematic analysis



This chapter examines how current AOP systems and policies in Aotearoa New Zealand address the needs of Takatāpui and Rainbow older people. Due to scope and time limitations, the policy review did not consider policy contexts or indigenous approaches in other countries. The goal was to assess policy inclusions relating to Takatāpui and Rainbow older people in:

- Strategies, policies, and action plans guiding government actions for older people
- Guidelines and frameworks for healthcare and social services for older people
- Strategies, evaluations, and guidance focused on preventing or responding to AOP.

Thirty-five documents were selected for in-depth thematic analysis.²⁰ Documents were included if they guided current government policy based on the year of publication or implementation, or if they had not been replaced by a subsequent policy, strategy or action plan. While not exhaustive, this offers insight into the policy context for Takatāpui and Rainbow older people at the time of review. The documents frame harm towards older people using the terms family violence, sexual violence, and elder abuse. No documents used the term AOP.

The policy review found significant gaps in AOP systems, strategy, and policy documents, including key health and ARC systems documents. Twenty-one of the 35 policy documents made no mention of Takatāpui and Rainbow communities at all. Where relevant content exists, Takatāpui and Rainbow older people are most likely to appear within a list of marginalised communities. A more rigorous approach to inclusion within a minority of documents involved acknowledging that existing services for older people, including those offering support after abuse, may not be appropriate for Takatāpui and Rainbow older people. These documents describe factors that increase the risk of AOP as generational context, discrimination, social isolation, and family disconnection for Takatāpui and Rainbow older people. They further articulate aspirations for inclusive, supportive, and culturally competent services, including recommendations for policy and workforce capability development.

AOP policy context

The current AOP policy context is framed by two key strategic documents. The first, *Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence, 2021*²¹ sets out a framework to eliminate family violence and sexual violence, drive unified government action, and harness public support and community action. This strategy lays out in-depth experiences of family violence and sexual violence across different communities, including tangata whenua, Pacific peoples, older people, Ethnic communities, disabled people, and LGBTQIA+ communities. These communities are treated as separate, so although 18 sections in this document were identified for review, none were focused on LGBTQIA+ older people.

20 See [Appendix 7](#) for a discussion of the policy review methodology and data extraction process. See [Appendix 8](#) for a full list of the reviewed documents and the number of sections which included Takatāpui and Rainbow communities that were coded into key themes.

21 New Zealand Government | Te Kāwanatanga o Aotearoa.

The second key strategic document is *Elder Abuse in Aotearoa: The proposed future strategy for Elder Abuse Response Services, 2020*,²² which sets out the proposed future strategy for MSD-funded Elder Abuse Response Services (EARS), including the EARS work programme priorities and steps to enact change. Three sections were coded for this review, which collectively acknowledge the need for EARS providers to be well-equipped to respond to diverse older people, including LGBTQIA+ older people with needs framed by generational discrimination. In addition, the need for further work to understand LGBTQIA+ older people in a list of marginalised communities is signalled:

“

Alongside using these strategies as part of the foundation of our future work programmes, we will further work to identify how we can meet the needs of our other communities, including Asian, African, and South American communities, and LGBTQIA+, and disabled people.”

(*Elder Abuse in Aotearoa: The proposed future strategy for Elder Abuse Response Services, 2020*, p. 23)

Absence of Takatāpui and Rainbow older people

Twenty-one of the 35 policy documents did not refer to Takatāpui and Rainbow communities. Thirteen local government age-friendly strategies and action plans and several key central government documents made no mention of Takatāpui and Rainbow communities, including the *Aged Residential Hospital Specialised Services (ARHSS) Agreement, 2024* and the *Age-Related Residential Care Agreement (ARRC), 2024*,²³ which provide contractual guidance to ARC providers for delivery of services to older people. New Zealand’s *Healthy Ageing Strategy, 2016*²⁴ is another key central government document which does not refer to Takatāpui and Rainbow older people. Priority population groups experiencing poorer health outcomes identified in this strategy are Māori, Pacific peoples, Ethnic communities, rural communities, people on low incomes, and people with disabilities.

Although not the focus of this review, representations relevant to te ao Māori were largely missing. For example, the word Takatāpui appeared in only three policy documents.²⁵ No other Māori, Pacific, or non-English language Rainbow identities were named in any policy document.

22 Ministry of Social Development | Te Manatū Whakahiato Ora.

23 Health New Zealand | Te Whatu Ora.

24 Ministry of Health | Manatū Hauora.

25 In *Amplifying the voices of older people across Aotearoa New Zealand, 2024* from the Health and Disability Commissioner | Te Toihau Hauora, Hauātanga, ‘Rainbow and takatāpui’ was used as an umbrella term twice. In the *Regional Elder Abuse Networks Evaluation Report, 2024* from the Office for Seniors | Te Tari Kaumātua and Dovetail, ‘Takatāpui and Rainbow’ was used to describe the focus of Hohou Te Rongo Kahukura as an organisation. In *Frailty care guides / Ngā aratohu maimoa hauwarea, 2023* from Te Tāhū Hauora | Health Quality & Safety Commission, a document providing guidance for healthcare professionals working with older people with frailty, particularly in ARC, a short section defined ‘Takatāpui’ gives brief context for the term’s importance for Māori, in terms of a holistic understanding of health and the need to acknowledge cultural identity, as well as gender and sexuality identities.

Takatāpui and Rainbow specific policy content

In the remaining 14 documents, 50 sections reference sexuality diversity, gender diversity, or umbrella terms of English-language identities, such as LGBT (and variants) or Rainbow, reflecting a lack of consistent terminology across the systems and policy contexts.

The 50 sections were iteratively coded into 10 key themes, with some sections coded into more than one theme. Key themes and their frequency are presented in Table 9 and discussed in the following section.

Table 9: Key themes of Takatāpui and Rainbow sections

Key theme	Frequency in policy documents
Acknowledgement of existence	6
List of marginalised communities	24
Listening to Rainbow voices	4
Systemic invisibility	5
Aspirations of equity and cultural safety not specific to Takatāpui and Rainbow older people	8
Lifetime discrimination and violence	13
Intersectionality and AOP	3
Concerns of Takatāpui and Rainbow older people	6
Aspirations of equity and cultural safety for Takatāpui and Rainbow older people	14
Action points	10
Total	93

Acknowledgment of existence

Six sections across four policy documents briefly acknowledged the existence of Takatāpui and Rainbow people, but gave no further details about their needs, including those related to AOP.

List of marginalised communities

Similarly, the most common key theme, in 24 sections from 10 documents also essentially signalled that Takatāpui and Rainbow people exist as part of human diversity. Lists of marginalised communities were often employed to signal that culturally specific or unique experiences of harm and abuse exist, as well as gaps in current systems and services, explored in a later theme.

Listening to Rainbow voices

Four sections across three documents indicated that Takatāpui and Rainbow people's lived experiences contributed to policy development. Two sections in this theme were from Te Aorerekura and were not specific to Takatāpui and Rainbow older people. Two local government age-friendly strategies described consulting with Takatāpui and Rainbow older people as part of strategy development.²⁶

Systemic invisibility

Five sections across four documents identified significant knowledge gaps in experiences of family violence, sexual violence, or elder abuse within Takatāpui and Rainbow communities, including gaps in administrative data and a paucity of research focused specifically on AOP. *Te Aorerekura* states there is no reliable data about family violence and sexual violence for many groups, including LGBTQI+ communities. *Te Aorerekura Action Plan 2025-2030*²⁷ calls for data and insights to reflect the experience and priorities of those disproportionately affected by violence, including LGBTQIA+ communities. This was not specific to older people in either document. *Amplifying the voices of older people across Aotearoa New Zealand, 2024*²⁸ notes the need for research into developing culturally safe ARC for Takatāpui and Rainbow older people.

The remaining two sections coded in this theme were both found in *Elder Abuse in Aotearoa: The role and current state of MSD's Elder Abuse Response Services, 2019*.²⁹ This document explains that older Pākehā, heterosexual, and cisgender people are more likely to access services and participate in research, which leads to what the document describes as skewed information about prevalence rates. This impacts on how AOP is defined, responded to, and regulated.

“

Typically, definitions and responses to elder mistreatment, neglect and abuse in Aotearoa are commonly based on a white, heterosexual, cisgender, middle class perspective. This is often replicated in the institutional practices, laws and policies. This results in the approach to elder abuse reflecting only a portion of older people and their lived experiences.”

(Elder Abuse in Aotearoa: The role and current state of MSD's Elder Abuse Response Services, 2019, p. 24)

26 The Age Friendly Approach (Kāpiti Coast District Council), 2023 and the Tāmaki Makaurau Tauawhi Kaumātua – Age-friendly Auckland Mahere mahi: Action Plan 2022-2027, 2021.

27 New Zealand Government | Te Kāwanatanga o Aotearoa.

28 Health and Disability Commissioner | Te Toihau Hauora, Hauātanga.

29 Ministry of Social Development | Te Manatū Whakahiato Ora.

Aspirations of equity and cultural safety not specific to older people

All eight examples of aspirations for services responding to family violence and sexual violence to be culturally safe for Takatāpui and Rainbow people, though not specifically older people, were found in *Te Aorerekura*, two referring to Rainbow people or communities and six to LGBTQIA+ people or communities.

“

Discrimination and stigma are drivers of violence towards LGBTQIA+ people – at home, at school and in the community. Discrimination causes us psychological distress and stops us reaching out for help. When we do seek support, responses often take a binary-gendered and heteronormative view, meaning the violence can go unaddressed and harmful norms are further entrenched. Workforces need to be more competent when working with us and we need resourced, targeted specialist LGBTQIA+ services as well as family violence and sexual violence services that respond appropriately.”

(*Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence, 2021, p. 21*)

Lifetime discrimination and violence

The 13 sections coded under this theme were found in four policy documents. Just one coded section specifically refers to AOP. *Te Aorerekura Action Plan 2025-2030* suggests discrimination and stigma drive violence towards LGBTQIA+ people and create barriers to help-seeking. Eight sections coded under this theme are found in *Te Aorerekura*, including naming existing social hierarchies such as sexism, racism, colonisation, ableism, ageism, homophobia, biphobia, transphobia, transmisogyny, and classism. Five sections make statements or share research identifying higher prevalence rates of intimate partner violence and/or sexual violence for gay, lesbian, bisexual, and trans and non-binary people.

In *Frailty care guides / Ngā aratohu maimoa hauwarea, 2023*, three sections note that discrimination, stigmatisation, and isolation, including estrangement from families, have impacted LGBTQI+/Rainbow/Takatāpui older people across their lifetimes. One section describes this as contributing to older people concealing their identities, including from healthcare staff.

The remaining section under this theme, found in *Elder Abuse in Aotearoa: The proposed future strategy for Elder Abuse Response Services, 2020*, highlights that trauma resulting from generational context increases the risk of abuse.

“

It is important that EARS providers are equipped to respond to the range of needs and backgrounds of older people. Each older person has a unique life experience that shapes their current situation. For example, many older people grew up in a society with very different norms where there was discrimination and little acknowledgement of LGBTQIA+, gender, and cultural rights. Some may have experienced various levels of historical trauma from this, impacting their current wellbeing and increasing their risk of abuse.”

(Elder Abuse in Aotearoa: The proposed future strategy for Elder Abuse Response Services, 2020, p. 10)

Intersectionality and AOP

Recognition that older people have different experiences because of ethnic and cultural belongings, gender, disability status, sexuality, and/or socio-economic status were common across the reviewed documents. However, this was explicitly connected to experiences of harm and help-seeking for Takatāpui and Rainbow people in just three sections, including the quote in the ‘lifetime discrimination and violence’ theme immediately above, which was the only reference specifically to older people.

In *Te Aorerekura Action Plan 2025-2030*, communities that are disproportionately affected by violence are named, including LGBTQIA+ communities, as well as those who experience compounding forms of disadvantage and discrimination. The other section coded in this theme was found in *Te Aorerekura*, which recognised that those who experience compounding forms of disadvantage and discrimination may have different experiences of violence and risk, and need specialist services.

“

Family violence and sexual violence impact on all sections of society and disproportionately on women, children and young people, tangata whenua, Pacific peoples, disabled people, older people, LGBTQIA+ communities, ethnic communities, and people experiencing compounding forms of disadvantage and discrimination (DPMC 2019; Ministry of Justice 2021; Fanslow et al 2021). The intersectionality of people belonging to one or more of the groups experiencing discrimination and disadvantage can also lead to different experiences of violence and risk. By understanding intersectionality, we get a fuller picture of the diverse experiences people have and the impact of violence on these. It means we have a better understanding of barriers for seeking help, and can design and deliver solutions to meet complex needs and to avoid perpetuating societal inequalities.”

(Te Aorerekura: National Strategy to Eliminate Family Violence and Sexual Violence, 2021, p. 10)

Concerns of Takatāpui and Rainbow older people

Six sections in two documents specifically discussed the ‘concerns of Takatāpui and Rainbow older people’. Four were found in *Frailty care guides | Ngā aratohu maimoa hauwarea, 2023*, including one section focusing on the importance of Takatāpui identities, and three sections focusing on estrangement from family. One of those sections also raised concerns that older transgender people with memory loss may experience gender confusion and need support to maintain or respond fluidly to gender identity.

Two sections were found in the *Hamilton Age Friendly Plan, 2025-2030*,³⁰ which recognised the increased risks of isolation and the need for inclusive and supportive services and safe social housing.

“

Respect and social inclusion: The Rainbow Community recognised that older people who come out later in life face unique challenges in seeking help, often fearing losing their family, grandchildren and long held social connections.”

(*Hamilton Age Friendly Plan, 2025-2030, 2025, p. 15*)

Aspirations of equity and cultural safety for Takatāpui and Rainbow older people

Fourteen sections across seven documents recognised that existing older person’s services and supports may not be suitable for Takatāpui and Rainbow older people, and outlined aspirations of inclusive, supportive, and culturally safe services.

Two sections in *Amplifying the voices of older people across Aotearoa New Zealand, 2024* identify the needs for culturally safe health and disability services for several marginalised groups, including Takatāpui and Rainbow older people. Similarly, two sections in *Better Later Life – He Oranga Kaumātua, 2019-2034*³¹ also recognise cultural, gender, and sexuality diversity means older people may have different aspirations and needs. Equity of access to services requires the development of culturally responsive services for older people that recognises these and other differences. The *Hamilton Age Friendly Plan, 2025-2030* also calls for inclusive, supportive services for Rainbow older people in two sections.

The *Improving Dementia Mate Wareware Services in Aotearoa New Zealand Action Plan, 2021*³² acknowledges the unique needs of diverse older people in two sections, and states that many older people experience inequity and limited access to support services for dementia/mate wareware, including LGBTIQ older people.

30 Hamilton City Council | Te Kaunihera o Kirikiriroa also hosted the launch of Hohou Te Rongo Kahukura and Rainbow Hub Waikato’s community engagement research *Uplifting Takatāpui and Rainbow Elder Voices, Tukua kia tū takitahi ngā whetū o te rangi, 2023*.

31 Office for Seniors | Te Tari Kaumātua.

32 Dementia Mate Wareware Leadership and Advisory Group | Te Whakaruruhau mō te Mate Wareware, Alzheimers New Zealand, the New Zealand Dementia Foundation, and Dementia New Zealand.

Elder Abuse in Aotearoa: The proposed future strategy for Elder Abuse Response Services, 2020 suggests EARS providers must be equipped to respond to the range of needs and backgrounds of older people. Two sections in the *National Framework for Home and Community Support Services (HCSS), 2020*³³ also discuss needs-based, responsive, equitable, person-centred models of home and community care for older LGBTQI older people.

‘Aspirations of equity and cultural safety for Takatāpui and Rainbow older people’ within ARC are laid out in four sections within *Frailty care guides | Ngā aratohu maimoa hauwarea, 2023*, particularly around the need for health professionals to recognise the importance of sexuality and gender identities in relation to human rights.



Key points

- The freedom to express sexual identity is a fundamental human right protected by New Zealand law.
- A person’s expression of sexuality and gender identity can be fluid and change throughout life. Sexual and gender diversity is not a new phenomenon. However, it has become more visible as it has become more widely accepted in New Zealand society.”

(*Frailty care guides | Ngā aratohu maimoa hauwarea, 2023*, p. 163)

Action points

The final key theme identified was an identification of ‘action points’, or recommendations to better meet the needs of Takatāpui and Rainbow communities. Ten sections were coded from five policy documents under this theme. Four of these sections were found in *Te Aorerekura*, focusing on Takatāpui and Rainbow communities more broadly, rather than the distinct needs of older people, but with potential relevance for older person’s services.

As well as building capacity and capability of LGBTQIA+ community groups to respond to and prevent violence and abuse, and developing resourced, tailored specialist LGBTQIA+ services, this document recommends upskilling specialist violence response workforces and generalist government and non-government workforces to become more culturally competent. The desire for LGBTQIA+ involvement in service and policy development and decision-making is also noted.

33 Ministry of Health | Manatū Hauora. This policy document utilises the word transsexual, a term used by some older people, while others prefer transgender (Dickson et al., 2023).

One section in the *Age friendly Aotearoa New Zealand Toolkit, 2021*³⁴ recommends engaging with LGBTI older people when developing age-friendly strategies and action plans. One section in *Tāmaki Makaurau Tauawhi Kaumātua – Age-friendly Auckland Mahere Mahi: Action Plan 2022-2027, 2021* states an intention to deliver programmes to reduce barriers for many groups, including Rainbow communities. Three sections in *Frailty care guides / Ngā aratohu maimoa hauwarea, 2023* outline guidance for health professionals working in ARC. One highlights the importance of recognising pressures to conform to social norms on gender and sexuality-diverse older people, including from health staff and families, and another acknowledges the importance of affirming identity for Takatāpui older people. The third section outlines a series of questions health professionals could consider asking ARC residents, to inform care planning and make Rainbow older people more comfortable in sharing their identities, pronouns, relationships, and important people, as well as dress and grooming preferences. This section notes that Rainbow older people may be accessing healthcare services but not visible to healthcare professionals.

The *National Framework for Home and Community Support Services (HCSS), 2020* suggests the home and community support services workforce must be responsive to meet the needs of LGBTQI older people, and that employers may need to support training opportunities for their workforce to develop competencies.

“

Employers support training opportunities for their workforce, to ensure the HCSS team has competent, qualified clinical staff enabled to work to the full extent of their scope. They will support robust care planning, provide clinical oversight and optimise the functional ability of the older person. The workforce is responsive to the needs of Māori, Pacific peoples and minority groups, including LGBTQI.

(National Framework for Home and Community Support Services (HCSS), 2020, p. 16)

34 Office for Seniors | Te Tari Kaumātua.

Chapter Four: Community expert insights



This chapter shares the perspectives of Takatāpui and Rainbow community experts with deep insights into diverse experiences of older people. Interviews were limited to 10 community experts due to project scope, which may result in some perspectives being underrepresented.³⁵ We also did not seek to interview older people directly experiencing abuse or harm, though many personal experiences were shared by those interviewed. Table 10 presents demographic data on community experts as a group to maintain individual confidentiality, particularly important in small communities.

Table 10: Community expert demographics

Characteristic	Summary of community experts
Age	Six aged 50–69; two aged 70+; one aged 30–39; one aged 40–49
Current location	Six major urban; two large urban; one medium urban; one rural
Experience across locations	Several had lived in multiple settings; three connected to community organisations serving rural communities
Ethnicity	Four Māori (including one Māori and Pacific); one Pacific; two Ethnic and migrant; three Pākehā
Sexuality	All sexuality diverse; named identities included Takatāpui, Rainbow, gay, lesbian, bisexual, and <u>asexual</u>
Gender	Four women (including one transgender woman); four non-binary (including transfeminine and transmasculine people); two men
Intersex/variations of sex characteristics	None identified as intersex or as having variations in sex characteristics
Disability/impairment	Three described living with disabilities, including physical disabilities, PTSD, and neurodivergence
HIV status	None reported living with HIV
Takatāpui and Rainbow community involvement	All, often over decades; voluntary and paid roles. Seven established/involved in Māori/Pacific/Ethnic Rainbow groups
Other community groups or services	All; four older people’s services; three disability groups/services; two poverty support; one PLHIV support; one substance misuse support

To explore community expert mātauranga, knowledge, and diverse perspectives, semi-structured interviews were utilised.³⁶ Interviews explored:

- How abuse towards Takatāpui and Rainbow older people was conceptualised
- Risk and protective factors for AOP and mana-enhancing approaches within housing, healthcare, communities, families and whānau, and relationship contexts
- Existing support practices and awareness of AOP help-seeking pathways
- Perceived barriers and enablers of help-seeking for AOP.

35 See [Appendix 9](#) for a full description of the methodology for the selection, interview, and support for interviews with community experts.

36 Ethics approval was granted by the University of Auckland Research Ethics Committee: Reference No UAHPEC29814. See [Appendices 10–13](#) for the consent form; participant information sheet; interview guide and visual prompt; and interviewer selection sheet.

All community experts were asked whether they had any preferences for how te reo Māori was transcribed, including dialectal variations or the use of tohūtō (macron), and these preferences are honoured throughout selected quotes. The remainder of this chapter explores themes identified within community expert interviews, beginning with a summary of insights.

Recognising abuse of Takatāpui and Rainbow older people

“It can be very broad”

Community experts identified multiple forms of harm towards Takatāpui and Rainbow older people within housing, healthcare, social services, communities, families and whānau, and relationship contexts. Identity-based abuse was common, framed by lifetime and contemporary discrimination and social norms and values that do not respect and value Takatāpui and Rainbow identities. Psychological/emotional abuse was considered the most common, often underpinning other forms of abuse. Many community experts talked about older people being ‘taken advantage of’ or ‘ripped off,’ particularly when talking about harm caused by family members.

“

Well, it can be very broad. Of course, we think immediately of physical abuse, hitting, but there can be emotional abuse, emotional blackmail. There can be financial abuse where people are trying to rip off an elderly person, particularly if they’re not really aware of what their finances are. Property abuse where people will try and take things from an elder relative’s house. There’s a pretty wide range of behaviours.”

Community experts noted that ageing, diminished capacity and disabilities may increase physical and mental vulnerabilities, making it more difficult to resist or report abuse.

“

It’s where people are taking advantage of a lot of people are vulnerable when they’re older, so people take advantage of that, including family and other people. Where essentially it could be financial abuse, could be physical abuse, could be mental abuse, all those kinds of things, where people are taken advantage of, that’s how I take it.”

Whether abuse from intimate partners was conceptualised as AOP differed amongst community experts, particularly in situations of longstanding intimate partner violence. Sexual abuse was named by all community experts, with many noting that historical experiences of sexual harm were very common for Takatāpui and Rainbow older people, including experiences of child sexual abuse, sexual harm in community settings, abuse in care, and sexual harm from partners. Such experiences were seldom shared or discussed within communities.

Community experts reflected that recognising AOP required in-depth discussions of specific situations. When Takatāpui and Rainbow older people were isolated or reliant on the person or people harming them for food, shelter, company, or other necessities, abuse was particularly complex, requiring skilled, culturally respectful responses.

“People will talk about institutional abuse”

Abuse from others in Takatāpui and Rainbow communities, particularly partners, was typically more difficult to name and more likely to be minimised or excused within communities. Shame, particularly in relation to identity-based abuse, acted as a barrier for more open community discussions. Older people’s concerns about letting the community down by talking about abuse were raised by many community experts, who believed that AOP in institutional contexts was more likely to be disclosed.



People will talk about institutional abuse because they’ve got this big institution that they can rage about.”

Community experts also named a wide range of people who could cause harm, including staff working in healthcare, housing and support services, including ARC; family members; partners or hook-ups; and other residents in social housing and ARC. Many examples of identity-based abuse from neighbours were given, including verbal abuse, property destruction, attacks on pets, and theft.

Systemic gaps in responding to AOP

Help-seeking options were described as extremely limited, overly reliant on unfunded, within-community supports which are unsustainable and cannot respond to the levels of need. Every community expert reported supporting older people through their own trusted community networks in mental health, social services, police, and older person’s services. Such unfunded service navigation was in response to systemic gaps and lack of specialist services, including Takatāpui and Rainbow community groups without specialist knowledge in responding to harm towards older people. A handful of community organisations, including Hohou Te Rongo Kahukura, Moana Vā, Body Positive, Ethnic Rainbow Alliance, Age Concern, Rauawaawa Kaumātua Charitable Trust and Family Action, were recommended.

Many protective factors and mana-enhancing approaches were also identified, including Kaupapa Māori approaches to housing, healthcare, and social services. Policy and workforce development to develop Rainbow competency and effective complaints processes to prioritise accountability and address systemic concerns were called for, as were tailored resources for families, whānau, and communities that promote inclusion and respect, healthy relationships resources, and digital skills building.

The following section brings a focus to insights specific to kaumātua Takatāpui.

Kaumātua Takatāpui and the lived realities of colonisation

The collective voices of the four Māori community experts point to Māori-led solutions and protective factors, as well as illuminating the ways in which colonisation continues to shape lived realities for kaumātua Takatāpui, moving beyond individual experiences. Their insights identify a broader system of colonial values expressed through the ongoing impacts of Crown policy, Christianisation, Western individualism, intersectionality, and the internalisation of these forces within whānau and communities.

AOP within Māori communities

Families, services, and state systems can all act as perpetrators of abuse, creating complex dynamics that compromise the wellbeing of kaumātua Takatāpui. State violence frames AOP for Māori, particularly when Crown policies fail to uphold Te Tiriti o Waitangi obligations. Takatāpui and Rainbow communities experience discrimination through political approaches that result in a lack of funding and resources.

“

I would add probably the abuse by the Crown through their policies. Because if you think about it, Te Tiriti o Waitangi, **He Whakaputanga**, our rights should still be embedded in our elder years, but when they don't allow the earlier colon testing, bowel testing, they are condemning us. When we're dying at a rate seven years earlier than non-Māori...So what we need is a way of doing it and a way that protects our people, particularly as elders because over 67% of Māori are disabled by the age of 40.”

AOP for Māori includes financial abuse and manipulation, taking over housing, lack of provision of senior housing by local councils, unjust evictions, and inadequate support. Financial and emotional exploitation is compounded when structural supports fail, leaving Takatāpui and Rainbow kaumātua dependent on family members or local systems that may also perpetuate harm through financial coercion.

“

So, it's when, you know, families take advantage of the individual financially and emotionally. They might take over their house, start to bully them into staying there when the state says that they can't, you know, this whole new boarder thing is going. Financially, a lot of them end up being ripped off. The whole meth issue evicted a lot of long-standing tenants that were elderly, and that was elder abuse in itself. Many of them died waiting for reparation and justice. Elder abuse is when they're making them beg, out around here and if they only have food, 'cause people give food not money, they get abused for it. You know, it comes in many forms, it can be subtle, or it can be overt. But elder abuse does exist, but sometimes it's because of the poverty.”

Patterns of control and abuse can persist in adulthood, extending into psychological and emotional domains that often underpin other forms of harm, with many forms of abuse being identified by community experts, including physical and sexual harm.

“

Gosh, there are so many forms. Almost everything is touched on with psychological and emotional abuse, which can be delivered in many forms, whether it's financial, it can be withholding **mokopuna** from elders, it can be around property, it can be the physical side, it can be the sexual side. There are so many ways in which people can be impacted adversely upon from elder abuse and a lot of, from what I've found, it's within whānau. Often, there are younger people. It's either the children of kaumaatua, their grandchildren, and others, which is a shame.”

Māori community experts identified that abuse is relational, rooted in dependency, trust, and intergenerational power imbalances. Takatāpui and Rainbow kaumātua reliance on whānau can leave them open to exploitation, especially where poverty, housing insecurity, or addiction are factors. Distortion of cultural roles, such as **tuakana-teina** dynamics within whānau and chosen whānau, misusing leadership roles, and manipulation of mana, were also recognised by Māori community experts as ways in which abuse of kaumātua could occur.

Colonisation, Takatāpuitanga, and Māori fluidity of identities

Community experts highlighted the profound impacts of colonisation on traditional acceptance of Takatāpuitanga and Māori fluid identities, relationship structures, and belongings.

“

We were more fluid and more comfortable with it. We weren't tied into this European view...in Takatāpui world, we loved freely.”

Christian morality introduced rigid gender binaries and criminalised same-sex love, enforcing monogamy and heteronormativity, framing Takatāpui and Rainbow identities as unacceptable or immoral, which has had significant impacts, including on spirituality and **wairua** practices, sometimes resulting in that viewpoint being internalised by Takatāpui communities and their whānau, hapū, and iwi.

“

The abuse is now within our Māori communities, especially the ones Christianised who say that we weren't acceptable to them...and they teach us that we're wrong.”

Colonial and Christian moral frameworks perpetuate stigma within whānau, establishing social norms and values within communities that continue to promote intergenerational hatred.

“

I think it's more out there now and with the abuse of what the Destiny Church are doing to the LGBTQIA+ two-spirits people. I think it's sort of like it's given free rein for them, for that, and they're meant to be a religious group, you know, and them yelling and abusing all the LGBTQIA+ two-spirits people.”

Community experts also described coverage of everyday discrimination towards Takatāpui and Rainbow communities through mainstream media, making them very difficult to avoid.

“

I haven't seen it in person, but I've seen it on TV on the news, and I was horrified, you know, I was really quite shocked. Because the anger within those religious groups. You know, they teach their young **tamariki**, you know, that it's okay that we can go out and abuse the LGBTQIA+ two-spirits people. That's so sad and so wrong.”

The assimilationist agenda in education and the enforced banishment of te reo Māori resulting from colonisation has cultural and spiritual ramifications for kaumātua Takatāpui, relating to connectedness and belonging.

“

But you know, I would love to go to an elder Takatāpui village and join them in **waiata** and in **kapa haka** and stuff. I can't do any of that...I didn't grow up with any of it.”

Intersectionality

Māori community experts recognised the impacts of ageism on kaumātua Takatāpui, rendering their lived experiences largely invisible. One example was that community stories and media representation of Takatāpuitanga often focus exclusively on the experiences of younger generations.

“

I look back at some of the younger people who are now growing up, and there's a lot more freedom. But within that there is still a lot of marginalisation and bullying and people being made to feel crappy. So, just because, you know, there might be something on television where we hear of some success of a young queer person doesn't mean that's mirrored everywhere.”

For Takatāpui and Rainbow kaumātua, experiences of homophobia, biphobia, transphobia, and rejection compound the risk of abuse. One community expert described the impact of lifelong marginalisation.

“

...it's somebody is seen as being Rainbow, being queer. Kaumaatua have felt that all of their lives...in terms of a lifetime of marginalisation and being hated for who you are, just making you feel like crap. It's as if it follows you, just because behavioural ways or mannerisms are seen as weak, so people might prey on it.”

Takatāpui and Rainbow kaumātua experience identity-based abuse in everyday covert actions of their residential communities. In the absence of others, or in isolation, both people and their properties are left vulnerable and may be targeted because they identify, or are perceived to identify, as Takatāpui or Rainbow.

“

A neighbour emptying a rubbish bin into somebody's yard, yelling at them, being abusive, but in a calculated way so it's not necessarily witnessed by others. Just things, things like that, or taking people's mail, which are things just making people feel rotten where they are.”

Lived experience of colonisation for kaumātua Takatāpui has also meant additional violations of whakapapa through adoption processes and punishment for the use of te reo, as well as importing Western values associated with ageism, or stereotypes, prejudice, and discrimination towards older people. Māori community experts believed that kaumātua are framed as dependent in the Western world, rather than as repositories of knowledge, culture, and whakapapa, reshaping family dynamics and eroding the reciprocal care that historically underpinned whānau wellbeing. Ageism was recognised both within wider society and communities, and specifically inside Takatāpui and Rainbow communities. Kaumātua Takatāpui noted that Māori traditions of intergenerational respect and collective care have been displaced by the Western emphasis on youth, productivity, and independence.

“

We've lost the value of our kaumātua, **kuia**, because we don't value elders in a western society...it's always about youth, the youth, the youth, even in my day. And the problem is it writes off the elders.”

Community experts described how colonial ideologies disrupt collective decision-making and respect for kaumātua Takatāpui. Power imbalances within whānau and Takatāpui and Rainbow communities can mimic the hierarchical and individualistic frameworks imposed by Western values, which frames abuse of kaumātua Takatāpui.

“

I've seen overall in our communities is negligence, neglect, manipulation of their finances, manipulation of their mana, using their name, their positioning to coerce others, to get what they want from others, organisations, groups, power dynamics. So what I mean by that is I've seen that occur between family members in terms of power dynamics, if the kaumaatua, kui are dependent on those family members. Dynamics within our own Takatāpui Rainbow community; if they're the tuaakana to that elder, then they get precedence over say, what does or doesn't occur, what person does or doesn't get... In my mind as Māori, we work as a collective, so why is it one person dictating what everybody else should be doing?"

Western individualism further complicated Takatāpuitanga, emphasising personal identity over collective identity and marginalising Māori and Takatāpui voices.

“

Well for Takatāpui...they're still Māori first and foremost. And that's often forgotten or pushed to the back whereas with non-Māori their individualism is key and they also often have a voice that's a lot stronger."

Community experts were aware that abuse towards kaumātua Takatāpui was often unnamed and hidden due to shame, lack of safe options, and dependence on those causing harm.

“

Our communities will hide that [abuse is] happening for multiple reasons and I'm not going to claim to know what all their reasons are, but I know that shame, hurt, fear of support or physical or their basic needs being met. Might be another reason for hiding it, because if they were to out the situation then they may not get fed, they may not have a house, they might get kicked out, like any of those could occur."

Kaupapa Māori and Māori-led solutions and protective factors

Equitable access to housing, healthcare, and social services for whānau was emphasised by community experts. One community expert spoke about the need to re-indigenise by bringing tikanga back into systems that care for people.

“

It's not about decolonising though, it's about re-indigenising... bringing the tikanga back into the systems...I would love, we would love to just have a small unit somewhere in a village of others like-minded people and to be able to do haka, waiata, have the old guitar out and get and join everyone in the hall at night. Instead of this individual isolation. From everybody, hiding away because you don't want the neighbours to see what you're doing. Why can't we have our community? That's the difference. Our people need it."

Māori community experts wanted to see Kaupapa Māori solutions in housing, healthcare, and social services, underpinned by the lived experience and needs of kaumātua Takatāpui. Iwi social housing that specifically considers the safety of kaumātua Takatāpui was also suggested, including the need to explicitly address the distortions of colonisation which impact Takatāpui wellbeing. Kaumātua Takatāpui villages were envisioned as safe collective housing, also providing opportunities for cultural revitalisation through hui, waiata, kapa haka, and intergenerational learning.

“

You know, I’ve always had this dream of creating a village like a Māori village in Auckland here, like a small, gated community so to speak. Each have our own units and that, but a central community space and we can hold our things there, have accommodation so whānau come and stay. They can come visit, you know, book it in for them. And just working together collectively. **Āe**, a Takatāpui **papakāinga** for our disabled and our senior members. I think, and ‘cause they had the woman lesbian elder village stuff concept, was it 17 years ago, when it first came, and I didn’t like it ‘cause it was too Pākehā and I said, hang on, I wanna hang with my drag wahine. I wanna hang with my trans wahine and trans **tāne** that are Takatāpui, ‘cause I get on better with them than I do with other lesbians.”

Caregivers, including with whānau, often need guidance and training to provide appropriate support for kaumātua Takatāpui, particularly when kaumātua are experiencing health challenges such as dementia or cancer. Providing culturally relevant training fosters understanding and encourages whānau to participate positively in care.

Community experts also stressed that kaumātua want connection with their mokopuna and whānau, highlighting the importance of these relationships as a key protective factor in strengthening resilience. Support from younger whānau members, advocacy, and allyship strengthens safety and wellbeing, particularly in navigating societal barriers and service systems. Chosen whānau also provide vital networks of support, offering reliability, familiarity, and shared experiences that reinforce social cohesion and emotional safety.

“

The chosen whānau are the people that a lot of people end up being with because they provide safe networks and reliability, being able to count on people, because again, it’s that, being where you seek familiarity and gain friendships based on that, as well as being able to support each other through the hard times.”

Practical support, such as regular check-ins, **kai** drop-offs, and security measures, helps kaumātua maintain independence while ensuring their wellbeing. These supports should always reinforce the autonomy and agency for kaumātua Takatāpui.

“

It is security alarms. It is having regular check in to our whaanau. It is physically showing up and calling up on the phone. If you can't make it, send someone else around, kai drop-offs, 'cause those are regular so you can always see communications with services that are supporting them, with the permission of the Takataapui Rainbow, the community member, not without their permission, with their permission.”

Culturally specific education for whānau can promote understanding and acceptance of Takatāpui and Rainbow identities. By fostering empathy and awareness, such initiatives strengthen protective capacities within families and communities.

“

I think whaanau education would be a good one. I think it'll be a really good healthy one, 'cause humans mostly want to actually be a good human and look after the ones they love. Even if they were conditioned to the colonised view, if they've got love for them, they mostly want to be able to understand and accept the one that's helped them grow all these years...Overall in our community...Maaori and Pasifika³⁷ all our indigenous cultures, I think waananga...to come together and using all the aspects of our worlds, our cultures to bring in that kotahitanga.”

Financial security, such as receiving New Zealand Superannuation, was noted as a key protective factor that reduces vulnerability and provides independence for kaumātua Takatāpui.

“

Whereas before I got to golden age, and I was looking around for how to make money or how to get money too. Do you know what I mean? Way back in the day. But whereas now. I feel we're privileged. Well, I am, I'm privileged.”

Finally, Takatāpui and Rainbow kaumātua demonstrate resilience and maintain cultural connections, even in the face of significant impacts of minority stress, and coping mechanisms developed to survive lifetime discrimination.

“

I think we will be better understanding, you know. Of where we have been, to where we are not, and how we've achieved to being where we are now and everything, being through the alcoholism, drug addiction, prostitution, all of those things from way back when and some of the girls, even gangs, they were in gangs, you know, their partners, their husbands their boyfriends were in gangs. We've lived all that life and everything.”

The next sections explore in depth the insights from all 10 community experts using the SEF.

37 The authors wish to note, with gratitude to the guidance from our Pacific colleagues, including Moana Vā, that **Pacific** or **Pacific peoples** are the preferred pan-nation terms. The original voicing of our community expert has been preserved here to highlight the Māori-Pacific allyship and support at the heart of their words, while honouring their voice.

Societal factors shaping abuse

Table 11: Community expert insights into societal risk and protective factors

Risk factors	Protective factors
Legacies of criminalisation and colonisation	Kaupapa Māori approaches to housing, healthcare, ARC and social services
Rejection from ancestral belongings and racism	Specialist Takatāpui and Rainbow ARC
Structural discrimination and minority stress	Independent and accountable complaints processes
Lack of institutional support for Rainbow competency	Supports for Rainbow cultural competency
Intersections with ageism	Targeted awareness raising through universal channels
Dehumanising public discussion and media commentary	

Societal risk factors

Legacies of criminalisation and colonisation

Community experts described multi-faceted impacts on older people from the imposition of rigid Western values through colonisation and the legacies of criminalisation. Assumptions built into state-funded service provision of housing, healthcare, and social services create inequities and an invisibility of the needs of Takatāpui and Rainbow communities, both perpetuating and enabling AOP.

Rejection from ancestral belongings and racism

Community experts described criminalisation or repression from home countries as disrupting vital cultural ties for Pacific and Ethnic Rainbow people. Past events in Aotearoa such as the repressive 1970s dawn raids also negatively affect how Pacific Rainbow older people relate to the state and police. Contemporary, everyday experiences of racism for Māori, Pacific, and Ethnic Rainbow older people continue to undermine their trust in state systems.

“

Yeah, there's a real difference of how the law engages with Rainbow communities, and how violence is perceived and what they see when they show up. We've called the police to our house, not for a domestic abuse or anything, but because somebody was in the field behind us in distress. But the police turned up and decided, by just my colour, that I was the aggressor. I was just like, okay. That's New Zealand.”

Structural discrimination and minority stress

Community experts noted the impacts of lifetime discrimination, including poor and discriminatory responses to the AIDS pandemic in the 1980s and 1990s.

“

A lot of the people we're working with, because they're older, have been positive for a long time...We have a dual stigma of homosexuality as well as HIV on top of that. A lot of them have lost a generation of people as well so they're very lonely and isolated.”

Lower life expectancies were highlighted, especially among Māori, Pacific, Ethnic, trans, non-binary people, and older PLHIV.

“

The Ethnic Rainbow community...there's no infrastructure or pathway. It's struggle street, struggle street, struggle street. Then you retire. Some of us don't even get to retirement age.”

In addition to lower life expectancies, experts observed that discrimination, shaped by older people's identities and when they came out, has contributed to substance use, survival sex work, and involvement in criminal subcultures due to illegal identities, with resulting minority stress-related healthcare needs.

Community experts also identified contemporary identity-based discrimination within housing, healthcare, and social services. For example, there is no emergency and social housing specifically for Takatāpui and Rainbow older people. Heteronormative and cisnormative experiences are common, including intake processes and forms that do not acknowledge sexuality and gender diversity. This lack of awareness and invisibility forces Takatāpui and Rainbow older people into having to educate healthcare and social services professionals.

“

It's that whole business of having to deal with people who don't have the first clue about what it is to be Takataapui, Rainbow, trans, whatever, and the onus is on us to educate them...the last thing I want to do is to have to sit down and explain how it is I came to be the person I am.”

Heteronormative and cisnormative assumptions within systems also place the burden on Takatāpui and Rainbow older people to come out. However, there is a strong reluctance for many to come out and risk being treated poorly.

“

I've heard that, you know, you should share everything with your doctor...I feel like, every time I've gone to a doctor or spoken to healthcare agencies, they don't really know how to have those conversations.”

Community experts considered New Zealand's health system often fell short in meeting population needs, with the gap exacerbated for marginalised groups, especially regarding healthcare related to sexuality, HIV status, or gender-affirming services. Longer wait times, frequent staff changes, and difficulty seeing a preferred provider, particularly post-COVID, pose increased challenges for Takatāpui and Rainbow older people as they seek respectful, appropriate healthcare providers.

“

Our health care systems are broken, that doesn't help. People in general aren't getting what they need. And that's been broken for decades. So, for a vulnerable community within that, it's gonna be awful...If we've not even got basic good health care for the general population, where do you think that we're gonna get really good health care for Takatāpui Rainbow elders?”

Reductions in wrap-around care impact more negatively on Takatāpui and Rainbow older people due to minority stress.

“

There're no social workers anymore. The hospital has a half-time social worker. When we have somebody we need to get into aged care, that's who, we'll try and use the hospital, there's more leverage to do that, but the thing is...that whole wrap-around service has kind of disappeared.”

Older PLHIV often need earlier access to ARC, because of health conditions and co-morbidities. They also often face limits on where they can live due to a shortage of infectious disease specialists experienced in managing co-morbidities and polypharmacy.

“

In terms of HIV care, you can go to Auckland, Hamilton, Wellington...what we're seeing now is a lot of the infectious disease doctors are retiring, so there's less options.”

Lack of institutional support for Rainbow competency

Community experts expressed serious concerns about the absence of institutional safeguards in housing, healthcare, and social services, including policies, complaints processes, and cultural competency frameworks. These systems lack basic knowledge regarding the needs of Takatāpui and Rainbow older people and older PLHIV. Foundational training aimed at enhancing safety and minimising heteronormative or cisnormative assumptions and HIV-related stigma is also lacking, as is the ability to address mistreatment from other service users.

“

But if you have somebody who is outwardly different...management tends not to get involved with it...there can be unsafe spaces for people who are different, people who are Takataapui.”

Community experts observed that these gaps do not just impact on safe service delivery – they significantly constrain access to help-seeking pathways for Takatāpui and Rainbow older people facing abuse. In addition, experts observed that complaints processes lack visibility, impose excessive burdens on those seeking services, and do not typically result in accountability or needed shifts. As a result, they felt the extent of unaddressed need for Takatāpui and Rainbow older people is not fully recognised within housing, healthcare, and social services.

“

That's one case, because it's probably happening a lot more than we know...everyone's going to different places and they're just kind of fobbing it off...they're all isolated incidents and nobody's connecting the dots that this [experiences of harm] is a much bigger picture than we think it is.”

Intersections with ageism

Community experts described recent funding for Takatāpui and Rainbow communities as focused on the needs of young people, resulting in an absence of specialist support or services for older people.

“

It's terrifying and then creating safe spaces for our Rainbow older communities, because the whole driving force for funding is built on a demographic of our youth, youth, youth, youth. There's a real negligence of what happens to transition out to youth, to being older.”

Community experts also raised concerns about older people seeking access to gender-affirming healthcare for the first time later in life. Healthcare providers have struggled to provide gender-affirming healthcare options when an older trans person also needed to understand potential interactions with age-related medications. Experts considered this was due to existing expertise focusing largely on the needs of younger trans and non-binary people.

Within healthcare and ARC contexts, community experts also believed there was a lack of understanding of co-morbidities and the impacts of multiple medications, in some cases for decades, for older PLHIV.

“

As you're getting older, you have a lot of co-morbidities...a lot more information, a lot more risk around cardio issues, heart issues. So, you have all these different complexities come forward, and that's because we've been on medications for 30 years, right? So, you're a much more complex person to work with, and GPs don't know how to handle it.”

Due to this lack of specialist knowledge about HIV and ageing, pill burden (the total daily volume of medication) continues to increase. For HIV, pill burden often leads to reduced medication adherence, frustration and, in some cases, intentional cessation of treatment. One community expert raised negative consequences when pill burden meant prescriptions were self-managed, without clarity of which medications were still necessary.

“

The fear is that they will get, 'If I stop your medication that somebody else prescribed and if something went wrong, I will be in trouble.' So, he still takes his medication along with lots of other stuff as well, right? So, what he does is he takes it all at one time and then passes out...we have lots of people taking lots and lots and lots of medication.”

In addition, assumptions that older people are not sexual were considered to impact more negatively on Takatāpui and Rainbow older people and older PLHIV, for whom sexuality journeys are a profound and important sense of identity and community connection.

“

I think the assumption is that when you move into aged care, people don't have sex anymore...if you add a layer of HIV on top of that, then it's a complete taboo, right? If you actually wanted to negotiate that pathway in an aged care setting, you'll be blocked...I don't think that's appropriate.”

Many community experts also considered the move of state supports to digital systems as a significant barrier for many older people seeking access to essential services.

“

Everything is switching over to the internet, accessibility is hard for older people. It includes our elders. And everyone assumes that everyone's got access to the internet. Even with phone calls, it's becoming a lot harder for our elderly to access just a simple visit to the doctor. They can't just rock up and go...oh no, you have to make an appointment, and they might have to wait for a month...you've got to make sure everything's accessible for everybody.”

Dehumanising public discussion and media commentary

Community experts noted the recent increase in hostile misinformation, both in Aotearoa and globally, towards Takatāpui and Rainbow communities. Negative targeting by political, faith, and community leaders in the media and public life had significant flow-on effects for older people, reinforcing a lack of trust in systems and undermining the progress towards citizenship rights.

“

Any time there's an attack on Rainbow people, whether it's a Green MP being non-binary or...trying to stop trans people from using public bathrooms, you know, all of those things, even if they don't get put into law, have got a really undermining effect on people's trust.”

Societal protective factors

Kaupapa Māori approaches to housing, healthcare, ARC and social services

Safe, affordable social housing provided through Kaupapa Māori approaches, including iwi social services, was seen as protective for Takatāpui and Rainbow older people. Community experts believed that intentional tikanga and Māori values and practices that promoted positive relationships with neighbours would challenge hostility and break down isolation. Small-scale community housing, including papakāinga or sharing land and resources with others in Takatāpui and Rainbow communities, was also raised by many experts.

“

But there are some situations within some of the charitable housing where they do hold people who are older together with communal shared facilities for cooking, so that enables people to eat together and create a community.”

There was also considerable support for holistic, Kaupapa Māori approaches to healthcare and wellbeing that were affirming and accessible. This included Kaupapa Māori-run ARC and tikanga to address existing community tensions around inclusion and exclusion.

“

If we get it right for Māori, we'll get it right for Takatāpui, 'cause it will fall into place. As long as we keep supporting this Westernised system, we will keep failing our communities, particularly our Takatāpui community, it's that simple. And within that, you make sure you've got kaumātua, kuia advisors that are also Takatāpui. They come from all the different backgrounds. It's that DEI stuff, that diversity stuff, disabled kaumātua, kuia that understand the need for walkers, wheelchairs, hearing aids, you know, sign language.”

Specialist Takatāpui and Rainbow ARC

Most community experts raised the possibility of specialist ARC for Takatāpui and Rainbow older people.

“

I really love the idea of community, and community with commonality in our lack of conformity to the rest of society. There are so many things that we can do that heteronormative people can't. We cross boundaries all the time. We go to places in our lives that they can't go to and or don't want to go to or are afraid to go to...if I could be in a community like that, I think that would be absolutely wonderful.”

However, those who raised specialist ARC also explicitly discussed the need for inclusion. Many cited examples of older bisexual people in different gender relationships (so misunderstood as heterosexual), older trans and non-binary people, and older Māori, Pacific, and Ethnic Rainbow people needing to be explicitly considered.

“

But there's no guarantee. I could end up in a community where there are a lot of people flying under the radar who are annoyed about a clockable trans woman amongst them who was clearly identifying them as part of the Rainbow community.”

Independent and accountable complaints processes

Community experts considered the wide range of disrespectful and discriminatory experiences illustrate the need for systemic improvements and change. There was support for an independent, community-led complaint process in housing, healthcare, and social services, with legal support and links to the Health and Disability Commissioner | Te Toihau Hauora, Hauātanga. Community experts suggested this would shift the burden from those complaining and facilitate deeper understanding of systemic issues and impetus for any necessary changes.

“

If they did it through an independent community-led model, they would feel safer to have that conversation, actually disclose what’s going on, and actually, hopefully, have a better response...the idea is you go into the hospital and do work to improve their processes...The idea is usually to get something independent, which can support people, facilitate, has legal support as well.”

Supports for Rainbow cultural competency

Every community expert raised the need to outline explicit, state-level expectations for respectful, accessible, timely, and mana-enhancing support for Takatāpui and Rainbow older people. To address discrimination, they recommended developing robust policy and cultural competency frameworks in housing, healthcare, and social services. Community experts also emphasised the importance of establishing institutional commitments to foundational training for healthcare and social services professionals, including in ARC.

Institutional commitments to respectful support for Takatāpui and Rainbow older people must include recognising partners and chosen family, a deeper understanding of the importance of authentic gender expression and trans identities, and PLHIV being able to disclose their HIV status without fear of discrimination.

Another key aspect was training professionals to become more aware of the need to ask explicitly about who should be involved in decision-making. This needs to happen before diminished capacity becomes an issue, as a matter of priority for Takatāpui and Rainbow older people.

Having the right to be intimate with partners in ARC was an important priority. One community expert also wanted to see ARC facilities support a national registry for sex workers comfortable working with older people.

“

So, if you wanted to, say you were in a residential care facility and you wanted to access the services of a sex worker, which you can do theoretically, they maintained a list through the Australian sex worker group. They created a registry of sex workers who were confident with doing that.”

Another structural recommendation was for state resourcing of annual medication reviews for older PLHIV to reduce debilitating side effects from unnecessary medication prescribed, in some cases, decades ago.

“

If you did, like, annual pill reviews...where people were assessed to say, ‘Okay, given your age and where you’re at, maybe you don’t need to take as many pills,’ and probably a lot of the side effects that they’re dealing with come from the pill burden that they’re trying to manage.”

Targeted awareness raising through universal channels

To improve the awareness of AOP for Takatāpui and Rainbow older people, community experts suggested utilising existing universal channels for those over 65 to distribute tailored, Takatāpui and Rainbow community-specific information and access to protective services and tools. This approach recognises that many older people are not connected into existing Takatāpui and Rainbow community groups and improves visibility within their generation.

“

I think in addition to getting your gold card there should be a whole bunch of information that goes out with it...this is when you should be doing your advanced care plan, here's the links to the resources, here's a link to resources around digital care, around digital skills. This is where you can access different services and education opportunities that are targeted towards older people.”

Community factors shaping abuse

Table 12: Community expert insights into community risk and protective factors

Risk factors	Protective factors
Unsafe rental, social, and emergency housing	Inclusive, affirming and ‘Rainbow Ready’ healthcare and social services
Home care supports lacking Rainbow competency	Services navigators
Unsafe healthcare and ARC services	Tailored support for Takatāpui and Rainbow older people
Community hostility	Tailored and specialist support to respond to abuse
Invisible in older person’s services	Strengthening Takatāpui and Rainbow intergenerational connections
Ageism and exclusion in Takatāpui and Rainbow communities	
Lack of recognition of abuse in Takatāpui and Rainbow communities	
No specific, tailored support for Takatāpui and Rainbow older people	

Community risk factors

Unsafe rental, social, and emergency housing

Community experts described identity-based discrimination in rental housing, particularly in combination with racism and transphobia, as common, reducing access and choice around housing.

“

To point blank refusals...It's difficult to scope whether it is because they were brown or because they were quite queer.”

These experiences are heightened by ageism for Takatāpui and Rainbow older people, forcing many to accept housing that may not be accessible or suitable and leaving them vulnerable to being targeted for financial abuse.

“

So, if we go for housing, it gets more and more difficult as you get older for finding housing. So, often your financial situation reduces, so you relocate, so then you're compromising, it's not your perfect fit, it's available fit. These people are taken advantage of because they know they got limited choices, so there's a little bit of financial gouging definitely occurring.”

Many Takatāpui and Rainbow older people require access to social and emergency housing. Yet, because there is limited specialist support, inadequate understanding of minority stress, and insufficient Rainbow competency, these housing options are often unsafe.

“

The lack of understanding how to deal with Takatāpui or Rainbow, especially when they're in blatant anxiety, when they do act out people go, oh yeah, I don't think these people are qualified to deal with our Takatāpui Rainbow whānau at all.”

The lack of culturally safe emergency housing also stops Takatāpui and Rainbow older people being able to leave abusive situations, including from partners.

Home care supports lacking Rainbow competency

Several community experts also raised concerns about the lack of specialist supports for Takatāpui and Rainbow older people to age in place and significant fear of discrimination from home care services.

“

I avoid having careworkers come into my place because I'd have to make sure that they were okay with me being a Rainbow person, and I just found that a hassle. I put enormous value on remaining independent for as long as I possibly can.”

Fear of discrimination from home care staff is anticipatory, due to a lack of trust in services, and experienced, as home care staff may perpetrate identity-based abuse towards Takatāpui and Rainbow older people.

“

If there is verbal insults or making jokes that are homophobic or transphobic, even if they're not intended to be nasty, the older person has not always felt confident on challenging the language, because being so dependent on that care, if they upset the caregiver to the extent the caregiver either doesn't do the job properly or just stops coming, what does it do when they're so reliant on that support? And so, yeah, I do know of cases where within my community, people who are trans, people who are queer, get really anxious.”

Takatāpui and Rainbow older people are sometimes forced to consider hiding their possessions and photographs to protect themselves from identity-based abuse. There is also anxiety, in the absence of institutional safeguards, about whether the cultural values of staff will influence how they are treated.

“

It has been very, very difficult to find support staff who they can trust with their full selves...for people who are elder and Rainbow it has been worse with caregivers who are more disrespectful or who they have to, oh, do I have to hide those books? Do I have to hide that thing? Do I have to hide who I am, because they're a person of a different culture and I don't know if they will understand or be supportive?”

Unsafe healthcare and ARC services

Takatāpui and Rainbow older people frequently also experience unsafe and discriminatory treatment in healthcare and ARC, including neglect of their needs. Community experts shared many examples of healthcare practitioners failing to support Takatāpui and Rainbow identities and relationships. Restricting the rights of intimate partners and excluding them from decision-making, deferring to the family of origin regardless of an older person's wishes, and a lack of respect for older people's gender identity and expression were experienced in healthcare, ARC, and end-of-life contexts.

“

I've known of a lesbian couple, happy together. One suffers a stroke and has a degree of paralysis, perhaps also dementia, while in hospital. The hospital contact the younger family of the woman, who then denied the lesbian partner right of visit and took her away and put her in a rest home...that is the thing: when health issues become involved, are support agencies actually aware enough to check what the circumstances are for the people who are involved, especially for those who might be in same-sex relationships?”

Community experts also provided examples of older people being treated abusively and without respect, including hearing healthcare practitioners and ARC staff making homophobic, biphobic, and transphobic comments and cruel jokes. This included disrespectful responses to expansive or non-normative gender expression by older people.

“

One of our kaumaatua, kui, she had an ambiguous name, so people couldn't determine whether it was male or female. So, when she turned up, they go, 'oh,' and then made all these comments...It's rude.”

Neighbours were the frequent source of abuse for Takatāpui and Rainbow older people in a variety of housing contexts, including within ARC.

“

I can think for instance of one person who had a little bird feeding pool in his tiny patio area and he put some goldfish in there. They were just swimming about in the water and someone poured detergent into the pool and killed the fish. It was a deliberate act of nasty revenge mainly to do with the fact that he had identified as gay, so he was being attacked by other members in that community.”

The lack of recognition or respect for older people’s gender expression, particularly when they have diminished capacity, could include being forced to wear unsuitable, gendered clothing – a specific form of identity-based AOP.

“

And this is somebody who was previously seen as being rather butch, and in the rest home being put into a dress, having make-up applied, not being able to talk about it. I mean, many people wouldn’t see that as elder abuse, but the former partner definitely did.”

Older trans and non-binary people, who may have transitioned decades ago, also experience explicit disrespect and dehumanisation, such as being assigned to hospital wards that do not correspond with their gender, and having their bodies regarded as objects of curiosity and subjected to unnecessary examinations.

“

They find out that somebody’s transgender and they’re older...and then they’ve asked for the second opinion, which is more of a case of somebody coming to have a gawk. That is an act of violence.”

The impacts of belonging to multiple marginalised groups result in compounded and intersectional discrimination and minority stress.

“

So yeah, the hospital system can be quite hostile to us, not necessarily for our sexuality. It’s hard to know. Is it because you’re Māori? Is it because you’re queer? Is it because you’re disabled? Is it because you’re a woman? You know, it’s all of that.”

Pacific and Ethnic Rainbow older people with experiences of healthcare discrimination in countries of origin are particularly concerned about confidentiality when seeking sexuality or gender-diversity-related healthcare.

“

There's a scenario with some of our older gay men who are slightly closeted, experiencing the fear of having to go and request a monkeypox injection, and the doctor that they use is quite embedded in the community. You know, that gossip travels.”³⁸

Community experts reported older PLHIV being denied services in hospitals, massage, podiatry, and other healthcare contexts, including ARC facilities, after sharing their HIV status.

“

Well, one of the challenges we have is getting people into retirement villages, into care. A lot of the time the beds disappear when they find out the person's positive, so getting people into those spaces is quite difficult.”

Once living in ARC, HIV stigma from staff and other residents drives significant confidentiality fears for older PLHIV. Older PLHIV in ARC may experience unnecessary, dehumanising practices such as being forced to use paper cutlery, staff members double gloving when offering personal care, and having their laundry washed separately from other residents. This forces PLHIV in ARC to hide their status, compounding isolation, including from other older PLHIV.

The lack of Takatāpui and Rainbow-specific ARC was raised by most community experts, considered even more crucial as many older people may not have the support they need to remain living in the community.

“

It's okay for the general population, 'cause you can pick and choose the homes, the home, that you'll go to, you know what I mean if you end up in one, but where's the space for Rainbow whānau and Takatāpui until we have homes for our lot...imagine if you were in a vulnerable situation with family. Where're you gonna go for help? Who are you gonna go to? We really need our own homes dedicated to us.”

Many experts also raised concerns about Western values structuring ARC, including in terms of food, as well as older people wanting to express themselves authentically in their homes.

“

If we get forced into a rest home, whatever, are we safe? You know, and if it's a Pākehā rest home with no Māori concepts and stuff, is it safe? For non-Māori they're dealing with their sexuality and the age stuff. But for Māori, we're dealing with sexuality, we're dealing with the age stuff, but we're also dealing with who we are as Māori, and how is that applied?”

For many older people, the impact of such unsafe healthcare environments is fear.

38 In this quote, the community expert is referring to a doctor from a specific ethnic community.

“

I know I'm not safe if I go into a rest home. As a Takatāpui wahine as well. I don't want that to be happening, because if I can't control my body and someone else has that control, they can do what they like and that's dangerous. We need a safe place for our elders. There is nowhere.”

Community hostility: “They look at us like we are animals”

Takatāpui and Rainbow older people also experience discrimination and hostility in many community settings. Older Māori, Pacific, and Ethnic Rainbow people, trans and non-binary people, and others perceived as different face extreme hostility from mainstream communities.

“

They look at us like we're animals or we're crazy or both.”

As in healthcare and housing contexts, contemporary discrimination was likely to trigger earlier experiences of discrimination and result in cumulative minority stress, particularly for older people with diminishing capacity.

“

Because that whole thing of older people hearing echoes of what they were taught when they were very young, especially if people are dealing with an element of dementia. Then the messages or the echoing of something that reminds them of their childhood, of a church or a faith group that they were part of when they were young, that can be really triggering.”

These experiences of discrimination, and the anticipation of further discrimination, lead to a withdrawing from mainstream community settings.

“

The idea is, if they think, ‘I'm going to get a bad response in those spaces, I just won't engage in it.’ That's historically what our communities have done, right? They've learned that we'll expect that we're going to be treated badly, so we just won't engage in that thing. We won't attend those social events, we won't go to those things, just because we'll be treated poorly. So, they just disengage. I think that's a fairly common thing...Everyone kind of becomes used to it, and by the time they've come to that age they know how to avoid it.”

Faith and spirituality are important for many older people. However, for many Takatāpui and Rainbow older people, faith-based services are uncomfortable and at times actively harmful due to mistreatment and hostility. Community experts considered that faith-based services were unlikely to offer safe support for many Takatāpui and Rainbow older people, including survivors of abuse in care.

“

There are plenty of fundamentalist Christian groups with really rigid ideas about how life should be lived, and I can't go there either.”

Ethnic Rainbow community experts also raised conversion practices in ethnic faith contexts, including the targeting of older people in relation to death and the afterlife.

“

I feel like that a lot of Ethnic communities operate in an enclave...I have experienced a lot of religious leaders and places of worship talking about how this is all part of the Western culture and how you shouldn't be gay and how you shouldn't be indulging in all those things...then during the latest stage of your life this religious person is telling you that you're not gonna get into heaven, that really messes up with your head.”

Invisible in older people's services: “It's just too big a mountain to climb”

Community experts observed that older people's services and groups did not acknowledge that Takatāpui and Rainbow older people existed. The lack of explicit visibility means that these spaces do not feel welcoming or safe, particularly for less visible groups within Takatāpui and Rainbow communities, including older bisexual people and older trans and non-binary people.

“

When people are invisible, and queer older people are particularly invisible, bisexual people as queer are particularly invisible, being in those things of, like, if you're not seen, then how can you trust somebody will hear you?”

As a result, few try to join older person's groups due to anticipated discrimination.

“

One of the exercise things that I find quite inviting is dance, and there are groups for older people who are arthritic and have Parkinson's disease and all that kind of stuff, which are going to approach dance with reasonable gentleness so that bones don't get broken. I would quite like to do that kind of thing but as I am, as a trans woman. As soon as I think of having to move into that space and then be obliged to give all the explanations as to why I'm like I am, it's just too big a mountain to climb.”

Community experts noted experiences of discrimination within services, including disrespectful comments and verbal abuse from staff members, as well as failing to adequately respond to negative behaviour from other community members in older person's groups.

“

I've tried going along to elder exercise classes, and found them so heteronormative and, you know, a culture that sort of gave me the creeps, that I didn't continue.”

Ageism and exclusion in Takatāpui and Rainbow communities

Community experts talked explicitly about ageism within Takatāpui and Rainbow communities driving the neglect of the needs of older people.

“

It's almost like they're invisible. Again, it's whakawāhine. These kids are supposed to be onto when it comes to it, trans and non-binary stuff. But I see the same thing playing out. It's like what is it? What is it that you don't like about, what is it, like are you embarrassed of them?”

Ageism included being seen or treated as ‘creepy’ when older people attended Takatāpui and Rainbow community events.

“

If I'm standing in the corner enjoying my drink, people perceive me to be lonely or creepy or they don't wanna talk to me because I will always have an ulterior motive behind it or I want to have sex with people, and that's why I'm standing in the bar.”

One community expert described the risks of abuse in Takatāpui and Rainbow community spaces as explicitly linked to an absence of ethical guidance about safe, respectful, and mana-enhancing practices in the context of lack of funding.

“

I feel like there is a huge ageism in our communities, and I think my concern is that if we had a social group for older people or even intergenerational group, then who is going to do the gatekeeping, so that people were not being abused or people were not being taken advantage of.”

One related example given by several community experts is that older people tend to use simpler language and a narrower range of identity terms, creating unintended barriers in engaging with Takatāpui and Rainbow spaces for some.

“

We're fluent with all of our new Takataapui, but if you're 80, it was still called gay... It's a lot about us making things accessible to work, starting with us. I think we have to make our communities accessible to our elder Takataapui communities before we hold the fire to the other people.”

However, simpler identity terms may also obscure the generational and ongoing context of significant tensions within Takatāpui and Rainbow communities. For example, many community experts raised the dominance of Western values and ideas within Takatāpui and Rainbow community settings, which excluded Māori, Pacific, and Ethnic older people.

“

Also, we often get profiled racially by non-Māori queer community...I don't mix with pride community much anymore as I've gotten older. But I also notice not a lot of Māori do. It's mostly Pākehā that go to those events. If we go to anything good, it'll be Big Gay Out. That's where you'll see Māori and Pasifika, particularly the Queens. But we don't go to the other events. They are too Pākehā.”

Tensions within Takatāpui and Rainbow communities were also linked to a lack of acceptance and inclusion for those with limited resources, disabled older people, and older PLHIV. Patriarchal ideas about women, as well as a narrow community group focus on the needs of gay men and lesbians, also affected community spaces, events, and media, including a reluctance to accept bisexual people in different-gender relationships (so misunderstood as heterosexual).

“

I think most of the people that identify as Rainbow are bi, and that's going to be more and more going forward. So, we get a little bit of issue around, a lot of the media that's put out...is very gay, very, very gay, targeted very much to white, gay, connected, and out.”³⁹

Community experts noted that tensions around who counts as included – or who is deliberately excluded – go back generations and pose specific barriers for trans and non-binary people and bisexual people.

“

Some of the older lesbians have gone on anti-trans jig, and they meet up at their meetings which are about a court case challenging lesbian exclusion, which wasn't really lesbian exclusion, it was excluding anti-trans sort of group.”

This has implications for how Takatāpui and Rainbow community organisations have been set up, and what kinds of support they have made available.

“

And that's when I first noticed this is back in 1981. The differences of our Rainbow community. Like we're all Rainbow, yeah, all fighting good, you know, pat ourselves on the back. But we have differences, you know, like trans men, trans women, lesbians, gay guys, and then bi guys, bisexual women, bisexual men.”

Community experts also felt that people coming out later in life had less access to Takatāpui and Rainbow community connections, in comparison with older people who may have been engaged with Takatāpui and Rainbow community groups and rights-based activism for decades.

39 This community expert was discussing the 2023 NZ Census results, in which one-third of the LGBTIQ+ population are bisexual women.

Lack of recognition of abuse in Takatāpui and Rainbow communities

Most community experts, many speaking from personal experience, felt partner violence, sexual violence, and AOP were normalised in Takatāpui and Rainbow communities, particularly for older people.

“

So, the nuance within Rainbow abuse is like that whole scenario of going, what I discovered from the last piece of work, was how much normalised abuse within our community, how much, how high our tolerance is before we think we're being abused.”

Community experts noted there was significant fear about how those causing harm would be treated by the police and justice system. Seeking to resist negative stigma about Takatāpui and Rainbow people and communities may also lead to pressure to minimise abuse from other community members, rather than be seen as letting the side down.

“

Everyone could see it wasn't totally working, at the same time, leaving it would have bigger stigma within the lesbian community. That whole thing, we fought for our right to be a couple, we're not going to abandon that...When you've got years of fighting to sort of claim rights to be a certain way, to actually admit to what is seen as failure can be really difficult.”

Many community experts reported that when seeking help from police or specialist violence services for partner or sexual violence, they had experienced refusals to help or disrespectful responses. The combination of minimising within communities and inadequate responses from violence response services further isolates those experiencing harm from others in Takatāpui and Rainbow communities, leaving them trapped in abusive situations.

“

When I went through that violence and went to the police, they did nothing...and the victim support services don't pick up...it should be a group of maybe Takatāpui friendly therapists or counsellors that are willing to, you know, pick up and that we could contact and say, look, we've got so and so here, they've just been, you know, they've just stated they've been abused. They need to talk to somebody to be safe.”

No specific, tailored support for Takatāpui and Rainbow older people

Between invisibility and discrimination in older people's community services and ageism and exclusion in Takatāpui and Rainbow community groups, community experts identified the lack of specific, safe, and mana-enhancing support for Takatāpui and Rainbow older people. The lack of specialist and competent support services obscures Takatāpui and Rainbow older people's specific needs and risks their experiences of AOP being pathologised.

In addition, service gaps make Takatāpui and Rainbow older people over-reliant on any offered support and vulnerable to being targeted within community settings, particularly for financial abuse.

“

But now we have someone who we're a little bit concerned, because he has now a new friend that he met at (community group) who comes around every day to have a cup of tea with him, which is great, like its support and all that kind of stuff. Now he signed over financials and the executor to this person...I think that's a thing that we'll see more of, especially with this group, because they don't have kids, they have their families alienated, and if they don't have a partner, then who does their money go to at the end? It's an opportunity for people to come along. This person sees it as, you know, it's good that he has the support and everything, but I'm just nervous about what it is.”

Community protective factors

Inclusive, affirming, and 'Rainbow Ready' healthcare and social services

Healthcare and social services need to improve their practices in terms of Rainbow competency. Mana-enhancing support for Takatāpui and Rainbow older people involves recognising diverse coming out and transitioning experiences, as well as providing accurate, culturally diverse information and appropriate support for gender-affirming healthcare for older trans people, HIV and ageing, mental health needs, and minority stress.

“

If you've got the right people in those support jobs who are gonna treat them like human beings for starters and if we have the resources to be able to meet their needs...It's not that complicated. Yeah, just what everyone else needs and just that they're treated like human beings.”

A key aspect was improving the capability to ask respectful questions about sexuality and gender journeys to reduce heteronormative and cisnormative assumptions, making it easier and more comfortable for older people to share their identity, rather than being forced to come out.

“

I think people are really afraid to ask questions, but maybe asking questions is part of building trust and making sure that the person sitting in front of them is being respected and looked at in an unbiased or neutral way.”

Community experts working in older person's services wanted to see strategic planning for more Takatāpui and Rainbow older people, and tailored training to support services to become more inclusive and culturally competent.

“

We were really grateful to have a training by you.⁴⁰ I think understanding different perspectives and different identities and different communities, I think that's really helpful, because obviously if these groups are facilitated by organisations, then that adds an extra layer of protection, that nobody is going to be discriminated. But I think all organisations need to be onboard with this...we need to be really Rainbow ready for that population coming in, and how are we going to support people from the Rainbow community.”

Other specific inclusion practices named by community experts included Rainbow flags, email contacts with named pronouns, and trans and non-binary people being accepted as their gender.

“

One occasion I was put into the women's ward, and it felt so right and relations with the women in the ward were good, people coming over and having a chat. It was nice, it was really pleasant. How much I enjoyed that female collegiality, it's lovely.”

Inclusive practices also require the development of specific, relevant resources, policies, and information for people with diverse identities and belongings, including specific frameworks that address and prevent HIV stigma.

“

That's why we have these things. 'I'm healthy and I live with HIV,' just that kind of messaging is really important, because then it makes people think the next level.”

Trusted, long-term relationships with respectful and knowledgeable healthcare professionals were protective, particularly for older PLHIV with complex healthcare needs.

“

Infectious disease doctors are awesome, because they usually know those people for a long time. They've been supporting them for like 30 years and stuff like that. They'll go that extra step, so in terms of the HIV part, that'll be really good, because they have ongoing relationship.”

Inclusive and affirming services also required tailored Takatāpui and Rainbow resources and the capacity to respond to the specific needs of the older person, including in terms of language. While Rainbow flags and other markers of inclusion were not enough without training and policy development, without such signs, community experts did not believe Takatāpui and Rainbow older people would ask for help after abuse.

Contrary to dominant narratives that suggest migrant healthcare workers will be more resistant to working with Takatāpui and Rainbow older people, many community experts noted that some came from cultural backgrounds that were more supportive of gender diversity in particular.

40 This is referring to Hohou Te Rongo Kahukura's Rainbow Ready training for older person's services.

“

A lot of Filipina women are working as nurses and they're lovely, they really are, and their generosity towards other people flows amongst the other staff...they see beyond my gender, they see beyond my appearance to the whole person there.”

Services navigators: “Bring a whānau ora approach in”

Many community experts suggested a resourced whānau ora approach with community wrap-around navigator roles to support Takatāpui and Rainbow older people and improve access to respectful healthcare and social services.

“

We need to create a model that communicates with everybody and maybe look at a hybrid model where experts in the social service space are able to provide support for older Rainbow people.”

Community experts wanted such roles to sit within Takatāpui and Rainbow community organisations, underpinned by Kaupapa Māori values such as whānau ora, manaakitanga, and whakawhanaungatanga.

“

The best way to address any of the other abuses would be when you get a client someone comes in, the Takatāpui, the elder, and they're clearly in need of support. Bring a whānau ora approach in. Do they have whānau? What are the issues? Then have coordinators that are skilled in those areas.”

This was partly to address ageism seen as intrinsic to Western values; partly to address homophobia, biphobia and transphobia, seen as intrinsic to Western values; and partly because holistic approaches offered the opportunity to comprehensively respond to needs.

“

The care, the sharing of the help, the awhitanga, the tautokotanga, manaakitanga, of our beautiful, beautiful elders LGBTQIA+ two-spirits whānau, and what they need, the help that they need, the medical help run them off to the doctor, to the dentist, to the chemist to the whatever they need.”

A resourced whānau ora approach could also offer better support to age in place, support safe community connections for Takatāpui and Rainbow older people, and reduce isolation.

“

But I think the big thing is that people being able to stay in their houses is better for them, rather than being moved into aged care, and having appropriate and respectful support coming in to see them...You're staying in a place where you feel comfortable. I think that's the important piece, for as long as you can, rather being moved into a space where you'll have to hide.”

Tailored support for Takatāpui and Rainbow older people

There was significant agreement amongst community experts that there was a need for community spaces and events for Takatāpui and Rainbow older people.

“

Imagine a bus load of kaumātua, kuia that are Takataapui and they're wearing their drag outfits or whatever or wearing their glams and going out on the thing. Life would be alive.”

Such events, particularly in person, have the potential to offer mana-enhancing, positive, and culturally diverse connections to reduce isolation and prevent harm.

“

So that would be my one thing: we need to advocate and support each other to get some kind of resource that's an in-human experience for our older communities, that's culturally safe for them as well.”

Strong connections within Takatāpui and Rainbow communities were seen as protective for many older people, particularly if they had been involved in community groups or had come out when much younger.

“

I've been connecting with queer communities since I was a teenager...the people I know, in some cases I have known them for decades. We have been on the same marches; we have been in the same rooms, organising letters to members of Parliament to try and get better legislation.”

Community groups help protect older PLHIV from HIV stigma by connecting them with others.

“

The idea is that people can come together and talk to somebody about HIV – because the HIV, they don't disclose to anybody...to actually normalise it makes it a lot easier for them...all that kind of stuff is a way to build community and reduce isolation.”

Community experts believed specific groups and supports for Takatāpui and Rainbow older people could include developing stronger external relationships with a focus on preventing AOP. Māori wardens, NZ Police diversity liaison officers, supportive marae, social services addressing poverty, and faith communities were all specifically named as protective opportunities for Takatāpui and Rainbow older people in terms of practical needs, wairuatanga, and spirituality.

“

I do know a few inclusive faith communities that are happy to provide support to make it easier, and that can sometimes be connecting them with a food bank that might be able to help with that. It's like, what can ease the stresses on people that are promoting either physical or financial abuse?”

Culturally and linguistically diverse resources and supports for faith communities and relationships with faith leaders were seen as particularly important for Ethnic Rainbow older people.

“

There is a real gap between the deeper communities, the religious communities, the Ethnic communities, and how we look at the Rainbow communities in Aotearoa. So, I think there needs to be a huge training, resources, and translation of those resources into appropriate languages so that people know that that's not okay and that's part of hate speech...We really need to have some processes in place to talk to religious leaders. I know that the religion says something else, but the reality is that young people and older people are suffering, and we need to talk about this, because we've been there hundreds of years, and we're gonna be there in the future.”

In addition, community experts wanted Takatāpui and Rainbow community groups to provide outreach support to older people, and offer practical support to attend existing events, including improving accessibility and transport options.

Tailored and specialist support to respond to abuse

Community experts considered specialist, holistic support for older people experiencing abuse to be vital, particularly for those experiencing intimate partner violence in hidden relationships. Navigating shame and being able to recognise forms of harm was considered specialist and complex, requiring both Rainbow competency and not just visibility, but affirmation of diverse Takatāpui and Rainbow identities.

“

If people can see something, if they can look at something, say a pamphlet or an advertisement or something, it gives them a glimmer of hope, that, 'Oh, look, there's a group that can look after Takataapui,' or 'I identify with the people that are being supported by that service.' Maybe that's enough for people to go and knock on the door, or phone, or send an email, or do something.”

They also believed that safe networks, or a support team of trusted family and whānau and chosen family and whānau, were vital to supporting Takatāpui and Rainbow older people's relationships.

“

I guess that support system, that these are the protective factors in our community, looking after each other, or respecting our elders and making sure that we are doing things collectively, going out for social connection. All of these things are protective factors, because any change, your friends and family will definitely notice.”

Strengthening Takatāpui and Rainbow intergenerational connections

Most community experts raised the benefits of tuakana-teina or intergenerational connections that value and accept older people within Takatāpui and Rainbow communities.

“

What the Big Gay Out did one year, and we were there doing it, is they had an elder's tent. And young people came up and talked to us, and it was really awesome, and, you know, one was talking about coming out to their parents and stuff, and so we talked about our experiences and stuff. My partner really enjoyed it. I really enjoyed it.”

These included expanding community art and storytelling projects for Takatāpui and Rainbow communities to honour resilience, whakapapa, and social movements over decades, and ensure diverse histories were better understood by younger people.

“

I’m sure a few of us Rainbow people have come a long, long way...I’ve been on so many gay marches, Black Trans Lives Matter marches...I think I started with the Māori land marches back in 1975. So, I’ve been marching ever since.”

Intergenerational groups and events were also seen as opportunities to celebrate and reclaim identities, particularly for less visible groups, and explore generational differences in terminology.

“

The whole transitioning thing and everything, and then when I first started, they said we’re called queens. You’re a queen now. And I went ‘wow, a queen,’ and I’ve lived as a queen. But they’ve got all these other different names there’s trans women, transsexual, trans this, trans that, and I’m going, ‘No, I’m a queen.’”

Community experts also wanted to see intergenerational Takatāpui and Rainbow community groups offer meaningful, respectful volunteering opportunities for older people to be able to give back and feel connected to community.

Relational factors shaping abuse

Table 13: Community expert insights into relational risk and protective factors

Risk factors	Protective factors
Severe family violence when coming out	Support for family and whānau acceptance of older people
Lack of family acceptance	Chosen family and whānau
Coming out later in life	Supports for healthy relationships
Failing to recognise and honour Rainbow relationships	
Lack of support for healthy intimate relationships and hook-ups	
The impact of ageism within relationships and hook-ups	
Minority stress and lifetime intimate partner violence	

Relational risk factors

Severe family violence when coming out: “The thrashing that they got to try and thrash the gayness”

Community experts talked about severe violence towards many Takatāpui and Rainbow older people from families that did not accept them in the context of criminalisation and pathologisation.

“

The abuse that they have been through, growing up to being what they wanted to be. You know, being locked in the woodshed outside and all of those things...And thrashing, you know, not just slap. No, the thrashing that they got to try and thrash the gayness, the transsexualism out of them kind of thing and everything.”

Many Takatāpui and Rainbow older people were also made homeless as young people through family rejection.

“

They were kicked out of their homes when they were kids because they were queer or whakawāhine.”

While some Takatāpui and Rainbow older people disconnect from their families for their own safety, others are isolated or deliberately cut off.

“

I’ve got a brother who I haven’t seen in years...He cut me off because, well, you know, sometimes it’s easier for some families to do that.”

Rejection and violence from families and whānau across the lifespan creates significant minority stress and frames the context for further abuse for many Takatāpui and Rainbow older people.

Lack of family acceptance: “The biggest challenge that we face is the estrangement from our families”

Lack of acceptance within family and whānau means Takatāpui and Rainbow older people cannot depend on family support.

“

I think within the queer community the biggest challenge that we face is the estrangement from our families...because we’ve experienced so much trauma in the childhood, we separate ourselves from family.”

Family rejection for Māori, Pacific, and Ethnic communities breaks important collective and cultural norms, disrupting extended support networks for older people. Some community experts described pressure within collective cultures to accept abusive behaviour, rather than leave abusive family contexts. For Ethnic communities, expanded and unrealistic expectations of caregiving could accompany families trying to control what was known in the community, trapping Ethnic Rainbow older people in harmful situations.

“

I'd say it's incredibly complex, because especially if you belong to a collectivistic culture, it becomes extremely difficult to get out of situations, because I think you start operating on guilt, a lot of guilt, because you belong to the Rainbow community. I think you start compensating over and above to get involved in family duties, because you're single, you don't have kids, you don't have a partner, so the expectation is that you would look after or you would be involved in extra family things because you don't have all of those responsibilities. So, I think that's a very clever way of psychologically abusing or emotionally abusing people. I've come across a lot of people who end up looking after their parents. I've also come across people who are completely ignored by their family. So, what they're doing in their personal life, what they're doing in their professional life, the family doesn't really care, because very conditional. But at the same time, they wouldn't let the Rainbow person to move out of the family, because that will bring shame to the family. So, a lot of people from the Rainbow community just end up staying with the family and just keep doing what they have to do, because it just seems like there is no way out.”

Coming out later in life

Community experts recognised that many older people had tried to conform to heteronormative and cisnormative lifestyles, resulting in experiences that were not true to themselves and often led to distress or harm, including when coming out later in life.

“

It was not socially acceptable...So, they married, they had relationships with women, they married, they had children, all of that, but they were actually very unhappy, and they created very unhappy lifetimes for themselves and their spouses...I know some older men who did come out to their wives and their families, and with variant degrees of success and continued relationships, but they're now in their sixties and seventies and living the lives that they wanted but still having to navigate a lot of anguish and heartbreak.”

While coming out later in life may mean finding liberatory community connections, there can also be significant negative consequences, particularly for migrant people and those from culturally conservative communities. Rejection, abandonment, and physical and emotional abuse from families, including adult children, is common.

“

They came over, they had the family, they played their culturally expected lifestyle, but they can't do it anymore. They've got to their late fifties or early sixties and decided they wanted to be their true self, and it's the rejection. The rejection happens in the not only the children feeling deeply hurt and sometimes being violent and aggressive in both physical and mental terms of the level of that's not okay, what are you doing to their life, not considering what their parent might have done, is a real kind of messed up thing playing out there. But yeah, that's not unusual.”

Biphobia, in addition to heteronormativity and cisnormativity, structures ideas about coming out later in life. Sexuality at all ages is often assumed by the gender of someone's partner, so bisexual older people in different gender relationships are assumed to be heterosexual, including within families. This means bisexual people face unique challenges in both families and communities and may be more likely to come out later in life.

“

I met her through a community group, and she would not have been out to her family as being queer, and that is one of the things. Especially a lot of us who are older, many people I might know of as fitting in the Rainbow community, but sometimes their family don't. So, I mean, some people, they get to a point where they think, oh, their kids are now old or old enough to cope, and they do start sharing more.”

Those coming out later in life may also be considered as deceitful within families, including in relation to HIV status.

“

You'll see a number of people that only come out when they're older, so that their family is grown to the point, they wait till their kids can move on...We have a lot of people that don't identify as gay, as Rainbow...a lot of them won't even take an HIV test because they're afraid to know their status, because it causes them to then have to disclose this hidden lifestyle.”

Failing to recognise and honour Rainbow relationships: “Their family comes in and kicks out the partner”

The failure to fully accept Rainbow relationships, including recognising legal relationship rights, means abuse is often perpetrated both by families of origin and by in-laws, particularly in contexts where an older person dies, or has diminished capacity.

“

Takatāpui elder abuse is difficult because if you've got whānau that don't accept fully, one partner dies, and they've been living with the in-laws and they've become an in-law; they can be treated badly. I've seen that happen among a few.”

Family or in-law family-initiated exclusion from funerals and decision-making related to end-of-life were common, including forcing Takatāpui and Rainbow older people back into the closet within ARC contexts. These experiences were understood as a form of identity-based spiritual abuse for Takatāpui and Rainbow older people.

“

Well, that's where their family comes in and kicks out the partner, right? That's still happens. That's a Rainbow thing, but it's exacerbated when it's HIV. That's where the partner isn't involved in the funerals...out of the house, because they're not married, their partner gets kicked out, they have no rights. The family's coming in, they take over, they never talked to the person for the last 20 years, but now they're here. We've had people from overseas come in and do that...it's like the vultures, essentially, they circle, they come in, and we're going to take control. Even though you've been their partner and caring for them.”

Community experts stated that biological families were often privileged by services, including ARC, rather than partners and chosen family – a form of institutional abuse. In addition to discrimination, this was attributed to hostile families manipulating considerable gaps in understanding of existing legal protections for partners and chosen family within both Takatāpui and Rainbow communities and older people's services.

Within families and whānau, community experts also described physical violence, lack of respectful personal care, neglect, and emotional and psychological abuse targeting Takatāpui and Rainbow older people, including forcing parents to go back into the closet or hide who they are in wider family cultural events.

“

When I went to that wedding, I had to go in disguise. I had to pretend to be male. I had to be the father of the bride. I don't mind my youngest daughter getting married to whom she wishes, so I was prepared to front up and make that possible. But if I'd gone as I am, it would've been scandalous.”

Community experts also named and had experiences of emotional abuse, control, and sexual abuse towards Takatāpui and Rainbow older people within families, usually framed as attempts to change their identities.

“

I think extreme control and a lot of emotional abuse, a lot of even sexual abuse.”

Hostile religious values, including conversion practices, were entwined with family rejection for some Māori, Pacific, and Ethnic Rainbow older people.

“

If you have a large family or the families of Samoan, Maaori, Tongan, people who particularly, where they are certainly religious. They're not going to make it a happy place for someone who is outwardly queer. I mean, the whole thing, like, 'I don't want you around my children because you've touched them,' and you know, ridiculous things that these assumptions, based on what they've heard or what they've seen.”

Other community experts described older people being told by younger family members that they were developing dementia, to make it easier to take their possessions. Many also raised pressure to offer housing and financial support beyond their means to children and nieces and nephews, because superannuation guaranteed their income. Poverty was a considerable driver for this behaviour, in addition to the lack of respect for Takatāpui and Rainbow identities.

“

We're in a generation where a lot of our community have children, and so there's an expectation for them to offer some care or relief, and in some places that's not working out. There is definitely advantage being taken of some of their older parents and aunties, because they're in a better financial situation than the kid is.”

Lack of support for healthy intimate relationships and hook-ups

Community experts named significant gaps in support for healthy intimate relationships for Takatāpui and Rainbow older people. This included, across the lifespan, a lack of relevant, specific information and resources about healthy relationships, emotional regulation, boundary setting, intimacy, and sex. In addition, community experts raised that these issues were not addressed within Takatāpui and Rainbow community groups either, leaving porn as the default educator. The impact of HIV stigma adds considerable complexity to this void.

“

I think that's the space that doesn't exist anywhere: if I'm having challenges around somebody taking advantage of me or abusing me...you know, especially the whole dating app scene, how do I have a conversation on how that is making me feel because of the rejection and because of the stigma around HIV, or those kinds of things in terms of my wellbeing?...There are no conversations, there's no media around it, and I think that's because it's such a taboo. When you add HIV, it becomes even more of a taboo.”

Community experts shared many experiences of Takatāpui and Rainbow older people being targeted via dating apps, including being physically attacked, doxed, and robbed. They believed older people were less likely to report such abuse to the police.

“

It's elder abuse when older men get, you know, doxed by young people and beaten up for their money, because they know they're an older person, and they won't come out, and they won't complain to the police about it.”

The impact of ageism within relationships and hook-ups

Community experts considered that older people often held less social capital in hook-up contexts, due to ageism within Takatāpui and Rainbow communities.

“

We are quite ageist, and it's quite shameful that we are so ageist. With the hook-up culture, it becomes, there is vulnerability for younger people, so you can imagine what it is like for older people to be going into a stranger's house or inviting somebody into their house. That adds another layer of vulnerability and to be in a dangerous situation.”

Many community experts highlighted Takatāpui and Rainbow older people, particularly men, being targeted by younger people for financial exploitation, including housing and resources. Power differences in these situations may be complex when older men are seeking younger men for hook-ups or relationships, including (depending on when they came out) either man being less well-informed about Takatāpui and Rainbow community dynamics. Older men may also be more vulnerable to outing.

“

Then we have people, definitely going out on a date with younger people, and it is being wined and dined and then ghost them, and whether that's elder abuse or whether, what does that look like?”

Isolation and lack of other supports are significant factors increasing the risk of abuse, including financial abuse and exploitation.

“

I think the issue around it is that, because people are isolated and lonely, and they want to reach out for intimate connections, and even if that's not sexual, it's just intimate as such, people take advantage of that. Because people are older, they tend to have money...They're very vulnerable to being taken advantage of in that space.”

Minority stress and lifetime intimate partner violence

Many community experts shared personal experiences of lifetime intimate partner violence. It was recognised as common, and linked with minority stress, including mental health difficulties and substance use.

“

The person made a connection with someone, and the person they connected with was wanting to use intravenous drugs and possibly smoke meth in the flat occupied by this elder person, making use of the fact that they were lonely, vulnerable.”

Community experts suggested that previous experiences of intimate partner violence – especially before legal protections were applied to same-gender relationships – have made more recent, expanded legal safeguards less apparent for Takatāpui and Rainbow older people. This included a lack of specialist services for Takatāpui and Rainbow communities and historically poor responses from police, services, and the justice system, including being incorrectly identified as a perpetrator of harm, with significant negative consequences.

“

I know for me when I went through that violence and went to the police, they did nothing. And the Domestic Violence Act was male assaults female, so they weren't interested. The courts weren't interested...I was trying to get all my bits back, and she called the police on me and got me charged.”

They also believed that intimate partner violence can be more difficult to escape for older people in long-term relationships, especially when their relationships or identities may be hidden. Threatening to out someone's identity or HIV status is an effective tool of coercive control when older people are scared to be open about their identity due to lifetime discrimination.

“

That's the risk that we're seeing: if you're positive, or if you're not out about your status, that could then be used against you, as in a blackmail situation, by people who are asking for money.”

Older bisexual women and trans women were described as particularly vulnerable to abuse in relationships with men, because people around them failed to recognise biphobia and transphobia as drivers for violence. Perpetrators took advantage of these dynamics and became more powerful because of discrimination and the lack of safe, specialist supports.

“

They know that the system is not going to be on the trans woman's side.”

Community experts also recognised that escaping abusive intimate partners is much more difficult within small, connected communities. Stalking and harassment may continue for years after a relationship has ended, so Takatāpui and Rainbow older people are often forced to have contact with abusive ex-partners.

“

Even after, we're talking years after, would still continue to do the same thing. They literally had to move house in order to get away from them.”

Relational protective factors

Support for family and whānau acceptance of older people

Community experts wanted culturally and linguistically specific and relevant resources, education, and support for older people and family and whānau, including those in caregiving roles, to promote acceptance of Takatāpui and Rainbow older people. For Māori, Pacific, and Ethnic families and whānau, this offers the opportunity to reclaim identities and connections disrupted by colonisation. Existing resources for families are solely focused on the children and young people, rendering invisible the needs and specific contexts of Takatāpui and Rainbow older people.

“

We need to create resources, especially in different languages, not only for the person but also for the families...if we're looking at different communities, then I think every resource needs to be consulted by the community, that's how people approach this topic in their own community.”

Culturally specific and relevant support and resources were especially necessary for those coming out later in life, to address specific family dynamics in this context.

Chosen family and whānau

For many older people, chosen family and whānau offer check-ins, practical support, deep understanding of shared discrimination, and affirmation and celebration of identity. Community experts recognised the protection chosen family and whānau offer as shelter from the impacts of minority stress.

“

I have a contribution to make; my life experience is respected. There's an understanding that means I don't have to explain myself...Life would be very lonely without those possibilities. It's nice to move into that space and be aware that there's not going to be a constant struggle, constant vigilance, constant watchfulness for someone's prejudice popping up.”

Chosen family also protected against isolation and neglect. One community expert believed chosen family increased life expectancy for Takatāpui and Rainbow older people.

“

If you've got a functional community of family, whatever that looks like. Everyone's always checking in on you, you know, you're not gonna end up being a statistic...I think it would've been nice for our people to live longer, 'cause they're being looked after. Yeah, they're not neglected, they're a lot happier, they feel like they belong and that they're part of a unit which is so important.”

Explicit conversations about ageing needs within chosen families and whānau, including expectations and conversations about housing, were also seen as protective, especially if supported by wills, EPOAs, and advance care plans.

Supports for healthy relationships

The protective factor of respectful, loving intimate relationships that accept Takatāpui and Rainbow older people's authentic self was celebrated by community experts, particularly in the context of lifetime discrimination and minority stress. Overwhelmingly, community experts identified the need for more support for such relationships, including culturally diverse and relevant resources and information about healthy relationships, intimacy, and sex for Takatāpui and Rainbow older people. This included the need to develop tools and safety plans around resolving conflict, emotional regulation, power sharing, and negotiation of boundaries.

Community experts also wanted information and resources for those coming out later in life, specifically to help understand the dynamics within Takatāpui and Rainbow communities and to navigate dating apps. There was a significant desire for easy-to-understand information and resources about abusive behaviours in Rainbow relationships, including those involving bisexual and trans people who had been perceived as heterosexual.

“

I didn't really realise the forms of violence that occurred until I did that HTRK training.⁴¹ That online training. I didn't realise the depth and breadth that the abuse went to until I read that and I was like actually, I know that. Yes, I know that, and I know that, and the only reason I know that is all from personal experience. But I never saw it like that in one container, in one block course of learning. That just wow, yes, okay, seeing it all together in one place and understanding it is like, wow.”

Several community experts raised the need for diverse community arts and cultural initiatives celebrating healthy relationships with a focus on Takatāpui and Rainbow older people – both those who have been out for decades, and those coming out later in life.

41 HTRK refers to online Rainbow Safe training available from Hohou Te Rongo Kahukura.

Individual factors shaping abuse

Table 14: Community expert insights into individual risk and protective factors

Risk factors	Protective factors
Housing insecurity and access to resources	New Zealand Superannuation
Reverting to the closet	Tailored information, resources, and tools to help plan for ageing
Isolation	Tailored skills building in digital safety
Lack of tailored digital literacy supports	
Lack of trust in systems and services	
Dependency and diminished capacity	

Individual risk factors

Housing insecurity and access to resources

Many Takatāpui and Rainbow older people live without secure housing due to discrimination within rental, social, and emergency housing and family rejection, increasing their vulnerability to being targeted for abuse.

“

A lot of people my age do not have those privileges of secure housing, access to medical support, knowledge of where their income is from, whether they have a circle of friends that they can ask for help with or connect with them.”

In addition, those with reduced KiwiSaver funds or other resource limitations, including Ethnic Rainbow older people who had migrated later in life, faced fewer choices and increased vulnerability.

Reverting to the closet: “You just try to hide in the shadows”

Discrimination and fear of discrimination forces older people to hide their identity in many contexts of their lives, because it is not safe to share who they are.

“

I mean, I think a lot of the older people that I know are less flamboyant, deliberately, because they don’t want to be seen to be there to be picked on. And part of that is having grown up with it. I mean you just try to hide in the shadows or not be noticed.”

This was exacerbated when feeling physically and emotionally vulnerable when seeking necessary healthcare.

“

When I go into hospital, it's really hard because you don't know if you're safe there or not—you don't know who you're seeing or what they're perceiving or thinking. It's not a friendly environment...Coming out as Takatāpui comes down to whether your doctor is religious, it shouldn't come down to that.”

One community expert discussed her experience of working in ARC with a couple who were hiding their relationship, which was due, she believed, to the lack of visibility of Takatāpui and Rainbow older people.

“

It was the only occasion that I met a potential couple as part of our community, but I'd never seen that anywhere else and that whole time that I worked there, which tells me if I have only seen it once and they were trying to do that quietly, it means that all our communities were hiding...They weren't out, they weren't being supported. And they obviously didn't feel safe enough to be their true selves. Do you know what I mean? So having no visibility means it's not safe.”

Ethnic community experts believed Ethnic Rainbow older people may be even more likely to hide their identities in ARC, due to concerns over the cultural values of migrant staff members operating without institutional safeguards.

“

Because there's a high migrant staff population in those care facilities, and a lot of them have moved from countries where LGBTQ relationships are not accepted, and so, out of their own fear for safety, have withheld to interact with their carers, reverted back into the closet, which is really sad.”

Isolation: “People just don't go out anymore”

Related to identity management and reverting to the closet is the growing isolation of Takatāpui and Rainbow older people, reducing their capacity to make authentic connections with others.

“

What happens is people just don't go out anymore. They just stay at home; they become really, really isolated.”

Isolation was considered more likely for many specific groups, including those whose partners had passed; those who had migrated later in life; those who have moved location and could not find accepting communities, and people who are living in rural communities, smaller urban centres, or even the suburbs of major urban centres.

“

I think if you're living in the community, then obviously social isolation and loneliness is a huge issue...A lot of things surrounding Rainbow people are so concentrated in central Auckland, and I understand that because maybe there is a huge population of queer people living in central Auckland. But I just feel like the suburbs need to be, we need to be visible in the suburbs as well.”

Entrenched isolation makes Takatāpui and Rainbow older people very dependent on community settings that are more accepting, potentially making it difficult to address harm occurring in those contexts.

“

I think you have to put yourself in their shoes and think about how lonely and isolated you must be, that even if you know that somebody's taking your advantage, you let them take the advantage because you're so lonely and isolated that any connection is a good connection.”

Lack of tailored digital literacy supports

Community experts noted the impacts of digital exclusion on access to essential services, pointing out lack of access to online systems and little support for digital literacy and skills building for Takatāpui and Rainbow older people.

“

Our kaumaatua don't use computers...so everything that is now technologically based is a challenge.”

Resources to support the safe use of dating and hook-up apps were also seen as a significant gap, particularly for those who come out later in life, or were using such apps for the first time.

“

There's no real good way of how to manage dating apps safely, there's no manage how to keep yourself protected online. There's not a lot of that, especially not in this space.”

In addition, community experts also noted that digital literacy is more important for older people coming out later in life because so much support and information about Takatāpui and Rainbow communities is online.

Lack of trust in systems and services

Takatāpui and Rainbow older people have little trust in systems due to lifetime discrimination. Community experts noted that older people did not always promptly seek healthcare or other essential support, a concern that is significantly heightened when seeking help after abuse.

“

I guess it's just not having trust in systems...sometimes when you're downtrodden you have no confidence anyway. It's gone. So yeah, it's not easier to stay put, but you can't sort of figure out how to get out of it.”

For Takatāpui and Rainbow older people, generational reluctance to complain is intensified by minority stress and shame, often preventing help-seeking after identity-based abuse.

“

An elderly person who has grown up through the 1950s and 1960s is going to be much more susceptible to shame...they were illegal in those days, and they were heavily shamed by society with jokes and insults and ostracism. They had to keep themselves hidden for fear of the consequences...it's pretty easy for people to play on that level of shame and fear in order to bend elderly people to their will.”

Migrant Rainbow older people fear reporting abuse if it requires coming out, especially if they have not yet gained secure immigration status.

“

They're not citizens, they're still on permanent resident visas...you have to out yourself, you have to make a legal declaration that you're queer. A lot of the time, they come and they share with us, and they just want to get it off their chest. But they don't want anything done, because they don't want to cause a fuss, or they don't want repercussions.”

Dependency and diminished capacity

Minority stress-related physical and mental health conditions, disabilities, and diminished capacity also make it more difficult to seek help for many Takatāpui and Rainbow older people, including when they are dependent on the person causing harm.

“

So that if you're dependent on this person who's abusing you, who can you trust to tell? And what help can you get?”

Individual protective factors

New Zealand Superannuation

Many community experts suggested access to superannuation was protective, offering financial security many Takatāpui and Rainbow older people had not experienced earlier in their lives, due to heightened rates of poverty and housing insecurity.

Tailored information, resources, and tools to help plan for ageing

Within housing, healthcare, social services, communities, families and whānau, and relationship contexts, community experts called for tailored information and resources explicitly for Takatāpui and Rainbow older people, effectively ensuring their needs were visible and addressed. This included tailored resources and information about home care and other support services, advanced care planning, EPoAs and developing wills. Community experts did not believe these protective tools were visible or routinely utilised by Takatāpui and Rainbow older people.

“

In terms of financial abuse, or in terms of EPoA...we need to talk about it more with the Rainbow community. Some of us do not have relationships with our families, or even if we do, how do we make sure that our legacy, our property, our money, is protected when we are not able to make decisions for ourselves...who can make decisions for us?”

Community experts also wanted to see access to legal support to uphold legal relationship rights which were explicitly inclusive of Takatāpui and Rainbow older people, and resources that explained these rights for Takatāpui and Rainbow communities and those who support older people.

Tailored skills building in digital safety

Several community experts noted that inclusive community spaces for skills building in digital literacy for Takatāpui and Rainbow older people would increase access to services, reduce isolation, and be protective against abuse in a range of contexts.

“

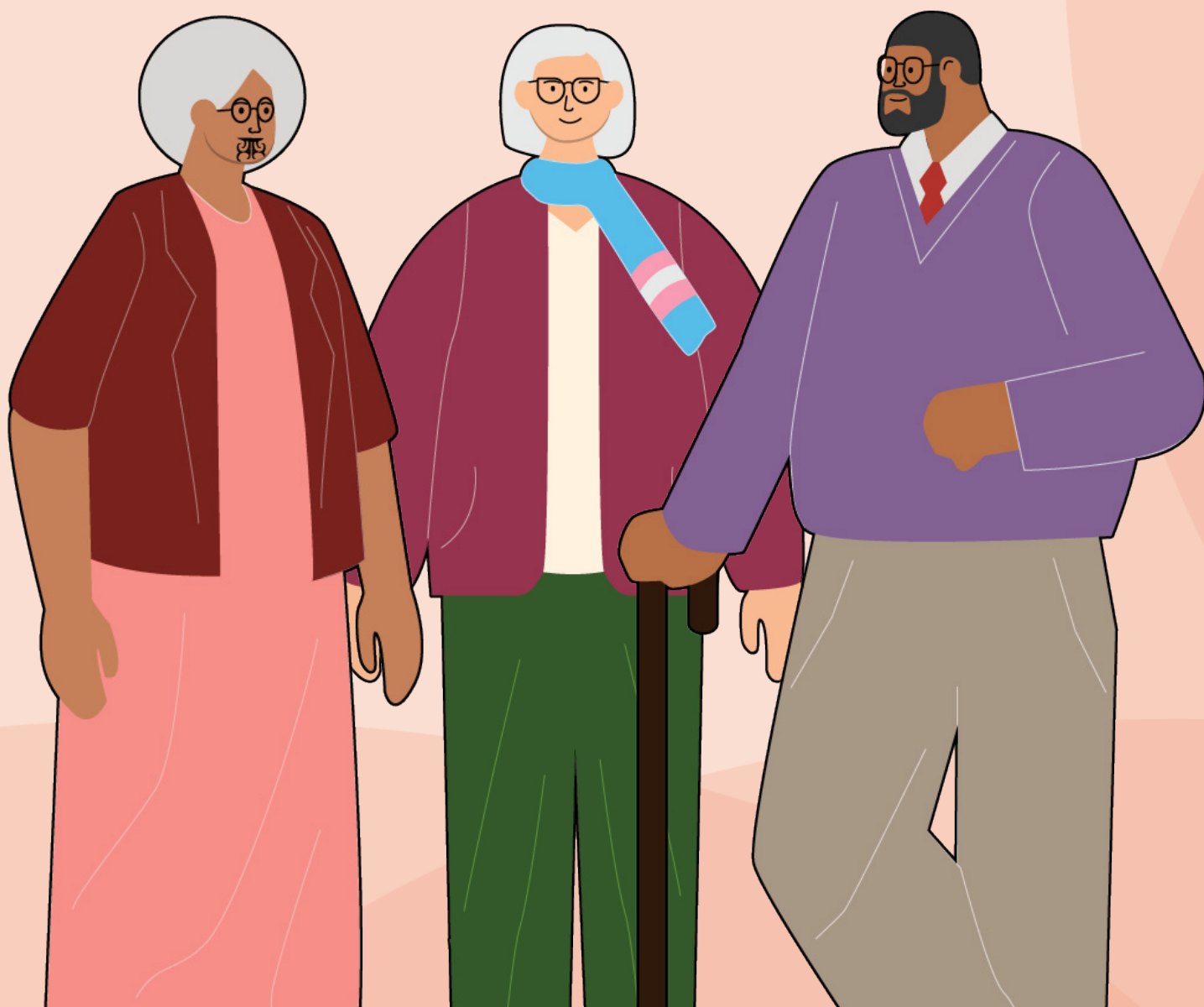
So, technology can be a challenge, especially for people with vision or hearing issues. But it has also really opened up the scope for people to reach out and communicate, and in some cases to ask for help. Or there's been quite a growth in both support networks and smaller private groups on platforms like Facebook where people have shared issues that they are facing and asking who can help them.”

Community experts also called for resources and groups that offered opportunities for Takatāpui and Rainbow older people to develop and extend their digital safety in dating app contexts, including how that extended into assessing safety in real-world meet-ups.

“

Looking at digital agility, safety, especially on the apps, because you know some of our older community, later in life coming out, not everybody comes out as a young person. People come out and we've got people that have come out in their sixties, both men and women, and it's teaching them the safety of digital safety and the apps.”

Chapter Five: Discussion and recommendations



This chapter weaves together findings from both literature reviews, the policy review, and insights from community experts. Collectively, these findings demonstrate an urgent need for systemic change.

Takatāpui and Rainbow older people bear the brunt of cumulative minority stress, experiencing significant harm within healthcare and social services, communities, family and whānau, and intimate relationships.

Preventing and responding to the abuse of Takatāpui and Rainbow older people requires action across legislation, policy, funding, service delivery, workforce development, research and data collection, and community capacity building. Central to this is giving effect to Te Tiriti o Waitangi, including Takatāpui and Rainbow older people as a priority group within key AOP systems and policy documents, resourcing Takatāpui and Rainbow communities, and embedding Rainbow competency, accountability, and mana-enhancing practices across all systems that support older people.

This report presents 24 detailed recommendations, with suggestions around phasing to increase immediate safety, expand supports and help-seeking pathways and support systemic change. Across all recommendations, the need to recognise, respect, and respond effectively to diversity amongst Takatāpui and Rainbow older people is crucial, including in relation to differing sexuality and gender journeys, age, ethnic and cultural belongings, gender, disability status, sexuality, HIV status, and/or socio-economic status. Together, these recommendations seek to uphold the dignity, safety, and wellbeing of Takatāpui and Rainbow older people in Aotearoa New Zealand.

Foundations: context for systemic change

Takatāpui and Rainbow older people experience much higher rates of abuse than other older New Zealanders, often facing identity-based harm stemming from colonisation and the legacies of criminalisation and pathologisation.

Recommendation 1: Te Tiriti o Waitangi

Give effect to Te Tiriti o Waitangi in national policies which guide government actions in relation to older people. This includes resourcing the development of Kaupapa Māori approaches, research, rangahau, and services and guidance which set out expectations for how healthcare, social services, and services aimed at preventing or responding to AOP will be funded and delivered.

Recommendation 2: National policy recognition

Explicitly name Takatāpui and Rainbow communities as a priority group in national policies which guide government actions concerning older people. Inclusion in national policies guiding government actions will improve visibility and lift expectations for healthcare, social services, and services aimed at preventing or responding to AOP. This includes national policies which guide government actions concerning Māori, Pacific, and Ethnic older people.

Recommendation 3: Strengthen human rights protections

Amend the Human Rights Act to ensure trans and non-binary people and intersex people are explicitly named as groups protected from discrimination, and review existing hate speech protections. The need to strengthen protections against growing mis- and disinformation about Takatāpui and Rainbow people, especially trans and non-binary and intersex people, is protective against everyday discrimination in a wide range of public settings, much of which falls under existing definitions of AOP. Existing hate speech protections fail to effectively address and monitor hate speech, including in digital spaces.

Short-term priorities: increase immediate safety

Between invisibility and discrimination in older people's community services and ageism and exclusion in Takatāpui and Rainbow community groups, our findings indicate the urgent need to develop tailored services and resources. Tailored support would enhance social connections and reduce isolation, critical to preventing and responding to the abuse of Takatāpui and Rainbow older people.

Specialist EARS offer the opportunity to provide nuanced, mana-enhancing support, including for older people who may have had past negative experiences of help-seeking after family violence or sexual violence. Specialist abuse response services should also help guide necessary shifts in mainstream abuse responses and improve the understanding of abuse more broadly.

Resourcing tailored support for Takatāpui and Rainbow older people improves the capacity for meaningful community input into national policy development across issues relating to older people. Tailored, specific resources should be made widely available, both through Takatāpui and Rainbow networks and through universal older people's channels and networks, to enhance availability for those who are less connected to Takatāpui and Rainbow community groups. Ensuring there is access to these resources as early as possible is particularly important to uphold the dignity of Takatāpui and Rainbow older people as they age (for example, before the onset of health-related concerns that diminish capacity).

Recommendation 4: Elder Abuse Response Services improvements

Resource the development of national Takatāpui and Rainbow specific Elder Abuse Response Services (EARS). Services could respond to referrals, assist with service navigation, connect to legal support, and develop and maintain tailored information about available entitlements and supports to improve material wellbeing, as well as existing legal protections such as EPoAs and advance care planning.

Recommendation 5: Develop Takatāpui and Rainbow community group capacity

Resource Takatāpui and Rainbow community groups to develop support programmes. Culturally diverse and relevant support programmes could include services navigator roles, tailored in-person social groups and events, arts and storytelling projects, and digital skills building, including in relation to safety while using dating apps. Resourcing community groups would also help to create meaningful volunteering opportunities for diverse older people.

Recommendation 6: Resourcing for Kaupapa Māori supports

Resource the development of Kaupapa Māori resources focused on older people for whānau, hapū, and iwi to learn about Takatāpuitanga. Opportunities to reclaim and affirm traditional identities and the intersections between culture and sex, sexuality, and gender diversity protect against abuse.

Recommendation 7: Resourcing for culturally specific supports

Resource the development of culturally and linguistically specific resources and support for caregivers, families, and whānau focused on Takatāpui and Rainbow older people. Such resources and support should enhance relationships and respectful caregiving to reduce isolation and risk of conversion practices and other forms of harm in familial contexts, and include dynamics related to coming out later in life, when families may struggle to accept a new identity and be vulnerable to misinformation that makes harm towards older people more likely.

Recommendation 8: Healthy relationships and consent resources

Resource the development of tailored resources and groups for Takatāpui and Rainbow older people exploring healthy relationships, consent, and coercive or controlling behaviour in relationships. Such resources could explicitly explore digital safety while using dating apps and coming out later in life.

Recommendation 9: Legal and healthcare rights education

Resource the development of tailored information for Takatāpui and Rainbow older people and older PLHIV about existing legal and healthcare rights and complaints processes. This could include developing tailored resources, as well as clarifying the kinds of identity-specific experiences that fall under the remit of existing complaints processes.

Medium-term priorities: expand supports and help-seeking pathways

Takatāpui and Rainbow older people need their identities, histories, and relationships to be treated with respect in healthcare, social services, and community settings. Yet significant gaps in foundational training and policy, systems, and ongoing capacity building leave healthcare and social services lacking necessary Rainbow competencies, particularly in relation to cultural diversity and the experiences of older bisexual people, trans and non-binary people, intersex people, and PLHIV. Such gaps are directly responsible for institutional abuse within these systems, as well as significantly limiting help-seeking options after abuse. ARC is a site of specific concern, with many examples of abuse identified in both the national literature and community expert analysis.

These issues are likely to become more urgent as the numbers of older people from increasingly culturally diverse Takatāpui and Rainbow communities grow over time. Expectations from subsequent generations will be for equitable and culturally responsive care. Reducing harm in healthcare and social services, including ARC, requires the development of best practice standards that explicitly include the expectation of cultural safety for diverse Takatāpui and Rainbow older people and older PLHIV. The monitoring of such standards must be embedded within quality assurance processes. In addition, the ability to recognise systemic concerns, particularly in relation to ensuring identity-based abuse is visible to state agencies, decision-makers and funders, must be improved via effective and independent complaints processes.

Recommendation 10: Housing, healthcare, and social services training

Foundational training in housing, healthcare, and social services professions must align with the needs and experiences of diverse Takatāpui and Rainbow older people. Such content should be evidence-based and developed in collaboration with Takatāpui and Rainbow community groups and HIV support groups who support older people.

Recommendation 11: Kaupapa Māori service approaches

Resource Kaupapa Māori approaches to housing, healthcare, and social services, underpinned by the lived experience and needs of kaumātua Takatāpui. Kaupapa Māori approaches are culturally affirming, incorporate collective values and social connection, and offer more holistic options for the support on Takatāpui and Rainbow older people, including non-Māori.

Recommendation 12: Culturally specific best practice supports

Resource the development of best practice guidelines and training and support for culturally specific Māori, Pacific, and Ethnic housing, healthcare, and social services. Improving access to culturally safe and affirming services for Takatāpui, Pacific, and Ethnic Rainbow older people requires Rainbow competency embedded within specific cultural contexts.

Recommendation 13: Housing Rainbow competency standards

Develop Rainbow competency standards to guide funding for social and emergency housing and safeguard the needs of Takatāpui and Rainbow older people. Require, as part of funding contracts, the development of appropriate policies, best practice standards, professional development, and Rainbow competency training to improve the safety of Takatāpui and Rainbow older people and older PLHIV in social and emergency housing.

Recommendation 14: Social services Rainbow competency standards

Develop Rainbow competency standards to guide funding for social services and safeguard the needs of Takatāpui and Rainbow older people. Require, as part of funding contracts, the development of appropriate policies, best practice standards, professional development, and Rainbow competency training to improve the safety of Takatāpui and Rainbow older people and older PLHIV accessing social services. This is crucial for family and sexual violence response services, from whom many older people may have had inappropriate and unsafe responses in the past, reducing their trust in potential responses to AOP.

Recommendation 15: Aged residential care Rainbow competency standards

Develop Rainbow competency standards to guide funding for ARC and safeguard the needs of Takatāpui and Rainbow older people. Require, as part of funding contracts, the development of appropriate policies, best practice standards, professional development, and Rainbow competency training to improve the safety of Takatāpui and Rainbow older people and older PLHIV in ARC. Consider allowing earlier access to ARC and other age-restricted supports to older PLHIV, in consultation with community groups that work with older PLHIV.

Recommendation 16: Healthcare Rainbow competency standards

Develop Rainbow competency standards to guide funding for healthcare, including mental health and substance use services, and safeguard the needs of Takatāpui and Rainbow older people. Cumulative and compounded minority stress means Takatāpui and Rainbow older people are more likely to experience challenges with mental health and substance use, meaning these services must offer trauma-informed, respectful, and affirming support. Require, as part of funding contracts, the development of appropriate policies, best practice standards, professional development, and Rainbow competency training to improve the safety of Takatāpui and Rainbow older people and older PLHIV accessing healthcare, including mental health and substance use services.

Recommendation 17: Strengthen complaints processes and accountability

Establish, strengthen, and promote effective and independent complaints processes for systemic discrimination from state agencies and state-funded housing, healthcare, ARC, and social services. Takatāpui and Rainbow older people and older PLHIV must both feel and be safe in raising concerns about abuse from state and state-funded organisations. Complaints processes must be effectively monitored to ensure systemic issues are identified.

Longer-term priorities: support systemic change

Recommendations for longer-term priorities are not less urgent than short- and medium-term priorities and may take place concurrently. By leveraging off short- and medium-term shifts that support immediate safety, longer-term priorities address entrenched inequities and strengthen the evidence base, supports, and services for Takatāpui and Rainbow older people.

Recommendation 18: Prioritise Takatāpui and Rainbow communities

Establish a government ministry with a focus on Takatāpui and Rainbow communities, to ensure the specific needs of Takatāpui and Rainbow older people are maintained as a priority across government departments. Takatāpui and Rainbow communities are the only large community that experiences well-recognised inequities without a voice in government decision-making around healthcare and social services. Ministries responding to the needs of Māori, Pacific communities, Ethnic communities, women, and disabled people bring specific focus and strengthen evidence-based decision-making.

Recommendation 19: Rainbow data collection guidelines and training

Develop and implement data collection guidelines and resource Rainbow competency training for state agencies and the community services they fund to sensitively and routinely collect accurate demographic information such as ethnicity, sexuality, gender identity, sex characteristics, and disability status. Ensure regular reporting on such demographic information is embedded in contract expectations for community services.

Recommendation 20: Inclusion in national survey design

Include sex, sexuality, and gender-diversity questions in population-level household, health, and crime surveys to enable evidence-based social policy. This is particularly crucial given the uncertain status of future national population censuses, combined with the growing reliance on state administrative data. Interpreting findings from population-level data should include collaboration with Takatāpui and Rainbow community groups who support older people.

Recommendation 21: Inclusion in national awareness campaigns

Include Takatāpui and Rainbow older people in national campaigns to reduce ageism and increase public awareness and understanding of AOP. Tailored resources to improve recognition of identity-based abuse should be developed in collaboration with Takatāpui and Rainbow community groups who support older people.

Recommendation 22: Future research needs

Fund research that explores ageing, AOP, and the diverse intersections with Takatāpui and Rainbow communities. Existing research, where it exists, identifies and often replicates a focus on the needs of older white/Pākehā lesbians and gay men who are open about their identities, with a paucity of research into the experiences of other identities, including older Māori, Pacific, and Ethnic Rainbow people, bisexual people, trans and non-binary people, and intersex people. Differing lived experiences shape distinct contexts for AOP, influence help-seeking behaviours, and affect the accessibility of resources and supports.

Recommendation 23: Ensure access to adequate income

Ensure any future policy changes in eligibility criteria for New Zealand Superannuation continue to maintain access to Takatāpui and Rainbow older people who solely or predominantly rely on this income. Takatāpui and Rainbow older people have a heightened risk of poverty and material hardship due to lifelong experiences of compounded discrimination, minority stress and, for many, limited ability to contribute to retirement savings. Maintaining equitable access to superannuation is therefore essential to support their ability to live with dignity in later life.

Recommendation 24: Review residency status requirements

Current eligibility criteria for New Zealand superannuation can exclude Rainbow older people who are recent migrants, leaving a particularly vulnerable group without access to a stable income in later life. Policy reform should consider more inclusive pathways, such as reducing residency thresholds, recognising diverse migration and life-course circumstances, and introducing transitional or partial entitlements for those who do not yet meet full criteria.

Appendices

Appendix 1: Terminology used in this report

Takatāpui is an ancient Māori term with meanings that vary across iwi and hapū. In the 1852 second edition of *A Dictionary of the New Zealand language, and a concise grammar*, William Williams defined Takatāpui as an “intimate partner of the same sex” (as cited in Kerekere, 2017, p. 38). However, the term originates from much older Māori narratives in which relationships and identities outside Western gender and sexual binaries were understood and accepted as part of everyday life. Hutchings and Aspin (2007) describe Takatāpui as signifying same-sex attraction for Māori men, women, and transgender people and as a concept that “encapsulates not only aspects of one’s sexuality but also components of one’s cultural identity” (p. 16), reflecting the inseparable relationship between Takatāpui identity and Māori culture. While Takatāpui refers to people who whakapapa Māori, it is important to acknowledge that not all Māori with diverse gender identities or sexualities identify with the term, and identity should never be assumed (Green & Pihama, 2023; Kerekere, 2017).

Kerekere (2017, p. 23) defines Takatāpui as “an umbrella term that embraces all Māori with diverse gender identities, sexualities and sex characteristics including whakawāhine, **tangata ira tāne**, lesbian, gay, bisexual, trans, intersex, and queer” people. This definition emphasises that Takatāpui identity is grounded in whakapapa, mana, and inclusion, and centres Māori cultural and spiritual identity as equal to, or even more important than, gender or sexual identity. Being Takatāpui affirms a connection to whakapapa, tūpuna, and whānau, and signals belonging to a culturally based movement that honours ancestors, respects elders, and uplifts future generations.

The contemporary use of the term Takatāpui therefore represents more than an identity label; it embodies **mana motuhake**, whakapapa, and **kaitiakitanga**. As Hutchings (2007) argues, “reclaiming identity as Takatāpui constitutes a deliberate act of agency and **tino rangatiratanga**, which are essential components of hauora Māori” (as cited in Pihama et al., 2020, p. 23). Despite colonial attempts at identity erasure, the term Takatāpui thus symbolises resilience, cultural pride, and the re-indigenisation of Māori understandings of gender and sexuality.

Rainbow is an umbrella term for sex, sexuality, and gender diversity. Rainbow is often preferred in Aotearoa New Zealand because it is recognised inside Rainbow communities, avoids listing English language initials which invariably leave out some identities, and speaks explicitly to diversity and fluidity, including of Māori, Pacific, and Ethnic identities.

Takatāpui and Rainbow communities is the umbrella term we will use in this report to describe people whose innate sex characteristics, gender identity or expression, or sexuality/sexual orientation⁴² differ from majority, binary norms. This includes people with innate sex characteristics that do not fit normative medical or social ideas for male or female bodies; people who have a gender identity or expression that does not match the sex they were assigned at birth, including people who do not fit typical binary gender norms; and/or people who are not heterosexual.

42 This report uses sexuality and sexual orientation interchangeably. Sexuality is the more common term in everyday use. Sexual orientation is the more common term in legislation.

Other common umbrella terms used include LGBTQIA+;⁴³ sex, sexuality, and gender-diversity/minorities; and SOGIESC (diversity of Sexual Orientation, Gender Identity and Expression, and Sex Characteristics).⁴⁴ Although people within Takatāpui and Rainbow communities may have different concerns and needs specific to particular sex characteristics, gender, or sexuality diversity, there are also shared experiences of discrimination in being different from, or perceived as different from, ‘the norm’.

Importantly, in the Aotearoa New Zealand context, where Pacific peoples are an integral part of national culture and society, we also pay homage to Indigenous Pacific Rainbow community terms and cultural frameworks which do not directly translate into the English language or Western concepts of sexuality and gender. There are ongoing efforts to reclaim Pacific Rainbow identities that have been disrupted by colonisation and missionisation across the Pacific region and within Aotearoa New Zealand, resulting in an expansion of research and community groups focusing on the needs of Pacific Rainbow communities.

The acronym **MVPFAFF+** was coined by Phylesha Brown-Acton (MNZM) in 2011 at the 2nd AsiaPacific Outgames on behalf of approximately 50 Indigenous Pacific Rainbow+ advocates, as a reminder that the Pacific Islands have their own indigenous terminologies for gender-liminal or gender-agile individuals that places them within their social, cultural, and familial structures. It stands for **māhū** (Tahiti and Hawaii), **vakasalewalewa** (Fiji), Palopa (Papua New Guinea), **faafafine/faatama** (Samoa and American Samoa), **akavaine** (Cook Islands), **fakaleiti** or **leiti** (Kingdom of Tonga), and **fakafefine** (Niue). The + acknowledges that other Pacific countries, nations, and territories have their own Indigenous terminologies that were not included at the conference, allowing them space to be defined and articulated in their own contexts and in their own time.

Growing ethnic diversity in Aotearoa is also reflected in increasingly visible Ethnic Rainbow communities, including new community groups and research focused on Ethnic Rainbow experiences. Traditional South Asian Rainbow identities inside New Zealand include **hijra**, **aravani**, **thirunangaigal**, **khawajasara**, **kothi**, **thirunambigal**, **jogappa**, **jogatha**, **nachchi**, and **shiva shakti** (Bal & Divakalala, 2022).

Two-spirit is an umbrella term which includes diverse Indigenous Rainbow identities used by indigenous peoples of Turtle Island (also called North America), encompassing “an array of culturally specific gender and sexual identities that don’t fit heteronormative models” (Hunt et al., 2023, p. 257). Popularised in the 1990s, the term has a specific history, with many now using Indigenous terms from their own cultural teachings or languages instead of, or in addition to, the umbrella term of two-spirit.

Papakupu – Glossary for commonly used Māori terms

The following papakupu is provided as a koha for our readers to enhance accessibility relating to te reo Māori terms. While English translations are included, the full meaning and essence of these terms reside within te reo Māori. This papakupu reflects how these terms are used in this report and offers contextual explanations rather than formal definitions. This approach acknowledges dialectal variations and recognises that imposing a single definition can oversimplify, devalue, or undermine the richness of Māori language and concepts. Please note that, in written te reo Māori, a tohutō (macron) and a double vowel are functionally the same (i.e., ā and aa are both correct spellings of the same sound).

43 Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual. The + includes many other terms and identities, and indicates that these are fluid and can change. Other variations of listing English language initials are also commonly used, such as LGBT and LGBTI.

44 For example, the New Zealand Human Rights Commission | Te Kāhui Tika Tangata uses SOGIESC as an umbrella term to align with the language of international human rights. At this point, SOGIESC is not widely used in everyday situations.

Āe – Yes

Aroha – love, compassion, empathy, among other meanings.

Awhi(tanga) – to embrace/cherish (the embracing/cherishing).

Hapū – Kinship group or clan; part of the larger kinship group (iwi).

Hauora – Holistic wellbeing; encompassing physical, mental, emotional, social, and spiritual health – ‘ora’ being the state of being alive and well.

He Whakaputanga (o te Rangatiratanga o Nu Tireni) – The Declaration of Independence of the United Tribes of New Zealand, signed in 1835.

Hui – A formal or informal gathering, meeting, or assembly held for discussion, decision-making, or consultation, guided by tikanga (cultural protocols).

Ia – Gender-neutral third-person singular pronoun, encompassing English-equivalent meanings of they, she, or he.

Iwi – Extended kinship group (larger than hapū); nation; people.

Kai – food/sustenance.

Kaitiakitanga – Guardianship, stewardship, and preservation.

Kapa haka – A Māori cultural performing arts group.

Kaumātua – Respected elder or older person (gender neutral); this title carries status.

Kaupapa – Priorities, perspectives, plan, or framework; often used to describe the underlying purpose, philosophy, or guiding values of an action, approach, or initiative.

Kaupapa Māori – A reindigenising, decolonising approach which is driven by the values, worldview, attitudes, ideology, knowledge, and skills of te ao Māori, centring Māori ways of being and doing, often designed ‘by Māori, with Māori, for Māori’ communities, and based on tikanga Māori and other Māori institutions, delivering meaningful results.

Koha – A term meaning a gift, offering, or contribution to show respect, gratitude, or support.

Kotahitanga – Unity, togetherness, collective action.

Kui/kuia – A grandmother, or an elder who is a woman.

Mana – Spiritual authority, agency, prestige, power, and influence.

Mana motuhake – Self-determination, autonomy, and independence.

Mana whenua – The iwi or hapū with ancestral authority regarding a specific area of land.

Manaakitanga – Care, hospitality, generosity, and kindness.

Marae – Communal space of ancestral belonging, central to whānau, hapū, and iwi identity.

Mātauranga (Māori) – Māori knowledge systems and ways of knowing.

Mokopuna – Grandchildren (more broadly, descendants).

Papakāinga – A traditional concept of community living, the modern-day use of this word usually relates to villages built on communal Māori land.

Pākehā – A New Zealander of European descent.

Rangahau – The pursuit of knowledge, grounded in te ao Māori, drawing upon mātauranga Māori and guided by tikanga Māori, including processes which investigate truth and experience reflectively or metaphysically. While rangahau is Māori-led inquiry to further knowledge and understanding, it is important to note that this term differs to Western ideas/perspectives relating to ‘research’; although these are often used as translations of each other, they are not equivalent substitutes.

Takatāpuitanga – The nominalisation of the term ‘Takatāpui’, referring to inclusive relationships and the acceptance of diversity, particularly in relation to gender, sexuality, and identity, while maintaining Māori cultural values and relational responsibilities.

Tamariki – Children.

Tāne – Man/men; male gender identity.

Tangata whenua – Refers to Māori as the indigenous people of Aotearoa New Zealand.

Taonga – Treasures, both physical and intangible (for example, language, knowledge).

Taonga tuku iho – Inherited treasures passed down through generations, both physical and intangible (for example, land, knowledge).

Tangata ira tāne – A te reo term which is best understood within the cultural context of te ao Māori (the Māori world). This identity term relates to masculinity and may be used by some Māori people to describe their gender, including those whose gender may differ to the one they were assigned at birth.

Tautoko(tanga) – To support/advocate (the supporting/advocating).

Te ao Māori – The Māori world; encompassing a Māori worldview, values, beliefs, customs, and ways of being.

Te reo Māori – The Māori language.

Tino rangatiratanga – Absolute authority, self-determination, and autonomy; the unqualified exercise of chiefly authority, including Māori control over their own lands, resources, taonga, and ways of life.

Tikanga – Protocols and practices; the right way of doing things.

Tohunga – Expert or specialist in a particular field.

Tuakana-teina – The relationship between an older sibling (**tuakana**; **tuākana** – plural) and a younger sibling (**teina**; **tēina** – plural) which exists in balance and reciprocity. This is a foundational concept of te ao Māori, emphasising shared learning and collective growth. This term can also be applied metaphorically to relationships between peers.

Tupuna (plural: **tūpuna**) – Ancestor(s); those who came before and guide us. Is also written as **tipuna**/ **tīpuna**, depending on dialect.

Wahine (plural: **wāhine**) – Woman (women); female gender identity.

Waiata – To sing or a song.

Wairua – Spirit or soul; the non-physical essence of a person.

Wairuatanga – Spirituality/the spiritual dimension of life and all existence.

Wānanga – Deep learning, discussion, or a place of higher knowledge.

Whakapapa – Genealogy; connections between people, land, and the cosmos.

Whānau – Family; extended family and close relational group (smaller than hapū).

Whanaungatanga – Relationships, kinship, and the bonds that connect people.

Whakawhanaungatanga – The act of forging those bonds between people: establishing, maintaining, and nurturing relationships for collective well-being.

Whakawahine – A te reo term which is best understood from within the cultural context of te ao Māori, this identity term relates to femininity and may be used by some Māori people to describe their gender, including those whose gender may differ to one they were assigned at birth.

Whakawāhine – Plural (denoted by the ‘ā’) of whakawahine (above), referring to two or more people.

Glossary of specialist terms

Cisnormativity describes the common assumption that a person’s gender is always determined by their sex assigned at birth. Cisnormativity is related to the belief that cisgender identities are superior to transgender identities, or even that trans people are not real. Cisnormativity creates the systemic invisibility or lack of acknowledgement of gender diversity. **Transphobia** describes more overt acts of violence towards trans people and/or the idea of transgender identities, motivated by negative beliefs about what it means to be trans or non-binary.

Heteronormativity describes the common assumption that heterosexuality or attraction to those of the ‘opposite’ gender is normal. The word ‘opposite’ is in quotations because it misrepresents gender diversity and is an example of cisnormativity or treating trans identities, especially non-binary identities, as less valid or real. We use ‘different’ instead, to refer to relationships between people of different genders. Heteronormativity is related to the belief everyone is or should be heterosexual, so heterosexual relationships are considered normal and therefore superior. **Homophobia** describes more overt acts of violence towards people and markers of non-heterosexual identities, motivated by negative beliefs about what it means to be gay, lesbian, bisexual, or another non-heterosexual identity. This includes assumptions and acts which treat people who are not heterosexual as oversexed, predatory, and deviant.

Monosexism describes the common assumption that people should only be attracted to and have relationships with one gender. This particularly impacts on bisexual and other people attracted to more than one gender and those questioning their sexuality. Monosexism does not suggest that heterosexual and homosexual people have the same power in society, but provides the social context for biphobia in both wider society and within Takatāpui and Rainbow communities, in the same way that cisnormativity provides the social context for transphobia. **Bierasure** is the denial or obscuring of the existence of bisexuality. **Biphobia** describes overt acts of violence, motivated by negative beliefs about people who feel attractions and may have relationships over their lifetime with people of many genders. This includes assumptions and acts which treat these identities as fleeting, and frames bisexual people and others attracted to more than one gender as confused, hypersexual, and therefore immoral and likely to cheat.

Ableism is the discrimination against disabled people based on disability. It ranges in scale from small microaggressions and offensive stereotypes through to systemic ableism. Many ableist stereotypes and beliefs are deeply ingrained in society and are subconsciously internalised.

Chosen family are people who deliberately choose one another to play significant roles in each other's lives; people like family even though they are not biologically or legally related. Chosen family has specific importance inside Takatāpui and Rainbow communities, due to historical discrimination, including in failing to recognise partners as 'family' in legal, healthcare and other settings. Chosen families are often intentionally created because many Takatāpui and Rainbow people cannot rely on biological families in ways others might be able to.

Minority stress is the chronic, cumulative, and additional stress faced by marginalised groups as a result of discrimination, stigma, and exclusion. Minority stress can be experienced on a daily basis, as people navigate social situations where they may feel excluded or marginalised. It causes significant health disparities, leading to higher rates of depression, anxiety, poorer physical health, and increased substance use and risk-taking behaviour.

Outing is telling others about someone else's sex, sexuality, or gender identity without their consent. This can be done inadvertently, or as a deliberate threat or action designed to make someone who is sex, sexuality, or gender diverse less safe in contexts where they have not come out. Older people are particularly sensitive to privacy around their identities, due to generational contexts of criminalisation and pathologisation.

Rainbow relationships are any relationships that include at least one person from the Rainbow community. This definition is wider than same-sex relationships, as abuse towards asexual, bisexual, and trans people in different gender relationships includes biphobia and transphobia.

Queer is used as both an individual and umbrella identity, which may include diversity of sexuality, gender, or sex characteristics. Historically used as a derogatory term, queer has been more recently reclaimed as an umbrella term, but for many older people it still carries pain. Therefore, it is best not to use queer to refer to others unless this is how they describe themselves.

Commonly used terms related to sexuality diversity

Sexuality includes three key aspects: attraction (physical, sexual, romantic, and emotional); sexual behaviour; and sexual identity. Sexual behaviour does not necessarily match sexual identity. Many Takatāpui and Rainbow older people tried to live heteronormative lives, hiding or suppressing their sexual attractions and behaviours, due to generational contexts of criminalisation and pathologisation. People may also be sexual with one gender but identify as attracted to more than one gender. For this reason, it's important not to make assumptions about sexuality based on the gender of a current partner.

Asexual – A person who either does not, or does not often, experience sexual attraction but may experience romantic attraction towards others.

Bisexual – A person who experiences romantic and/or sexual attraction to their own and other genders.

Gay – A person who experiences romantic and/or sexual attraction only to people of the same gender. More commonly used for men, but for Takatāpui and Rainbow older people, it is quite likely to be used as an umbrella term.

Heterosexual – A person who experiences romantic attraction and/or sexual attraction only to people of a different gender.

Homosexual – A person who experiences romantic attraction and/or sexual attraction only to people of the same gender.

Lesbian – A woman who experiences romantic attraction and/or sexual attraction to other women.

Plurisexual – An umbrella term to encompass sexual identities that are defined by their attraction (or potential for attraction) to multiple genders.

Sexuality diversity – an umbrella term for people who do not identify as heterosexual.

Commonly used terms related to gender diversity

Gender, or gender identity, is the deeply felt internal sense of being masculine/male, feminine/female, a mixture of both, or neither. Gender is individual and self-determined and may be the same as, or different from, the sex you are assigned at birth by doctors.

Cisgender/cis – A person whose gender aligns with their sex assigned at birth.

Gender diversity – An umbrella term used by some who identify outside of the male/female gender binary. Being transgender can be one way of being gender diverse, but not all gender-diverse people identify as transgender, and vice versa.

Gender expression refers to a person's presentation of gender through physical appearance – including dress, hair, accessories, cosmetics – and mannerisms, speech, behavioural patterns, names, and personal references. Gender expression may or may not conform to a person's gender identity.

Misgendering is referring to someone using an incorrect name, title, or pronoun. For example, trans women being referred to as men, mister, or he; trans men being referred to as women, miss, or she; and non-binary people being referred to in binary gendered ways rather than non-binary and the pronoun of their choice. Being misgendered is harmful for trans and non-binary people's sense of themselves and has significant negative impacts on mental health. In the context of responses to abuse, it may also mean trans women are stopped from accessing protections and services available to other women.

Non-binary – An umbrella term for gender identities which are neither male nor female. People who are non-binary may experience their gender as always a combination of masculine and feminine, different at different times, or feel that neither masculine or feminine describes them.

Sex assigned at birth – All babies are assigned a sex at birth, usually determined by a visual observation of external genitalia. A person's gender may or may not align with their sex assigned at birth.

Trans and non-binary people – An umbrella phrase for people whose gender does not match with the sex they were assigned at birth.

Transition – Steps taken by trans and non-binary people to live in their gender, which may include social, legal, or medical aspects. A social transition may include changing clothes, hair, pronouns, or name; a legal transition may include changing name and/or gender marker on legal documents; and a medical transition may include medical treatments such as laser hair removal, hormone therapy, or surgeries. There should be no assumptions made that someone is not serious about their transition if they have not had surgery. There are significant barriers to gender-affirming healthcare in Aotearoa New Zealand, including for older people transitioning later in life.

Trans man – A man who was assigned female at birth.

Trans woman – A woman who was assigned male at birth.

Transsexual – An older term which refers to a person who has medically changed or is medically changing their body to affirm their gender. Older people who describe themselves as transsexual often see it as an important distinction from transgender.

Commonly used terms related to diversity of sex characteristics

Sex characteristics relate to bodies, specifically genitalia and other sexual and reproductive anatomy, chromosomes, hormones, and secondary physical features emerging from puberty.

Intersex – An umbrella term used to describe people born with physical or biological sex characteristics (including sexual anatomy, reproductive organs, hormonal patterns, and/or chromosomal patterns) that are more diverse than stereotypical definitions for male or female bodies.

Appendix 2: Legal rights timeline

Prior to colonisation, there were no sanctions against Takatāpui and Rainbow people in Aotearoa New Zealand. This timeline briefly summarises significant legislation that restricted and later extended rights to Takatāpui and Rainbow people.

The **English Laws Act 1858** declared that relevant laws of England passed before 14 January 1840 were to become law in New Zealand. Anal intercourse between men (or ‘buggery’) became illegal, punishable with the death penalty. Sex between women was not criminalised. In 1861, England replaced the death penalty for buggery with a maximum sentence of life imprisonment. New Zealand enacted similar legislation six years later in the Offences Against the Person Act 1867.

The **Criminal Code Act 1893** explicitly removed the defence of consent to any sexual act between men and added flogging and whipping to potential punishments.

The **Crimes Act 1961** removed the potential term of life imprisonment for sodomy but retained all legal sanctions against sex between men. Sex between women was acknowledged for the first time as it became an offence for woman over 21 to engage in sexual activity with a girl under 16.

In 1966, Justice McCarthy noted in a decision regarding charges of ‘behaving in an offensive manner in a public place’ that he had been “quite unable to find anything in our law which says that it is unlawful for a male to attire himself in female clothing.” Well-known trans woman Carmen Rupe therefore had her charges for wearing women’s clothing dismissed.

In 1967, sex between men over 21 was decriminalised in England. Similar legislation in New Zealand was not passed until the **Homosexual Law Reform Act 1986**, despite earlier attempts. The Act decriminalised sexual relations between men aged 16 and over, ensuring consensual sex would not result in prosecution and imprisonment and equalising the age of consent with other New Zealanders.

The **Domestic Violence Act 1995** broadened the definition of domestic violence to encompass psychological and sexual, as well as physical violence, and applied protections to a wider range of relationships, including same-sex partners.

The **Property Relationships Amendment Act 2001** gave de facto couples, whether different or same-sex, the same property rights on the break-up of a relationship.

The **Family Protection Amendment Act 2001** provided de facto partners, whether different or same-sex, with rights and legal standing to make a claim against a deceased partner’s estate.

The **Prostitution Reform Act 2003** decriminalised sex work for adults over 18 years, safeguarding the human rights of sex workers and protecting them from exploitation. It repealed the Massage Parlours Act 1978 and restrictions on the selling of sex, establishing a brothel, and living off the proceeds of sex work.

The **Civil Union Act 2004** allowed same-sex couples to enter a legally recognised union providing much the same entitlements as marriage, but without the right to adopt children as a couple.

The **Relationships (Statutory References) Act 2005** updated the language of a range of Acts to ensure that the same legal rights and responsibilities apply to married, de facto (whether different or same-sex), and civil union relationships.

The **Crimes Amendment Act 2005** introduced explicit, gender-neutral protections for sexual violence. Many offences in the Crimes Act 1961 referred only to sexual intercourse and presumed only men could be perpetrators and only women could be victims. The 2005 amendment included unlawful sexual connection to cover various forms of non-consensual sexual penetration and protected victims regardless of their gender, or the gender of the person causing harm.

The **Crimes (Provocation Repeal) Amendment Act 2009** revoked the partial defence of provocation of the Crimes Act 1961. In practice, some male defendants had relied on provocation to excuse killing a man who allegedly made them the subject of unwanted sexual advances. This so-called ‘homosexual panic’ allowed convictions for killing to a lesser charge of manslaughter.

The **Marriage (Definition of Marriage) Amendment Act 2013** allowed any two people, regardless of their sex, sexuality, or gender identity, to marry. This included same-sex couples and couples in which one or both partners had transitioned or were intersex. Opposition to sexuality diversity continued to decline, and opinion polls suggested that most New Zealanders, especially younger people, were in favour of ‘marriage equality’.

The **Criminal Records (Expungement of Convictions for Historical Homosexual Offences) Act 2018** expunged the criminal records of men convicted for historical homosexual offences pre-1986 law reform.

The **Births, Deaths, Marriages and Relationships Registration Act 2021** introduced a self-identification process to amend the sex recorded on birth certificates for adults over 18, involving a statutory declaration of gender identity. It removed the need for trans, non-binary, and intersex people to go to the Family Court or have medical treatment to physically conform with the sex they want listed on their birth certificate.

The **Conversion Practices Prohibition Legislation Act 2022** banned practices intended to change or suppress someone’s sexual orientation, gender identity, or gender expression, making it unlawful to perform a conversion practice, or arrange for a conversion practice to be performed.

Appendix 3: International literature review methodology

The systematic literature review (SLR) of international literature followed **Grant and Booth's (2009)** framework of Search, Appraisal, Synthesis, and Analysis (SALSA).

The search included the use of 11 medical, psychological, social science, and interdisciplinary databases, and one website (Google Scholar) to identify literature for inclusion. Databases included: CINAHL; Medline; PubMed; Web of Science, EMBASE; PsycINFO; Scopus; ERIC; SAGE Journal; Humanities & social sciences in collection (RMIT); ProQuest.

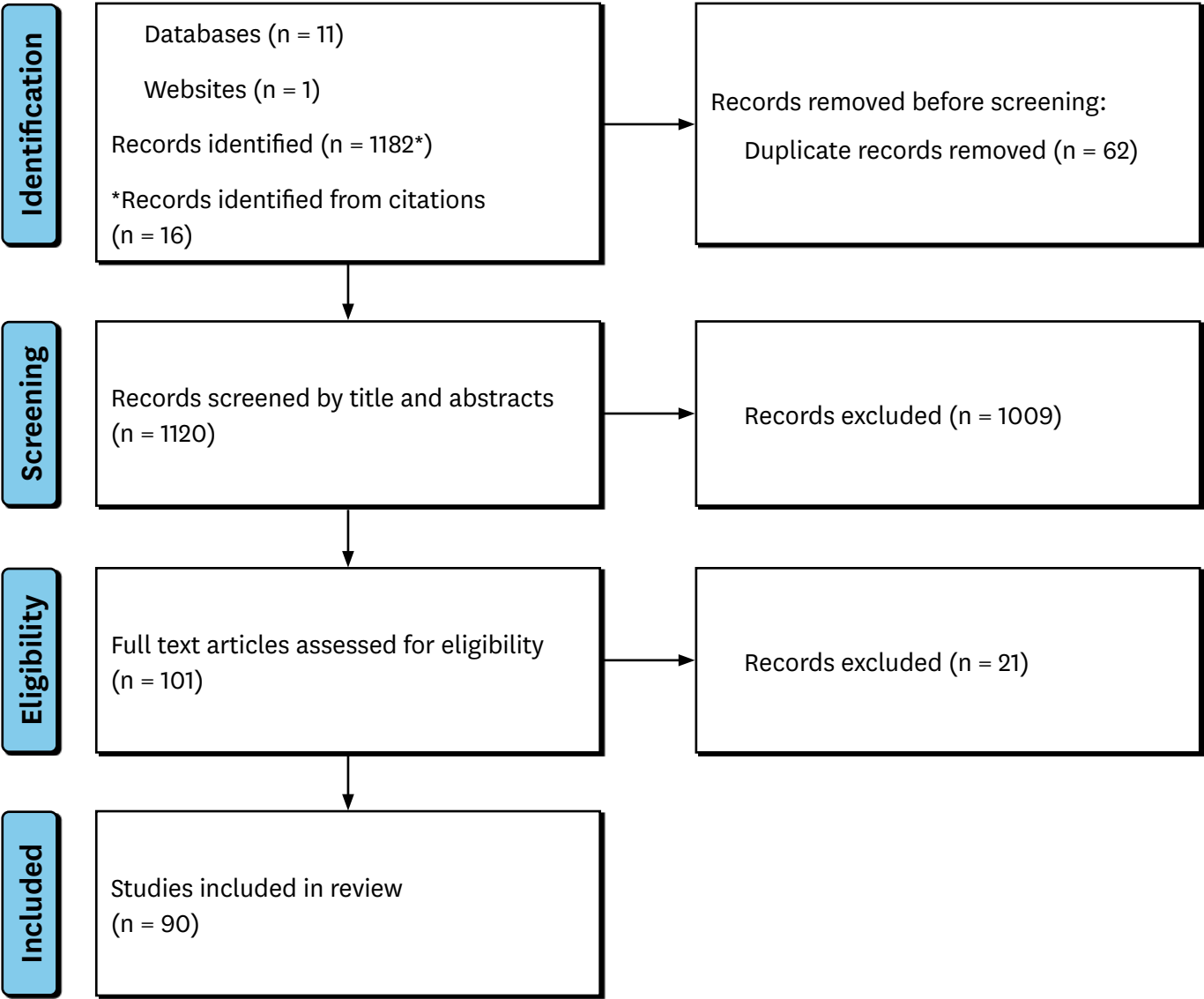
The search utilised the Boolean strategy. The search terms were: (Rainbow OR "LGBT*" OR Lesbian OR Gay OR Bisexual OR Transgender OR Queer OR "Sexual minority" OR "Gender minority" OR "Non-binary" OR Intersex OR Asexual OR Agender OR Aromantic OR Pansexual OR Panromantic OR Polysexual OR "Gender diverse" OR "Two-spirit" OR "MVPFAFF+" OR "MSM" OR "WSW") AND ("Older adults" OR Elder* OR "Senior citizens" OR Ageing OR ageing OR "Aged care" OR Retirement OR "End of life") AND (Abuse OR Violence OR Neglect OR Discrimination OR Stigma OR Exclusion OR Isolation OR Exploitation OR Mistreatment OR Bullying OR Homophobia OR Transphobia OR "Health inequity") NOT (Young OR Youth).

Studies were included if they were written in English, focused on older people (commonly defined as those aged 50 years and above), and addressed Rainbow populations, including LGBTQIA+ and other gender and sexual minority groups such as MVPFAFF+ in the Pacific context.

Studies were excluded if they dealt exclusively with youth or younger populations, or if they were limited to the Aotearoa New Zealand domestic context. Review articles retrieved from searches are only used for further identification of literature. Literature that fell outside the scope of peer-reviewed academic research were excluded.

Quality appraisal involved reviewing the methodological approaches. For qualitative studies, a clear articulation of methodology, transparency of analytic processes, and sufficient richness of data to support interpretation were required for inclusion. Quantitative studies were assessed based on their sample size and statistical rigour, assessed through peer-review resulting in publication.

Figure 2: International literature review PRISMA flow diagram



Appendix 4: International literature review annotated bibliography table

Literature in this annotated bibliography table is excluded from the References for this report.

Table 15: International literature review table

Title	Author(s)	Year	Country ⁴⁴	Summary
LGBT ageing and rhetorical silence	Brown, M. T.	2009	N/A (Theoretical Paper)	LGBT older adults have been systematically silenced and excluded from both queer and gerontological theories, rendering them invisible and without adequate supports until recent activism brought attention to their needs.
(In) visibilities that vary: The production of ageing lesbian, gay, bisexual, transgender, and queer subjects in chronic care	Kia, H.	2019	N/A (Theoretical Paper)	This theoretical paper uses Foucauldian governmentality and intersectionality frameworks to conceptualise how ageing LGBTQ adults experience stigma and discrimination in chronic care systems.
Violence and harassment against LGBTQ+ elders: Continued challenges in healthcare, housing, and ageing services for pioneers of the movement	Bouchard, L. M., Potts, C. A., & Lund, E. M.	2020	International	LGBTQ+ elders who survived the AIDS crisis and institutional discrimination continue to face harassment and discrimination in healthcare and long-term care, often fearing they must return to the closet.

⁴⁴ The first six articles were categorised differently because either the empirical data was international or the article was theoretical.

Title	Author(s)	Year	Country ⁴⁴	Summary
What is being done to support trans older people facing domestic and intimate abuse?	Hafford-Letchfield, T., & McCormack, K.	2024	International	This book chapter discusses how trans older adults become ‘hidden victims’ of domestic abuse due to lack of visibility, research, and appropriate screening in health and social care services. It examines barriers to identifying and responding to domestic abuse among older trans people and provides recommendations for improved practice.
Transgender intimate partner violence and ageing	Messinger, A. M., & Roark, J.	2018	International	This book chapter examines transgender intimate partner violence among older adults, exploring its unique characteristics shaped by transphobia and ageing, barriers to help-seeking, and recommendations for improved services and research.
Thinking the unthinkable: older lesbians, sex and violence	Todd, M.	2021	International	This book chapter explores the paradoxical experiences of older lesbians who face ageism, heterosexism, and marginalisation despite social progress with global data, particularly examining the under-researched issue of violence and abuse within their relationships.
Challenging cisgenderism in the ageing and aged care sector: Meeting the needs of older people of trans and/or non-binary experience	Ansara, Y. G.	2015	Australia	This article introduces the cisgenderism framework that invalidates trans and non-binary people’s own understanding of their genders and bodies, and argues for improving services for older trans and non-binary individuals.
Understanding the experiences and needs of lesbian, gay, bisexual and trans Australians living with dementia, and their partners	Barrett, C., Crameri, P., Lambourne, S., Latham, J. R., & Whyte, C.	2015	Australia	This qualitative study explores the experiences and needs of LGBT Australians with dementia and their partners through two linked research projects conducted at La Trobe University.

Title	Author(s)	Year	Country ⁴⁴	Summary
Age-related differences regarding ageing and care service concerns and information preferences among LGBT, Sistergirl and Brotherboy people in Australia: A cross-sectional study	Brömdal, A., Stanners, M. N., Mullens, A. B., Beccadaria, L., Debattista, J., Sargent, J., Howard, C., Matson, A., & Farmer, G.	2024	Australia	This quantitative study conducted in Queensland examines how concerns and information preferences about ageing and care services vary by age among LGBT, Sistergirl, and Brotherboy Australians.
Coming out ready or not! Gay, lesbian, bisexual, transgender and intersex ageing and aged care in Australia: Reflections, contemporary developments and the road ahead	Harrison, J.	2006	Australia	This article provides a historical perspective on GLBTI ageing in Australia since 1988, incorporating the author's personal narrative and addressing contemporary issues, including elder abuse and future prospects.
Recent versus lifetime experiences of discrimination and the mental and physical health of older lesbian women and gay men	Lyons, A., Alba, B., Waling, A., Minichiello, V., Hughes, M., Barrett, C., Fredricksen-Goldsen, K., Edmonds, S., & Blanchard, M.	2021	Australia	Recent and lifetime discrimination experiences affect the mental and physical health of older lesbian women and gay men differently, with gay men showing stronger associations between lifetime discrimination and negative health outcomes.
Experiences and perceptions of residential and home care services among older lesbian women and gay men in Australia	Waling, A., Lyons, A., Alba, B., Minichello, V., Barrett, C., Hughes, M., Fredricksen-Goldsen, K., & Edmonds, S.	2019	Australia	This qualitative study examines older lesbian women's and gay men's experiences with residential and home care services in Australia within the context of recent policy developments recognising LGBTI elders as a special needs group.

Title	Author(s)	Year	Country ⁴⁴	Summary
Trans women's perceptions of residential aged care in Australia	Waling, A., Lyons, A., Alba, B., Minichello, V., Barrett, C., Hughes, M., Fredricksen-Goldsen, K., & Edmonds, S.	2020	Australia	This Australian qualitative study of 10 trans women aged 60+ found significant concerns about residential care facilities due to fears of discrimination and abuse, with participants considering alternatives, including home renovation, relocation, and euthanasia.
Yesterday once more: Discrimination and LGBTI+ seniors	Webb, E., & Elphick, L.	2017	Australia	This article reviews legal protections for LGBTI+ seniors in accommodation, financial, and health matters and proposes solutions to strengthen protections against discrimination.
Survival of an older Bangladesh lesbian experiencing intersectional vulnerability	Khan, K. K.	2021	Bangladesh	This chapter examines the intersectional oppression experienced by an older lesbian in patriarchal Bangladeshi society, exploring challenges in accessing health and social care, navigating cultural norms, and managing HIV-related stigma.
Violence against lesbian, gay, and bisexual older adults: Findings from the Brazilian health system	Canavese, D., Polidoro, M., Gomes, S. M., & Ferreira, A. R.	2025	Brazil	This prevalence study analyses violence against older adults by sexual orientation using Brazil's national healthcare violence notification database from 2017 to 2021.
"We live in a wonderful country, Canada, but...": Perspectives from older LGBTQ Ontarians on visibility, connection, and power in care and community	Boulé, J., Wilson, K., Kortess-Miller, K., & Stinchcombe, A.	2020	Canada	Focus groups revealed that LGBTQ older adults anticipate needing care services but perceive them as unsafe and lacking competent support, despite increased LGBTQ visibility and their use of positive coping strategies.

Title	Author(s)	Year	Country ⁴⁴	Summary
“Could we hold hands?” Older lesbian and gay couples’ perceptions of long-term care homes and home care	Furlotte, C., Gladstone, J. W., Cosby, R., & Fitzgerald, K.-A.	2016	Canada	This study found that older same-sex couples face discrimination concerns, identity disclosure risks, and emotional burden from navigating healthcare environments, emphasising the need for nuanced, affirming care.
Sexual orientation and risk for elder abuse: Findings from the Canadian Longitudinal Study on Ageing	Gutman, G., Karbakhsh, M., & Stewart, H. G.	2023	Canada	This Canadian longitudinal study found higher elder abuse prevalence among sexual minorities (12%) compared to heterosexuals (10%), with sexual minority females experiencing the highest rates and sexual orientation significantly predicting financial abuse.
Characteristics of elder abuse perpetrators by sexual orientation and gender identity of the abused: Findings from the Canadian Longitudinal Study on Ageing	Gutman, G., Karbakhsh, M., & Stewart, H.	2024	Canada	This Canadian study found distinct perpetrator patterns in elder abuse by sexual orientation and gender, with lesbian and bisexual women experiencing the highest rates (18.8%), often by multiple perpetrators including family members.
Elder abuse in the LGBT community	Gutman, G. M., Robson, C., Marchbank, J., & Blair, K.	2020	Canada	This project developed educational posters and videos to help British Columbia health and social care providers address elder abuse in the LGBT community.
Older LGBTQ+ Canadians’ experiences of prejudice and discrimination over the life course	Hurd, L., & Mahal, R.	2025	Canada	This non-US study found that LGBTQ+ older adults continue experiencing targeted mistreatment, systemic neglect, and exclusion based on their identities and age despite legal and social progress.

Title	Author(s)	Year	Country ⁴⁴	Summary
Dying in long-term care: Perspectives from sexual and gender minority older adults about their fears and hopes for end of life	Kortes-Miller, K., Boulé, J., Wilson, K., & Stinchcombe, A.	2018	Canada	This Ontario study explored the hopes and fears of 23 community-dwelling older adults (aged 57-78) from the LGBT2S community regarding long-term care and end-of-life, capturing anticipated rather than actual long-term care experiences.
“Automatic assumption of your gender, sexuality and sexual practices is also discrimination”: Exploring sexual healthcare experiences and recommendations among sexually and gender diverse persons in Arctic Canada	Logie, C. H., Lys, C. L., Dias, L., Scholt, N., Zouboules, M. R., MacNeill, N., & Mackay, K.	2019	Canada	This study found that heterosexism, cisnormativity, and intersectional stigma limit LGBTQ+ older adults’ sexual healthcare access, particularly in small communities, with participants recommending non-judgemental, knowledgeable, and gender-inclusive care.
Abuse of lesbian, gay, transgender, and bisexual elders	Morrissey, C.	2010	Canada	Internalised homophobia and historical oppression make older LGTB individuals vulnerable to exploitation by family, caregivers, and within LGTB communities, particularly due to loneliness and ageism.
Where do we belong? Ageing concerns for LGBT seniors	Okpodi, J.	2015	Canada	This phenomenological study found that LGBT older adults desire affirming retirement homes, with culturally competent caregivers trained in LGBT ageing-specific needs and challenges.
Raising awareness and addressing elder abuse in the LGBT community: An intergenerational arts project.	Robson, C., Gutman, G., Marchbank, J., & Blair, K.	2018	Canada	This intergenerational collaboration produced the first Canadian educational materials on LGBT elder abuse, including three videos and five posters.

Title	Author(s)	Year	Country ⁴⁴	Summary
Elder abuse in the LGBTQ2SA+ community	Robson, C., Marchbank, J., Gutman, G., & Prentice, M.	2023	Canada	This book from The Indigo Project presents personal narratives of elder abuse from nine LGBTQ+ individuals.
The Indigo Project: Participatory action research with gender and sexual minority survivors of elder abuse	Robson, C., Marchbank, J., & Gutman, G.	2024	Canada	This participatory action research project interviewed nine older gender and sexual minority adults with lived experience of abuse, providing mental health support while raising awareness and offering recommendations for improved services.
LGBT older adults at a crossroads in mainland China: The intersections of stigma, cultural values, and structural changes within a shifting context	Hua, B., Yang, V. F., & Goldsen, K. F.	2019	China	This article argues for a culturally informed approach to understanding LGBT elder abuse in China, examining how LGBT stigma intersects with traditional values and structural changes from policies and globalisation.
Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland	Sharek, D. B., McCann, E., Sheerin, F., Glacken, M., & Higgins, A.	2015	Ireland	This Irish mixed-methods study found that only one-third of LGBT older adults believe healthcare professionals have adequate LGBT knowledge, and many fear negative responses, though some reported positive disclosure experiences.
Elder abuse in the transgender community of Pakistan: A clandestine issue	Mujahid, A., Rajab, F., Kazim, M. S., & Mehmood, Q.	2024	Pakistan	This journal published letter calls for increased scholarly attention to elder abuse in Pakistan's transgender community, which remains underrepresented due to state and societal transphobia and denial.
Is age just a number? Ageism and quality of life among Filipino LGBT older adults	Reyes, M. E. S., Chan, J. C., Robles, A. J. J., Romero, J. B., Senier, V. M. B., Torrecampo, A. D., Pacquing, M. C. T., & Aruguete, M. S.	2024	Philippines	This sequential mixed-methods study examined the relationship between ageism and quality of life among 155 Filipino LGBT adults (ages 45-74) through surveys and phenomenological interviews.

Title	Author(s)	Year	Country ⁴⁴	Summary
Double stigma in Portuguese lesbian, gay, and bisexual older adults: A study of health status	Ribeiro-Gonçalves, J. A., Costa, P. A., & Leal, I.	2023	Portugal	This Portuguese study of 280 LGB older adults found that internalised sexual stigma and benevolent ageism significantly predicted worse health outcomes, with mental health status lower than international comparisons.
“I will die if I have to go into an old age home”: Afrocentric options for care of older LGBT people in South Africa	Henderson, N., & Khan, J. F.	2020	South Africa	This South African study found that LGBTI elders reject Western residential care models, viewing age as strength and agency, and identified Afrocentric coping strategies for social inclusion and support.
“After 25 years of democracy we are still stigmatised and discriminated against...”: Health care experiences of HIV positive older black gay men in a township in South Africa	Mange, T., Henderson, N., & Lukelelo, N.	2022	South Africa	This South African qualitative study interviewed 10 older gay men and five healthcare professionals to explore ageing and healthcare experiences in a Cape Metropole township and identify strategies to address concerns.
All bad? Experiences of ageing among LGBT elders in South Africa	Reygan, F., & Henderson, N.	2019	South Africa	This South African qualitative study of 22 LGBT people over 50 found experiences of rejection, marginalisation, loneliness, and returning to the closet in retirement homes.
Discrimination and loneliness among transgender older adults	Pinazo-Hernandis, S., & Carrascosa, C.	2025	Spain	This Spanish mixed-methods study of 27 transgender people aged 45-77 found high rates of discrimination (62.9%), loneliness (74.1%), and low social support (48.1%), suggesting increased health risks during ageing.

Title	Author(s)	Year	Country ⁴⁴	Summary
Loneliness and intersectional discrimination among ageing LGBT people in Spain: A qualitative research study of gay men	Pinazo-Hernandis, S., Cerezo, J. M., & Carrascosa, C.	2025	Spain	Using Minority Stress Theory, this study found that older gay men experience overlapping discrimination based on age, sexual orientation, and HIV status, leading to unwanted loneliness and reduced wellbeing.
Housing for ageing LGBTQ people in Sweden: A descriptive study of needs, preferences, and concerns	Kottorp, A., Johansson, K., Aase, P., & Rosenberg, L.	2016	Sweden	This Swedish study of LGBTQ-profiled senior housing identified three themes: the tension between segregation and openness, the value of safety through shared experiences, and the importance of intergenerational friendship networks.
‘I don’t want to go back into the closet just because I need care’: Recognition of older LGBTQ adults in relation to future care needs	Löf, J., & Olaison, A.	2020	Sweden	This Swedish study using Fraser’s recognition framework found diverse perspectives among 15 LGBTQ older adults regarding openness in elder care, preferences for equal versus special treatment, and LGBTQ-specific housing.
Navigating the Rainbow: A focused ethnography of experiences and needs of older LGBT adults in Thailand	Thummapol, O., Ngernthaisong, C., Srithumsuk, W., & Tunthanongsakkul, D.	2025	Thailand	This ethnographic study of older LGBT adults in Thailand identified six themes, including social stigma, family acceptance, relationships, healthcare needs, and visions for ageing with dignity and resilience.
The structural roots of ageism and ableism: What it means for LGBTQ+ older adults	Adams, M.	2023	US	This article examines how structural ageism and ableism negatively impact LGBTQ+ older adults and proposes mitigation strategies drawn from the disability rights movement.
Exploring the impact of sexual orientation on experiences and concerns about end-of-life care and on bereavement for lesbian, gay and bisexual older people	Almack, K., Seymour, J., & Bellamy, G.	2010	UK	This work examines care and support within non-traditional intimate relationships and personal networks among LGBT older adults.

Title	Author(s)	Year	Country ⁴⁴	Summary
Do the companionship and community networks of older LGBT adults compensate for weaker kinship networks?	Green, M.	2016	UK	Using ‘Understanding Society’ data, this study found older LGBT adults have significantly weaker kinship networks than heterosexuals, with friendship and community networks failing to compensate, resulting in increased risk of social isolation and inadequate informal support.
De-anchoring and loneliness: The legacy of experiences of stigma and discrimination in the lives of older gay and bisexual men	Grindey-Bell, A.	2021	UK	This study identified three key themes affecting older LGBT individuals: family rejection, internalised homophobia linked to non-disclosure, and stigma limiting social connections.
Psychological safety in later life housing: What it means to older LGBTQ+ adults	Helmrath, S., Flynn, S., & Shirley, L. J.	2024	UK	This UK qualitative study of 36 older LGBTQ+ adults (55+) used reflexive thematic analysis to examine long-term care concerns in anticipation of significant population growth in this demographic.
Perceived discrimination, health and wellbeing among middle-aged and older lesbian, gay and bisexual people: A prospective study	Jackson, S. E., Hackett, R. A., Grabovac, I., Smith, L., & Steptoe, A.	2019	UK	This longitudinal study found that 47.4% of participants reported daily discrimination, which was significantly associated with depressive symptoms, loneliness, and lower quality of life, with stronger effects when attributed to sexual orientation.
Understanding SAFE housing: Putting older LGBT* people’s concerns, preferences and experiences of housing in England in a sociological context	King, A., & Stoneman, P.	2017	UK	This mixed-methods UK study identified three themes in older LGBT adults’ care experiences: safety, comfort and trust; connections and community; and imagining the future.

Title	Author(s)	Year	Country ⁴⁴	Summary
'We treat them all the same': The attitudes, knowledge and practices of staff concerning older lesbian, gay, bisexual and trans residents in care homes	Simpson, P., Almack, K., & Walthery, P.	2018	UK	This UK study found that care home staff show positive attitudes toward LGBT residents but lack recognition skills and knowledge, relying on heteronormative assumptions and individual goodwill rather than collective institutional practices for inclusion.
'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	Westwood, S.	2015	UK	This UK study identified themes of invisibility, risky visibility, and unequal openness in older LGB individuals' concerns about residential care, with women more likely to prefer gender- and sexuality-specific provision.
Loneliness and belongingness in older lesbians: The role of social group as "community"	Wilkens, J.	2015	UK	This UK study looked into an over-55 lesbian fortnightly social group in Yorkshire, finding that older lesbians face heightened loneliness due to lifelong concealment and fractured family relationships. This social group provides vital sanctuary and protection against isolation for its members.
Making the invisible, visible: Older lesbian, gay and bisexual victim-survivors "lived experiences" of domestic abuse	Wydall, S., Zerk, R., & Freeman, E.	2023	UK	This UK study used co-production methods to create the film 'Do You See Me?' with older LGB domestic abuse survivors, giving them greater control over representing their often-invisible experiences.
Staff member reactions to same-gender, resident-to-resident sexual behaviour within long-term care	Ahrendt, A., Spankle, E., Kuka, A., & McPherson, K.	2017	US	This study of 153 care facility staff found that facility type significantly influenced staff approval ratings of resident sexual activity, with overall high approval but variations by facility and scenario type.

Title	Author(s)	Year	Country ⁴⁴	Summary
Older lesbians: Experiences of ageing, discrimination and resilience	Averett, P., Yoon, I., & Jenkins, C. L.	2011	US	This US study found older lesbians experienced discrimination in family (35.5%), social (35.7%), and employment (30.7%) settings due to sexual orientation, with some reporting invisibility as older women as both protective and marginalising.
Senior sexual and gender minorities' perception of healthcare services: A phenomenological approach	Benoit, I. D., Kordrostami, E., & Foreman, J.	2019	US	This study found that LGBT seniors in the Northeastern US had minimal concerns about daily healthcare interactions, but were worried about financial stability and whether long-term care facilities would be culturally competent.
Lesbian, gay, bisexual, and transgender older adults' experiences with elder abuse and neglect	Bloemen, E. M., Rosen, T., LoFaso, V. M., Lasky, A., Church, S., Hall, P., Weber, T., & Clark, S.	2019	US	This collaborative study with Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE) New York recruited LGBT participants over 50 to explore definitions and causes of abuse, intersectional discrimination, reporting barriers, and recommendations for improving outreach.
Violence and harassment against LGBTQ+ elders: Continued challenges in healthcare, housing, and ageing services for pioneers of the movement	Bouchard, L. M., Potts, C. A., & Lund, E. M.	2021	US	This chapter examines how LGBTQ+ elders who survived the AIDS crisis continue facing discrimination in healthcare and long-term care despite policy progress, with many fearing they must return to the closet.
"She's dying and I can't say we're married?": End-of-Life care for LGBT older adults	Candrian, C., & Cloyes, K. G.	2021	US	This article argues that LGBT older adults face inequitable end-of-life care due to lack of Sexual Orientation and Gender Identity (SOGI) data collection in hospices, using one participant's story to illustrate care compromise when identity is not acknowledged.

Title	Author(s)	Year	Country ⁴⁴	Summary
Physical and psychological abuse among seropositive African American MSM 50 aged years and older	Coleman, C. L.	2018	US	This focus group study examines abuse experiences (sexual, physical, and psychological) among HIV-positive men who have sex with men aged 50 and older, with four emerged themes: Fear Being Gay, No One Else to Love Me, Nowhere to Turn, and Sexual Risk & Control.
Lesbian, gay male, bisexual and transgendered elders: Elder abuse and neglect issues	Cook-Daniels, L.	1997	US	This article addresses the lack of research on elder abuse among LGBT elders and argues that greater awareness of this population's circumstances can help protective services staff build rapport and provide more effective assistance.
Transgender survivors of elder or disabled adult abuse, Part II	Cook-Daniels, L.	2007	US	This article presents case studies of transgender abuse victims, including an elderly trans individual sexually assaulted in a nursing home, emphasising that abuse investigators must recognise that victimisation may not always be directly related to stigmatised identity.
Transforming mental health services for older people: Gay, lesbian, bisexual, and transgender (GLBT) challenges and opportunities	Cook-Daniels, L.	2008	US	This article critiques cultural competency approaches as inadequate for serving diverse clients and proposes alternative ways that engaging with ageing diversity can improve services and community systems.
Coping with abuse inside the family and out: LGBT and/or male victims of elder abuse	Cook-Daniels, L.	2017	US	This chapter examines how social environments shape LGBT elder abuse experiences, explores LGBT-specific abuse tactics and help-seeking barriers, with particular attention to male and transgender survivors and service system biases.

Title	Author(s)	Year	Country ⁴⁴	Summary
Sexual violence, elder abuse, and sexuality of transgender adults, age 50+: Results of three surveys	Cook-Daniels, L., & Munson, M.	2010	US	This article reports results from three 'For Ourselves Reworking Gender Expression' (FORGE) surveys of transgender adults 50+, with 64.8% experiencing repeated emotional or psychological abuse, examining sexual violence, elder abuse (including physical, sexual, emotional, healthcare, and financial abuse), and sexuality.
Concerns about ageing and caregiving among middle-aged and older lesbian and gay adults	Czaja, S. J., Sabbag, S., Lee, C. C., Schulz, R., Lang, S., Vlahovic, T., Jaret, A., & Thurston, C.	2016	US	This study identified key concerns among older lesbian and gay adults, including financial insecurity, lack of family or social support, fears about caregiving, and discrimination in healthcare.
Disclosure of sexual orientation, victimisation, and mental health among lesbian, gay, and bisexual older adults	D'Augelli, A. R. & Grossman, A. H.	2001	US	This study of 416 LGB older adults (60+) found nearly three-quarters experienced lifetime victimisation, with greater openness about sexual orientation associated with more victimisation and physical attacks linked to worse mental health outcomes.
Older lesbian, gay, bisexual, transgender, and queer adults' experiences with discrimination and impacts on expectations for long-term care: Results of a survey in the Southern United States	Dickson, L., Bunting, S., Nanna, A., Taylor, M., Spencer, M., & Hein, L.	2021	US	This study of 789 LGBTQ+ adults (mean age 59) assessed willingness to use long-term care services and preferences for LGBTQ+-specific providers or services.

Title	Author(s)	Year	Country ⁴⁴	Summary
The roles of discrimination and ageing concerns in the mental health of sexual minority older adults	Feinstein, B. A., Katz, B. W., Benjamin, I., Macaulay, T., Dyar, C., & Morgan, E.	2023	US	This study found both sexual orientation and age discrimination predicted depression and anxiety among LGBT older adults, with interaction effects showing complex relationships between discrimination types and ageing concerns.
Lifetime violence, lifetime discrimination, and microaggressions in the lives of LGBT midlife and older adults: Findings from ageing with pride: national health, ageing, and sexuality/gender study	Fredriksen-Goldsen, K., Prasad, A., & Kim, H.-J., & Jung, H.	2023	US	This study from the Ageing with Pride project found high lifetime violence levels among LGBT older adults, with violence significantly predicting health outcomes and age moderating the relationship between violence, microaggressions, and comorbidity.
“I will not be discriminated against”: Older lesbians creating new communities	Gabrielson, M. L.	2011	US	This study explored how 10 socially connected older lesbians’ life experiences, social ties, and ageing expectations influenced their decisions to live in LGBT continuous-care settings, highlighting nursing’s need for reform.
Domestic harm and neglect among lesbian, gay, and bisexual older adults	Grossman, A. H., Frank, J. A., Graziano, M. J., Narozniak, D. R., Mendelen, G., El Hassan, D., & Patouhas, E. S.	2014	US	This US study of 113 LGB older adults (60-88) found 22.1% experienced caregiver harm and 62.8% reported self-neglect, with positive psychological health associated with less self-neglect.

Title	Author(s)	Year	Country ⁴⁴	Summary
“Stuck in the quagmire of an HIV ghetto”: The meaning of stigma in the lives of older black gay and bisexual men living with HIV in New York City	Haile, R., Padilla, M. B., & Parker, E. A.	2011	US	This study of older Black men who have sex with men living with HIV identified three themes: dehumanisation as just one more body, forced conformity to social hierarchies, and entrapment in an ‘HIV ghetto’ of stigma.
Lesbian, gay, bisexual, and transgender persons ageing in rural areas	Hash, K. M., & Morrow, D. F.	2020	US	This case study examines an older woman questioning her sexual orientation while ageing in a rural community, highlighting compounded challenges for rural LGBT elders and offering provider recommendations.
Transgender and gender-non-conforming adult preparedness for ageing: Concerns for ageing, and familiarity with and engagement in planning behaviours	Henry, R. S., Perrin, P. B., Coston, B. M., & Witten, T. M.	2020	US	This study found that transgender and gender-non-conforming adults’ primary ageing concerns were losing self-care ability and nursing home placement, with gender-non-conforming individuals showing higher awareness but lower planning for age-preparatory behaviours.
Nursing Wounds: Why LGBT elders need protection from discrimination and abuse based on sexual orientation and gender identity	Hovey, J. E.	2009	US	This article argues that LGBT elders face increased vulnerability to abuse, neglect, and discrimination in nursing homes due to their minority status and exposure to emotional and physical hostility.
Gay and lesbian perceptions of discrimination in retirement care facilities	Johnson, M. J., Jackson, N. C., Arnette, J. K., & Koffman, S. D.	2005	US	This exploratory study in a smaller US metropolitan area found GLBT adults perceived discrimination from administration, staff, and residents in retirement care facilities, with education and GLBT-specific facilities suggested as solutions.

Title	Author(s)	Year	Country ⁴⁴	Summary
LGBT ageing and elder abuse	Johnston, T. R.	2016	US	This article uses Affirmation Feedback Loop to explain LGBT older adults' vulnerabilities in ageing services and argues for cultural competency training to combat elder abuse.
Living arrangement and loneliness among lesbian, gay, and bisexual older adults	Kim, H.-J., & Fredriksen-Goldsen, K. I.	2016	US	This national survey of 2,444 LGB adults 50+ found that those living alone or with non-partners experienced greater loneliness than those with partners, partially explained by social support and internalised stigma.
Disparities in mental health quality of life between Hispanic and non-Hispanic White LGB midlife and older adults and the influence of lifetime discrimination, social connectedness, socioeconomic status, and perceived stress	Kim, H.-J., & Fredriksen-Goldsen, K. I.	2017	US	This study found Hispanic LGB adults aged 50+ reported lower mental health quality of life than non-Hispanic Whites, explained by higher perceived stress from lower socioeconomic status, increased discrimination, and reduced social connectedness.
At the intersection of ageism and heterosexism: Making the case to deliver culturally competent health care for LGTB older adults	Molinari, C. A., & McSweeney-Feld, M. H.	2017	US	This article examines how ageism and heterosexism create healthcare barriers for LGBT older adults (2.7 million currently, projected to reach 20 million by 2060) and provides strategies for culturally competent healthcare education.
Older gays and lesbians: Surviving a generation of hate and violence	Morrow, D. F.	2014	US	This article examines how coming of age in the Pre-Stonewall era shaped older gays and lesbians' experiences with violence and homophobia, reviewing research on adjustment and proposing interventions.

Title	Author(s)	Year	Country ⁴⁴	Summary
Coping with discrimination: A longitudinal study of health outcomes in lesbian, gay, and bisexual and heterosexual midlife and older adults	Nelson, C. L.	2025	US	This 20-year longitudinal study found evidence of a potential ‘steeling’ effect in LGB midlife and older adults, with discrimination associated with slower chronic condition accumulation and coping strategies varying by sexual orientation.
Deconstructing multiple oppressions among LGBT older adults	Robinson-Wood, T., & Weber, A.	2016	US	This chapter interrogates oppression through discourse analysis of LGBT older adults, examining intersectional impacts of age, ability, gender, race, and sex with particular attention to overlooked subgroups like low-income people and people of colour.
The stress of expectation: The significance of gender on concerns about long-term care among lesbian, gay, bisexual, and Transgender older adults	Savage, B., & Barringer, M. N.	2023	US	This study used data from a nationwide 2017 survey of LGBT Americans aged 45 or older conducted by the American Association of Retired Persons to examine concerns about long-term care, including neglect, abuse, harassment, and forced identity concealment, with oversampling of gender-expansive individuals for analysis.
Identifying healthcare stereotype threat in older gay men living with HIV	Singleton, M. C., Green, D. C., & Enguidanos, S. M.	2023	US	This study of 11 older gay men living with HIV found healthcare stereotype threat experiences related to sexual orientation, HIV status, and age, primarily stemming from provider interactions and attitudes.
Aging within the LGBT community: An exploration of life’s challenges	Spira, M., Orwat, J., & Knepler-Foss, S.	2017	US	This chapter provides an overview of challenges facing LGBT older adults, addressing health, family, housing, abuse, and legal concerns, despite limited research on those over 85.

Title	Author(s)	Year	Country ⁴⁴	Summary
Internalized gay ageism, mattering, and depressive symptoms among midlife and older gay-identified men	Wight, R. G., Le Blanc, A. J., Meyer, I. H., & Harig, F. A.	2015	US	This study of 312 gay men from the Multicenter AIDS Cohort Study (MACS) introduced 'internalised gay ageism' and found it significantly associated with depressive symptoms, partially mediated by sense of mattering.
Aging-related information needs and barriers experienced by LGBT+ older adults	Winberry, J.	2024	US	This study of 25 LGBT+ older adults in East Tennessee in the US identified five information needs (culturally competent care, specific services, social support, planning, caregiving) and seven barriers (stigma, discrimination, limited resources, concealment, staff limitations, ageism).

Appendix 5: National literature review methodology

The national literature review began by searching academic databases CINAHL, Medline, Web of Science, EMBASE, PsycINFO, ERIC, Sage Journal and website Google Scholar to identify literature for inclusion. The search utilised the Boolean strategy using these search terms: (elder abuse OR ageing OR neglect OR older abuse OR senior abuse) AND new zealand AND (sexuality OR trans OR gay OR lesbian OR Rainbow OR lgbt OR bisexual OR asexual AND NOT (Young OR Youth OR childhood)). In addition, VINE (formerly the New Zealand Family Violence Clearinghouse) and the Community Research online hub were searched for relevant community research.

Studies were included if they discussed ageing experiences or AOP within Takatāpui and Rainbow communities, or any group within Takatāpui and Rainbow communities in Aotearoa New Zealand. Experiences of Takatāpui and Rainbow older people in residential homes, rest homes, and retirement villages were also included. In addition, research exploring experiences of AOP and neglect in New Zealand in Māori, Pacific, and other non-Pākehā communities were specifically searched for references to Takatāpui or Rainbow older people.

Community research that included discussion of discrimination and lifetime experiences of family and sexual violence towards adults belonging to specific ethnic, cultural, or identity-based communities within Takatāpui and Rainbow communities was also included. This inclusion recognises that community research often identifies emerging issues before academia. This broad scope allowed for the exploration of discrimination and other societal factors, including community connectedness and resilience, providing important context for abuse and neglect.

Studies were excluded if they dealt exclusively with Takatāpui and Rainbow young people; did not offer demographic information relating to age, or did not mention Takatāpui and Rainbow older people within culturally focused research. Quality appraisal included peer-review resulting in publication, and for community research, reports highlighted by VINE, the national centre for family violence and sexual violence information.

Appendix 6: National literature review annotated bibliography table

Literature in this annotated bibliography table is excluded from the References for this report.

Table 16: National literature review annotated bibliography table

Document name	Authors	Year	Summary
Make it about us: Victim-survivors' recommendations for building a safer police response to intimate partner violence, family violence and sexual violence in Aotearoa New Zealand	The Backbone Collective & Hohou Te Rongo Kahukura	2024	Go back to previous state button. Survey of experiences with NZ Police for victim-survivors of intimate partner violence (IPV), family violence (FV), or sexual violence (SV). 139 sexuality diverse women and 76 trans and non-binary people responses (of total 599 responses). 9% over 56 years. Most participants reported mistreatment from NZ Police based on their identity, including being misgendered, treated without respect, accused of being mentally unwell, ridiculed and made fun of, or treated as if they were the perpetrator. Sexuality diverse women and trans and non-binary people were more likely to say police involvement made things worse for them.
Our histories are queer: A resource of queer and trans south Asian histories	Bal, V.	2024	Report exploring impacts of European colonisation on South Asian queer and trans identities using literature, religious tracts, and art analysis. Prior to colonisation, diverse sexualities and genders were accepted and sometimes revered in South Asian cultures. During colonisation, binary ideas of sex and gender and heterosexuality were imposed through laws criminalising same-sex intimacy and repressing gender diversity and book banning, leading South Asian communities to view sexuality and gender diversity as abnormal and foreign.
Community is where the knowledge is: The Adhikaar report	Bal, V., & Divakalala, C.	2022	Interviews with 43 South Asian LGBT+ people aged under 51 living in Aotearoa. Participants report specific, racialised contexts of threats of queerphobia, racism, xenophobia, fetishisation, conversion practices, harassment, abuse, and physical and sexual violence. 69% stated they were not out to their extended families.

Document name	Authors	Year	Summary
Social work with older sexual and gender minorities in New Zealand	Betts, D.	2018	PhD thesis, informed by critical social theory and critical gerontology, exploring the relationships and connections of older sexual and gender minorities. The author interviewed 31 60–80-year-old participants, all Pākehā or migrants from the US and Europe, including 14 lesbians, 13 gay people, three bisexual people, one queer person, 16 women including three trans women, 16 men, and one intersex older person. Despite significant legislative changes in New Zealand regarding the rights of sexual and gender minorities improving legal protection and feelings of safety, there are ongoing contemporary experiences of discrimination which negatively impact older sexual and gender minorities. The concept of the “queer unwanted” is explored in terms of exclusion of older lesbians, bisexual people, transgender, intersex and non-binary people, and recommendations about practice, organisational policies, and advocacy for more effective and responsive social work responses.
Hidden and ignored: Older sexual and gender minorities in New Zealand	Betts, D., Maidment, J., & Evans, N.	2020	This article explores the experiences of social connectedness, stigma, and discrimination of older sexual and gender minorities based on same interviewees as Betts (2018) . Older sexual and gender minorities were twice made invisible, excluded by mainstream society and LGBTQ+ communities based on their age, as well as their sexual and gender identities.
Excluding the queer unwanted: Perspectives from older LGBTQ+ adults in New Zealand	Betts, D.	2021	Same interviewees as Betts (2018) . Article suggests tensions in LGBTQ+ communities around sexism/patriarchy or men having more social and financial power than women; binary views of sexuality that erase bisexual people’s needs and experiences in research, community services activities, and policy concerns; and hostility towards trans and non-binary people, including less support for their needs. Betts suggests informal care networks and LGBTQ+ community support is less available for groups considered the “queer unwanted.”

Document name	Authors	Year	Summary
Social spaces for older queer adults: A guide for social work educators, students, and practitioners	Betts, D.	2023	The book employs critical social theory and critical gerontology to explore the experiences of older queer adults and the implications for social work practice. The concept of the “queer unwanted” is explored in terms of exclusion of older lesbians, bisexual people, and transgender, intersex and non-binary people. Draws on research with the same interviewees as Betts (2018) . Ageism, heteronormativity, and cisnormativity shape the unique needs of older queer adults in Aotearoa New Zealand and require social work interventions in terms of practice, organisational policies, and advocacy to effectively support older queer adults.
That was then, this is now: Identity in the Auckland lesbian community	Buxton, S.	2020	Two oral history interviews focused on lesbian community from the early 1970s to the early 2000s. Between 1972 and 1986, active lesbian community; 1986-2000 claiming of lesbian pride with little recognition of other non-heterosexual identities, and debates over whether bisexual women were welcome in lesbian spaces. 2000s onwards, more diversity of identities, with some lesbians wanting lesbian-only spaces that exclude trans people, while others are comfortable with wider community.
National study of abuse of older people: Evidence from the Integrated Data Infrastructure	Chen, W.-L., Benson, R., Meehan, L., Scott, A., & Wilson, D.	2026	This report explores AOP from IDI administrative data (police victimisation, ACC injury claims, hospital admissions, and interRAI home care assessment data), and self-reported victimisations in the New Zealand Crime & Victims Survey (NZCVS). AOP prevalence undercounted in administrative data (0.2%) cf NZCVS (2.2-4%). AOP prevalence in administrative data is higher for Rainbow older New Zealanders.

Document name	Authors	Year	Summary
Building Rainbow communities free of partner and sexual violence	Dickson, S.	2016	Mixed-methods community research into experiences of IPV and SV, based on 18 community hui and survey responses from 407 participants. 12% over 50 years. Nearly two-thirds had experienced unwanted sexual acts from partners; more than half had experienced multiple incidents of emotional, verbal, and psychological abuse; and half had experienced being pushed or shoved by a partner. Most participants wanted but did not seek specialist help, despite serious mental and physical health impacts. They reported not knowing where to go; not believing they would be treated fairly; being warned not to by the perpetrator or friends and whānau; concerns about discrimination and fear of being 'outed'. Impacts of IPV and SV included increased needs for housing, financial support, and healthcare. Participants more likely to seek help from friends and counsellors than specialist IPV/SV violence agencies, Rainbow community groups, or the police.
Doing our best for LGBTIQ survivors	Dickson, S.	2017	Part of the TOAH-NNEST research programme guidelines for mainstream sexual violence support services. This report found mainstream violence support services operate within a binary sex/gender framework, which acts as a barrier for LGBTIQ survivors. Recommendations to develop cultural competency, including policy and practice development to reduce heteronormative and cisnormative assumptions.
Uplifting takatāpui & Rainbow elder voices: Tukua kia tū takitahi ngā whetū o te rangi	Dickson, S., Bennett, T., Bramwell, N., Brown, O., Cook, C., Divakalala, C., Fraser, B., Hickey, H., Matheson, L., Miller, K., Monise, M., Munroe, H., & Rodriguez, M.	2023	Community research exploring life experiences of Takatāpui and Rainbow elders, with a focus on identifying specific risks of elder abuse, neglect, and exploitation. 424 survey responses; 17 focus group participants, and 11 interviews with diverse Takatāpui and Rainbow elders exploring social connections; mistreatment and discrimination; community groups and services for older people; families and whānau; safety with partners and caregivers and hopes, plans, and fears about ageing.

Document name	Authors	Year	Summary
Gathering insights from the Elder Abuse Prevention Fund: A learning and insights review prepared for the Office of Seniors	Dovetail	2024	Review of 11 initiatives that received funding from the Elder Abuse Prevention Fund administered by the Office for Seniors Te Tari Kaumātua. Hohou Te Rongo Kahukura's Uplifting Takatāpui and Rainbow Elder Voices community engagement research project is one of the initiatives profiled and described. Learning and insights are across all projects, and include the importance of targeted community engagement, strong relationships with older people, and diverse needs and experiences of abuse, including risks associated with isolation.
Flatting amongst LGBTIQ+ people in Aotearoa New Zealand	Fraser, B., & Buchanan, M.	2025	This paper explores housing experiences of LGBTIQ+ people in Aotearoa, and provides comparisons between LGBTIQ+ people who are flatting and not flatting. 894 survey responses include 10% over the age of 45. Significant housing discrimination and lifetime homelessness reported by all participants, with LGBTIQ+ flatters experiencing more housing-related discrimination.
Experiences of victim blaming and its impact on help-seeking, crime reporting, and recovery	Hargrave, P., Donaldson, O., Hamana, M., Miller, J., & Uhlmann, A.	2024	Interviews with 31 New Zealand crime victims aged 18 to 64 who had experienced victim blaming, including eight Rainbow victims. Victim blaming deeply embedded in New Zealand culture, coming from multiple sources, primarily family and friends. Māori, Rainbow, and disabled experiences of victim blaming can be fuelled by harmful stereotypes and need to be understood in the context of societal barriers and discrimination.
What counts as consent? Sexuality and ethical deliberation in residential aged care	Henrickson, M., Cook, C., Schouten, V., McDonald, S., & Atefi, N.	2020	Mixed-method cross-sectional study using a concurrent triangulation design, including the results of 433 staff surveys related to knowledge, attitudes, behaviours, and beliefs about sexuality, intimacy, and ageing. 46% of staff had received education from their employer on intimacy and sexuality for residents. 57% agreed that same-sex couples have the right to be sexually intimate with one another. Interviews with 77 participants, including staff (36 participants), residents (28 participants), and family members (13 participants) identified that residents looked to staff to set the tone. Silence about sexuality in ARC, lack of policy guidance and training in cultural competencies create heteronormative and cisnormative services in which sexuality and gender-diverse residents are forced to either make an announcement or not be seen in order to have their needs supported.

Document name	Authors	Year	Summary
Culture clash: Responses to sexual diversity in residential aged care	Henrickson, M., Cook, C.-M., & Schouten, V.	2021	Same samples and findings as Henrickson et al. (2020) . Staff held varying views about sexuality diverse residents, and felt residents were less accepting, and family members also held diverse views, with some supportive of sexuality diverse residents, and others who did not want their family member in a facility with lesbian or gay residents. Younger participants expressed more open, accepting views.
PRISM: Human rights issues relating to Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) in Aotearoa New Zealand – A report with recommendations	Human Rights Commission Te Kāhui Tika Tangata	2020	Human rights report found discrimination and stigma towards SOGIESC communities, who are also chronically underserved and under-resourced. Overt and subtle forms of discrimination in all areas of life, including reports in aged care of SOGIESC people separated from same-sex partners, trans people being pressured to transition back, and concerns about personal care needs and end-of-life decisions. The attitudes of some aged care workers can result in older adults feeling forced to conceal their identity, in the context of older people's lived history of being criminalised and rejection by family. Recommendations include education for ARC providers to provide culturally safe care for SOGIESC older people.
Conversion practices in Aotearoa New Zealand: Insights and recommendations from a human rights perspective	Human Rights Commission Te Kāhui Tika Tangata	2024	Report into prevalence, contexts, and impacts for conversion practices in Aotearoa towards Rainbow communities. Colonisation and Christianity have influenced conversion practices, particularly for Māori, Pacific, and Ethnic communities, who along with disabled people and trans and non-binary people, are understood to be more vulnerable to conversion practices.

Document name	Authors	Year	Summary
Part of the whānau: The emergency of Takatāpui identity: He whāriki takatāpui	Kerekere, E.	2017	The study involved 27 participants interviewed over four years, including 14 Takatāpui leaders of diverse iwi, geographical locations, gender identities, and sexualities, aged 17 to 68, as well as whānau members and kuia (female elders) to gain a broader perspective. Key participants included notable Takatāpui leaders (such as Jennifer Edwards, Kevin Haunui, Peri Te Wao, Hinemoana Baker, Ahi Wi Hongi, and Morgan Cooke), representing a wide range of Māori iwi and generations. Interviews explored whakapapa, identity formation, experiences of discrimination, health and wellbeing impacts, and community engagement. The participants emphasised the significance of cultural identity and spirituality in takatāpui identity, the challenges of discrimination within whānau and society, and resilience-building through connection to Māori heritage and community. Whānau perspectives highlighted the importance of acceptance, love, and support in fostering positive environments for takatāpui youth, particularly concerning mental health and suicide prevention.
Takatāpui: Part of the whānau	Kerekere, E.	2021	This resource explores Takatāpuitanga based on the author's doctoral research on Takatāpui identity and well-being.
The life and ageing experiences of gay men over the age of 65 in New Zealand	Kushner, B. D.	2012	Interviews with 12 gay men of white middle-class European descent, aged between 65 and 81 years and recruited through community venues, living in large metropolitan centres. Gay identity emerged in context of widespread homophobia and heterosexism from public services and society leading to minority stress and fear of discrimination when accessing healthcare and other needed services as an older gay man. Four themes for the ageing experience: dealing with ageing, ageist attitudes, companionship and loneliness, and future care and supports.
Perceptions of ageing as an older gay man: A qualitative study	Kushner, B., Neville, S., & Adams, J.	2013	Same sample as Kushner (2012) . Identified experiences of: widespread homophobia from community spaces, strangers, and within families; finding it more difficult to have relationships as they got older, due to ageism in 'gay' community; and fears about future ARC because of lifelong discrimination. Want access to positive gay community spaces, tailored support in ARC, and for their identity to be accepted and respected.

Document name	Authors	Year	Summary
National study of abuse of older people: Prevalence survey on the abuse of older people in New Zealand	Meehan, L., Scott, A., Iusitini, L., Wilson, D., Chen, W-L., Pacheco, G., & Naughton, C.	2026	5,613 interviews with people older than 55 years living in the community, 2% identified as LGBTIQ+. Higher AOP rates in whole population for those who have experienced harm in the past from a known person, and those with mental health challenges. 32.4% of LGBTIQ+ experienced harm in the last 12 months, compared with 16.4% total; statistically significant differences for financial, cultural and spiritual, and physical harm. Authors suggest this is influenced by past discrimination, fractured support networks, and reduced access to safe, inclusive services.
5 years of insights on crime and victimisation in Aotearoa	Ministry of Justice Te Tāhū o te Ture	2024	Findings from five years of the NZCVS. LGBT people at higher risk of victimisation, especially interpersonal violence, sexual assault, and violence from family members. In particular, bisexual people and transgender people report higher rates of victimisation.
Community engagement findings: Older people, vulnerability and multiple disadvantage	Ministry of Social Development Te Manatū Whakahiato Ora	2024	This report summarises engagement findings about older people with multiple disadvantages, focusing on housing, health, social connection, finance, and access. Fear of discrimination in healthcare and lack of safety in community settings named for older Rainbow people.
As a kid, I always knew who I was: Voices of takatāpui, Rainbow and MVPFAFF+ survivors	Moyle, P.	2023	Independent report to the Abuse in Care Royal Commission focused on Takatāpui, Rainbow, and MVPFAFF+ people in state and faith-based care settings between 1950 and 1999. Based on three main community engagements with Takatāpui, Rainbow, and MVPFAFF+ survivors, the author finds extensive identity-based abuse, particularly towards Māori, Pacific, and disabled people in Takatāpui, Rainbow, and MVPFAFF+ communities.
‘Lavender retirement’: A questionnaire survey of lesbian, gay and bisexual people’s accommodation plans for old age	Neville, S., & Henrickson, M.	2010	Survey responses from 2,269 LGB participants aged between 12 and 80 years in 2004, mean age 38.5 years. If needing support when ageing, LGB-friendly aged-residential care strongly preferred, regardless of income or education levels. LGB participants do not want to have to hide their identity, which requires aged-care services to address discrimination and recognise important relationships.

Document name	Authors	Year	Summary
Perceptions towards lesbian, gay and bisexual people in residential care facilities: a qualitative study	Neville, S.J., Adams J., Bellamy, G., Boyd, M., & George, N.	2014	Focus groups used vignettes involving and older gay man or lesbian to test attitudes across seven ARC sites with 47 care workers of diverse ethnicities participating. Found unease with non-heterosexual people and overt and covert homophobic practices expressed through three themes: knew LGB people, but still expressing homophobia; avoiding and hiding of sexuality diversity; and generational excuses for discrimination from other residents.
Coming out narratives of older gay men living in New Zealand	Neville, S., Kushner, B., & Adams, J.	2015	Same sample as Kushner (2012) . Significant loss, adversity, and discrimination mean fear of further discrimination when accessing health and social service support, and the need for services to develop competencies and knowledge about older gay men's lives.
Honour project Aotearoa	Pihama, L., Green, A., Mika, C., Roskrudge, M., Simmonds, S., Nopera, T., Skipper H., & Laurence, R.	2020	Mixed-methods, Kaupapa Māori research project exploring health and wellbeing of Takatāpui and Rainbow Māori, including 368 survey responses (3% over 65 years) and interviews with 39 participants. Colonial values and influences mean Takatāpui people experience discrimination within Rainbow community because of cultural identity, within cultural community because of sexuality and gender identity, and wider society because of both. Half had experienced violence or threat of violence because they were Takatāpui or Māori Rainbow, and most had not planned for ageing.
New Zealand crime and victims research: The burden of crime victimisation among the LGBTQ+ population in Aotearoa	Plum, A., & Zhuge, L.	2024	Authors used the NZCVS, integrated into IDI to examine differences in crime victimisation between LGBTQ+ and non-LGBTQ+ people. 45.5% of LGBTQ+ people report being a victim of a crime in the past 12 months, compared with 31.8% of non-LGBTQ+ people. The difference is not attributable to demographic characteristics. LGBTQ+ people are more likely to report that the perceived reason for crime victimisation is their sexual orientation or their sex, and more likely to experience negative effects, such as having to take time off work or sustaining physical injuries.

Document name	Authors	Year	Summary
“It’s almost like an ownership of my body”: Negotiating identity and marginalisation in the lives of bisexual and other plurisexual women	Pond, T.	2020	Informed by social constructionism, intersectionality, and critical feminism, this PhD thesis used a mixed-method approach including 20 interviews with women aged 20-68 and survey responses from 994 women aged 20-88. Biphobia and bi-erasure impact women attracted to many genders, including in terms of community belongings and IPV and SV. 73% of participants had been pressured into unwanted sexual acts.
Ngā Taipakeke o te Urutā HIV Ageing with HIV in Aotearoa New Zealand Report	Positive Women Wāhine Kaha	2023	A community-led qualitative study involving 22 participants living with HIV aged 50 and over, with a strong representation of Māori and women, though limited diversity in some ethnic groups. The research centres on the experiences and needs of people ageing with HIV, highlighting four key themes: identity and belonging; impact of stigma and discrimination; uncertainty about long-term health; and self-determination. The study emphasises the importance of cultural identity, particularly from a Māori worldview, incorporating concepts like hauora, mauri, and wairua, and stresses the ongoing societal challenges of layered stigma, discrimination, and trauma faced by people ageing with HIV. It also notes significant power imbalances in healthcare relationships and calls for culturally appropriate support, education, and meaningful involvement of people living with HIV (GIPA/MIPA) to improve wellbeing and quality of life. The findings underline that social connections, cultural belonging, and addressing stigma are crucial for holistic wellbeing in this population.
I love who I am as a nonbinary person—That’s when I’m most at home: Life-stories of nonbinary adults and elders from Aotearoa New Zealand spanning 1953 to 2023	Ramsay, E. A.	2023	Five interviews and three survey responses from 40 to late 60-years-old non-binary older people. One participant is Māori, others are Pākehā. Discusses risk of institutionalisation, targeting of gender-non-conformity as a fundamental part of homophobia, and an absence of visible queerness until the 1980s for much of Aotearoa. Māori, working class, and trans spaces are more inclusive than Pākehā middle class feminist/lesbian spaces who consider trans and bisexual identities as patriarchal.

Document name	Authors	Year	Summary
Sussing out ageing: Sharing lesbian & queer women's knowledge of ageing in Aotearoa New Zealand	Robinson, E. J.	2020	PhD thesis based on interviews with 32 lesbian and queer women aged 45-81 recruited via lesbian social networks. Three participants not of white European descent/ Pākehā. Significant sharing of lifelong experiences of assumptions of heterosexuality in healthcare systems. Experiences of not having partner status recognised in funeral planning and dementia units. Anticipated and experiences of discrimination mean significant fear of ARC, including fears of assumptions of heterosexuality, loss of recognition of identity, especially with diminished capacity, and homophobic bullying from staff or other residents. Significant support from lesbian community. Does not discuss elder abuse or AOP, despite concerns and experiences that could be considered relevant.
Takatāpui, Rainbow and MVPFAFF+ experiences of abuse and neglect in care	Royal Commission of Inquiry into Abuse in Care	2024	The Royal Commission of Inquiry into Abuse in Care examined the abuse and neglect of people in state care or faith-based care between 1950-1999. 7% of all survivors identified as Takatāpui, Rainbow, and MVPFAFF+, and they reported experiencing identity-specific forms of all form of abuse, underpinned by criminalisation and pathologisation of sex, sexuality, and gender diversity.
LGBTIQ+ population of Aotearoa New Zealand: 2023	Stats NZ Tatauranga Aotearoa	2025	First census count of LGBTIQ+ New Zealanders found 4.9% of usually resident adults identified as LGBTIQ+, acknowledged as likely to be an undercount. Adults aged over 65 make up 7.4% of the total LGBTIQ+ population in Aotearoa but have the lowest percentage per age group (1.8%), attributed to shifts in social, economic, political, and legal rights over time. They are also more likely to be disabled than non-LGBTIQ+ adults over 65. Bisexual women are one-third of entire group. Disparities in housing quality, mental health, trust in institutions and discrimination with non-LGBTIQ+.
Rainbow health: The public health needs of LGBTTI communities in Aotearoa New Zealand with Policy Recommendations	Stevens, M. W.	2013	Report commissioned by the Auckland District Health Board to analyse the physical and mental health needs of Rainbow communities from a public health and minority stress perspective, including gay, lesbian, transgender, and intersex older people.

Document name	Authors	Year	Summary
Femicide: Deaths resulting from gender-based violence in Aotearoa New Zealand Kōhuru Wahine: nā te riri hau ā-ira i te whenua o Aotearoa	Te Tāhū Hauora Health Quality & Safety Commission	2025	This report explores femicide within Aotearoa New Zealand. Wāhine and kōtiro Māori, unborn babies, older women, and those from disabled, ethnically diverse, Takatāpui, and Rainbow communities experience heightened risks of violence.
The Manalagi survey community report: Examining the health and wellbeing of pacific Rainbow+ peoples in Aotearoa-New Zealand	Thomsen, P., Brown-Acton, P., Manuela, S., Tiatia-Siau, J., Greaves, L., & Sluyter, J.	2023	Survey responses from 482 Pacific Rainbow+ people using a Pacific holistic wellbeing framework to explore health, mental health, community connections, and cultural belongings. Significant discrimination identified. 5.9% were older than 50 years.
Critical perspectives on the diversity of research into sexualities and health in Aotearoa/New Zealand: Thinking outside the boxes	Treharne, G.-J., & Adams, J.	2017	Review of contemporary LGBTQ health research, focusing on three central themes: holistic approaches to health and healthcare for LGBTQ communities; challenges in working towards health equalities for LGBTQ communities; and theorisation of the impact of discrimination on the health of members of LGBTQ communities.
Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand	Veale, J., Byrne, J., Tan, K., Guy, S., Yee, A., Nopera, T., & Bentham, R.	2019	1,178 trans and non-binary people participants to 2018 survey, aged 14-83 years old. 36% were disabled and/or neurodivergent. 7% over 55 years. Foundational study on the needs of trans and non-binary people in Aotearoa New Zealand, finding significant discrimination, unmet gender-affirming healthcare needs, high levels of mental health distress, experiences of discrimination, feelings of being unsafe, and experiences of violence. Significant numbers of trans and non-binary people reported avoiding services they needed due to fears of how they would be treated.

Document name	Authors	Year	Summary
Counting ourselves: Findings from the 2022 Aotearoa New Zealand trans & non-binary health survey	Yee, A., Bentham, R., Byrne, J., Veale, J., Ker, A., Norris, M., Tan, K., Jones, H., Polkinghorne, T., Gonzalez, S., Withey-Rila, C., Wi-Hongi, A., Brown-Acton, P., Parker, G., Clunie, M., Kerekere, E., Fenaughty, J., Treharne, G., & Carroll, R.	2025	2,631 trans and non-binary people participants to 2022 survey, aged 14-86 years old. 69% were disabled and/or neurodivergent. 4% over 55 years. Survey with same foundation as Veale et al. (2019) , but more commentary on older trans and non-binary people. Participants reported unmet gender-affirming healthcare needs, high levels of mental health distress, experiences of discrimination, feelings of being unsafe, and experiences of violence. Significant numbers of trans and non-binary people report avoiding services they needed due to fears of how they would be treated, including the police and faith communities.

Appendix 7: New Zealand policy review methodology

Government agency websites were searched between June and October 2025 to gather national documents and policies, including resources recommended by Ministry of Social Development officials. Thirty-five documents were included for in-depth review, and searched for mention of terms such as Takatāpui and Rainbow communities, gender and sexuality diversity, umbrella terms such as LGBT (and variants) and individual identity terms.

Of the 35 documents, 16 were authored by local government, including local city and district councils. A further 17 were authored by central government agencies, including the Office for Seniors | Te Tari Kaumātua; Health New Zealand | Te Whatu Ora; the Health & Disability Commissioner | Te Toihau Hauora, Hauātanga; the Ministry of Social Development | Te Manatū Whakahiato Ora; the Ministry of Health | Manatū Hauora; the New Zealand Government | Te Kāwanatanga o Aotearoa; Te Ara Ahunga Ora | the Retirement Commission and Te Tāhū Hauora | Health Quality & Safety Commission.

One document was from independent researchers commissioned by the Te Tāhū Hauora | Health Quality & Safety Commission, and one was authored by a collaboration of community organisations, the Dementia Mate Wareware Leadership and Advisory Group | Te Whakaruruhau mō te Mate Wareware, Alzheimers New Zealand, the New Zealand Dementia Foundation, and Dementia New Zealand. See Appendix 8 for all reviewed documents, document purposes, and identified key themes.

A single mention of Takatāpui and Rainbow communities or other relevant words, phrases, or concepts was enough to be included in the content analysis as a section to be coded into themes. A total of 50 sections mentioning Takatāpui and Rainbow communities across 14 documents were iteratively coded by research team members into themes. For sections involving more complex discussion, a narrative approach was utilised to determine meaning in context, leading to several sections being coded under two or more themes. The 50 sections were therefore coded a total of 93 times, into 10 key themes.

Appendix 8: Policy review table

Table 17: Policy review table

Document name	Authors	Document summary	Number of sections with reference to Takatāpui/ Rainbow people
The Code of Residents' Rights, 2003	Te Ara Ahunga Ora Retirement Commission	Summary of the basic rights for residents guaranteed under the Retirement Villages Act 2003.	None
Positive Ageing Strategy, 2010-20	New Plymouth District Council Te Kaunihera ā-Rohe o Ngāmotu	This strategy seeks to ensure the qualities and attributes of our ageing population are effectively utilised, by ensuring younger generations are informed and guided, and older generations have the opportunity to age with dignity, prosperity, security, happily, and healthily.	None
2014 Report on the Positive Ageing Strategy, 2015	Office for Seniors Te Tari Kaumātua	Report on progress on 10 goals of the Positive Ageing Strategy.	None
Healthy Ageing Strategy, 2016	Ministry of Health Manatū Hauora	The overarching direction and action plan to meet health and wellbeing needs of older people.	None
Whanganui Age-Friendly Plan, 2018	Whanganui District Council Te Kaunihera ā Rohe o Whanganui	Collaborative plan, building on existing strengths, to set out actions to achieve the eight essential criteria of an age-friendly community.	None

Document name	Authors	Document summary	Number of sections with reference to Takatāpui/Rainbow people
Te Hōkai Nuku Wairarapa Region Positive Ageing Strategy, 2019	South Wairarapa District Council Kia Reretahi Tātou Carterton District Council Te Kaunihera-ā-rohe o Taratahi Masterton District Council Te Kaunihera-ā-rohe o Whakaoriori	Strategy to ensure kaumātua/older residents lead valued, connected, and fulfilling lives.	None
Age-Friendly Policy, 2019	Tasman District Council Te Kaunihera o te tai o Aorere	Policy to ensure strategic and operational decisions explicitly take into account Tasman's ageing population, address challenges, and consider the needs of the growing number of older residents.	None
Elder Abuse in Aotearoa: The role and current state of MSD's Elder Abuse Response Services, 2019	Ministry of Social Development Te Manatū Whakahiato Ora	Report to provide insight into elder abuse in Aotearoa New Zealand, in particular the current state of the Ministry of Social Development's (MSD's) Elder Abuse Response Services (EARS).	Three
Waimakariri – He Hoa Ahakoa Ōu Tau Age-friendly Waimakariri, 2019-21	Waimakariri District Council	Plan and process for becoming a more age-friendly District, 2019–2021.	None

Document name	Authors	Document summary	Number of sections with reference to Takatāpui/Rainbow people
Mahi Aroha : Carers' Strategy Action Plan, 2019-23	Ministry of Social Development Te Manatū Whakahiato Ora	The Carers' Strategy Action Plan 2019–2023 outlines specific objectives to improve the lives of anyone in New Zealand who cares for a friend, family, whānau, or aiga member with a disability, health condition, illness, or injury who needs help with everyday living. The previous two action plans also did not mention Takatāpui and Rainbow older people or carers.	None
Better Later Life – He Oranga Kaumātua, 2019-34	Office for Seniors Te Tari Kaumātua	Sets out Government's priorities and commitments to deliver the Better Later Life – He Oranga Kaumātua strategy between 2021 and 2024.	Three
Elder Abuse in Aotearoa: The proposed future strategy for Elder Abuse Response Services, 2020	Ministry of Social Development Te Manatū Whakahiato Ora	High-level overview of the proposed future strategy for MSD-funded Elder Abuse Response Services (EARS), which sets out the EARS work programme priorities and details steps to enact change.	Three
National Framework for Home and Community Support Services (HCSS), 2020	Ministry of Health Manatū Hauora	The Strategy identifies a vision to enable older people to live well, age well, and have a respectful end-of-life in age-friendly communities through identifying and implementing needs-based, equitable person-centred models of care across New Zealand.	Two
Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence, 2021	New Zealand Government Te Kāwanatanga o Aotearoa	Te Aorerekura sets out a framework to eliminate family violence and sexual violence, drive government action in a unified way, and harness public support and community action. The national strategy seeks to increase political and public sector accountability by setting out what the Government is committing to do and how it will measure and report on progress.	Eighteen

Document name	Authors	Document summary	Number of sections with reference to Takatāpui/ Rainbow people
Age Friendly Aotearoa New Zealand Toolkit, 2021	Office for Seniors Te Tari Kaumātua	Toolkit to help communities and councils learn more about how to become an age-friendly community, town, or city.	One
Improving Dementia Mate Wareware Services in Aotearoa New Zealand Action Plan, 2021	The Dementia Mate Wareware Leadership and Advisory Group Te Whakaruruhau mō te Mate Wareware, Alzheimers New Zealand, New Zealand Dementia Foundation, & Dementia New Zealand	Action Plan to drive the changes needed to improve the health, independence, and quality of life of people living with dementia/mate wareware in a sustainable way.	Two
He Rautaki Whakatupuranga – City for All Ages Strategy, 2021	Nelson City Council Te Kaunihera o Whakatū	This Strategy aims for Whakatū Nelson to be a place where older adults can live well, contribute to, and connect with, their community as they age.	None
Older Māori and aged residential care in Aotearoa Ngā kaumātua me te mahi tauwhiro i Aotearoa, 2021	Hikaka, J., & Kerse, N. for Te Tāhū Hauora Health Quality & Safety Commission	Report was commissioned by Te Tāhū Hauora Health Quality & Safety Commission to highlight current knowledge of care for Indigenous people in aged residential care (ARC), present views and experiences of Māori in ARC, and discuss issues of relevance with a future focused view.	None
Better Later Life He Oranga Kaumātua Action Plan 2021 to 2024 He Mahere Hohenga 2021 ki 2024	Office for Seniors Te Tari Kaumātua	Sets out the Government's priorities and commitments to deliver the Better Later Life – He Oranga Kaumātua strategy between 2021 and 2024.	None

Document name	Authors	Document summary	Number of sections with reference to Takatāpui/Rainbow people
Timaru District Age-Friendly Strategy, 2022-25	Timaru District Council Te Kaunihera ā-Rohe o Te Tihi o Maru	Strategy to progress actions to make the Timaru District a vibrant and age-friendly community, where older people are engaged and connected to a community that values, respects, and supports them, to ensure opportunities to achieve their full potential, regardless of their capacities, resources, lifestyles, or preferences.	None
Tāmaki Makaurau Tauawhi Kaumātua – Age-friendly Auckland Mahere Mahi: Action Plan 2022-2027, 2021	Auckland Council Te Kaunihera o Tāmaki Makaurau	Plan to respond to the needs of increasingly diverse older Aucklanders and ensure their needs are met now and into the future.	Two
Marlborough Age-Friendly Strategy, 2022-27	Marlborough District Council	Strategy to guide Marlborough to become an age-friendly community that will support and enable people to age actively, live safely, enjoy good health, and grow old with dignity, respect, and independence.	None
Age Friendly Approach, 2023	Kāpiti Coast District Council	Provides a focus on age-friendliness across all areas of community-led work with the Kāpiti Coast District Council (the Council), community engagement, and to ensure connection, connectivity, and implementation of responses which provide meaningful support and action for older people in our district.	Two
Frailty care guides Ngā aratohu maimoa hauwarea, 2023	Te Tāhū Hauora Health Quality & Safety Commission	Guides designed for use by healthcare professionals to support the recognition and treatment of frailty, a recognised clinical syndrome that requires specialised assessment and interventions. The guides are focused on the ARC environment, but may be helpful in other healthcare settings serving older people living with frailty.	Six

Document name	Authors	Document summary	Number of sections with reference to Takatāpui/ Rainbow people
Napier's Positive Ageing Strategy Action Plan, 2023-26	Napier District Council Te Kaunihera o Ahuriri	Action plan to implement the Napier Positive Ageing Strategy, focusing on new and existing initiatives to progress us to an age-friendly Napier.	None
Ready for Living Age-Friendly Strategy Te Ara Tiketike, 2023-27	Gore District Council	The Ready for Living strategy aims to create an inclusive and supportive community for older people, prioritising their needs and preferences.	None
Tauranga Matarauui – Inclusive City Strategy, 2023-33	Tauranga City Council Te Kaunihera o Tauranga	Tauranga Matarauui provides a pathway to recognising and embracing differences to support people to flourish, underpinned by manaaki tangata – inclusivity, connection, and the creation of enduring relationships.	None
Regional Elder Abuse Network Evaluation Report, 2024	Office for Seniors Te Tari Kaumātua and Dovetail	Early-stage evaluation to understand if regional elder abuse networks have been working as intended and what outcomes have been achieved as a result of the pilot networks so far.	One
Aged Residential Hospital Specialised Services (ARHSS) Agreement, 2024	Health New Zealand Te Whatu Ora	Contracting expectations of residential hospitalised services for older people.	None
Age-Related Residential Care Agreement (ARRC), 2024	Health New Zealand Te Whatu Ora	Contracting expectations of delivery of residential care services to older people.	None
Amplifying the Voices of Older People across Aotearoa New Zealand, 2024	Health and Disability Commissioner Te Toihau Hauora, Hauātanga	Report to improve the visibility and monitoring of health and disability services provided to older people across Aotearoa New Zealand.	Three

Document name	Authors	Document summary	Number of sections with reference to Takatāpui/ Rainbow people
Palmerston North Age Friendly Action Plan, 2024-34	Palmerston North City Council Te Kaunihera o Papaioea	The Palmerston North Age Friendly Action Plan aims to improve the quality of life for older people in our city and provides a starting point for Palmerston North to become an age-friendly city now and into the future.	None
Te Paepae: Waikirikiri Selwyn Ageing Well Strategy, 2024-34	Selwyn District Council	Strategy to identify what residents aged 65 and over need so they can age in place well, supported by comprehensive and equitable services within a vibrant, connected, and inclusive community.	None
Hamilton Age Friendly Plan, 2025-30	Hamilton City Council Te Kaunihera o Kirikiriroa	A refreshed framework to address the needs of our increasing older population, ensuring our city supports our older residents in living accessible, happy, and healthy lives.	Two
Te Aorerekura Action Plan, 2025-30	New Zealand Government Te Kāwanatanga o Aotearoa	Plan to prioritise efforts to eliminate family violence and sexual violence through Te Aorerekura – the National Strategy.	Two

Appendix 9: Community expert interviews methodology

Community experts were recruited through the research team's relationships and connections within Takatāpui and Rainbow communities. The focus was identifying those with deep insight into the specific experiences of older people, recognising many Takatāpui and Rainbow community organisations predominantly serve young people (Dickson et al., 2023).

A rubric of target communities was developed to map lived experience and connections for 27 potential community experts, including Māori, Pacific, and Ethnic belongings, diverse sexuality and gender identities, disability status, people living with HIV (PLHIV), faith communities, and rural and urban reach. To honour Māori as tangata whenua, and because identified research literature predominantly explores the experiences of ageing and/or abuse of older white/Pākehā gay men and lesbians, we allocated four interviews to Māori community experts and prioritised other community experts based on intersectional identities and connections into marginalised groups.

Ethics approval was granted by the University of Auckland Research Ethics Committee: Reference No UAHPEC29814; the consent form and participant information form are available in Appendices 10 and 11.

Potential community experts were approached via email, confirming interest before receiving the participant information sheet and consent form. To enhance agency and prioritise trust and safety in the interview process, all community experts were also offered the opportunity to select their interviewer via a selection sheet available in Appendix 13. All interviews were carried out by the three Hohou Te Rongo Kahukura interviewers. All Māori community experts were interviewed by Anna Tashkoff, Kaiārahi Rangahau Takatāpui for Hohou Te Rongo Kahukura.

Interviews were conducted at a time and place selected by the community experts and lasted between 60 and 120 minutes. Nine community experts were interviewed via Zoom, with one preferring to be interviewed in-person. Karakia were used to open and close the interview when that enhanced safety for the community expert. The semi-structured interview schedule offered flexibility to adjust questions in response to community experts' answers, supporting open-ended dialogue and enabling community experts to share perspectives in-depth. It also allowed the interviewer to pursue noteworthy insights by probing further into specific topics.

All interviews were audio-recorded and transcribed verbatim. Transcribers were required to sign a confidentiality agreement and memorandum of understanding. All community experts were offered the opportunity to review and make changes to their interview transcript. No substantive changes were made. As a gesture of manaakitanga and aroha, and in support of hauora, community experts were gifted a voucher and offered follow-up support services in case any topics discussed during the interviews caused any distress.

On completion of each interview, the research team briefly discussed overall impressions, particularly for early interviews. After transcription, all de-identified transcripts were shared with the wider research team and read to establish an overall understanding of proposed major themes. This was done prior to conducting the systematic coding process of examining, organising, and interpreting the material to further identify patterns, themes, and insights at the level of sentences and paragraphs.

Anna Tashkoff led the coding of the Māori community expert interviews, supported by Pourangahau Summer Roberts and in discussion with Tauīwi Research Lead Sandra Dickson. For non-Māori community expert interviews, interviewers Sandra Dickson and Dr. Swathi Rangarajan coded separately before the full interviewer team came together to share descriptive labels and themes. This process was iterative and included a two-day in-person wānanga and many online coding meetings.

Appendix 10: Consent form



Waipapa
Taumata Rau
University
of Auckland



Faculty of Medical and Health Science
School of Nursing
Building 505
85 Park Road, Grafton, Auckland, New Zealand
T 09 123 4567
W auckland.ac.nz
University of Auckland
Private Bag 92019, Auckland 1142
New Zealand

CONSENT FORM

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Prevention of abuse of older people for Rainbow and Takatāpui older people

Principal Investigator:

Dr Kathy Peri
The University of Auckland
E: k.peri@auckland.ac.nz

Co Investigator:

Sandra Dickson
Project Lead
Hohou te Rongo Kahukura
E: projects@kahukura.co.nz

This study has been approved by the University of Auckland Human Participants Ethics Committee on 31 July 2025 for three years. Reference Number **UAHPEC29814**.

Declaration by participant:

I have read the Participant Information Sheet asking for volunteers to participate in this study, and I have understood the nature of the research and why I have been invited to participate. I have had the opportunity to ask questions and have had them answered to my satisfaction.

- **I agree/do not agree to take part in this research.**
- I have had time to decide whether or not to take part.
- I know whom to contact if I have any questions about the research.
- I understand that taking part in this study is voluntary.
- I understand that I may choose to withdraw from the study at any time within two weeks after the interview without giving a reason.
- I understand that my participation in this study is anonymous and confidential.
- I understand that all attempts will be made to keep my participation anonymous, but it cannot be guaranteed due to the nature of the study.
- I agree / do not agree to be audio recorded/recorded on zoom
- I know that I can ask for the recording to be turned off at any time during the interview
- I know that I do not have to answer any question(s) that I don't want to, and that I can stop the interview at any time.



- I am aware that these recordings will be transcribed by a transcriber who has signed a confidentiality agreement.
- I know that I will be offered the opportunity to review my interview transcript, and that if I accept this offer, I will be given a two-week turn-around period to make any changes to my transcript.
- I am aware that if my participation causes any personal distress, I can: access assistance via:
 - 1737 via free-phone or text 1737
 - Lifeline on free-phone 0800 54 33 54, or free txt HELP (4357)
- I am aware if I want to raise concerns about the wellbeing of an older person, I can contact the Elder Abuse Response Service, a free, confidential 24 hour helpline on 0800 32 668 65, TEXT: 5032 or email: support@elderabuse.nz

I wish to receive a copy of the summary of results (circle one)

YES/NO

I wish to receive a gift voucher (circle one)

Via post/Via email

If yes, my postal address or email address is (provide one):

Participant name:

Signature:

Date:

Appendix 11: Participant information sheet

Participant information sheet

Principal Investigator: Dr. Kathy Peri

Thank you for your interest in participating in an interview for *Prevention of abuse of older people for Takatāpui and Rainbow older people*.

It is important that you read this document carefully in order for you to make an informed decision on whether or not you would like to participate.

The project

Reason: To gain a better understanding of/around the abuse older Takatāpui and Rainbow people face in New Zealand

Aims: We want to understand the systems and policies in place to address the abuse of older Takatāpui and Rainbow people. Our goal is to examine how current policies, frameworks, and services make visible, support, or hinder our communities in terms of prevention, intervention, and social services, providing insights into gaps, challenges, and other relevant findings. We believe community expert interviews will be invaluable in understanding lived experience and identifying concerns about abuse of older people that may not be visible yet in research, strategy, and policy documents in Aotearoa New Zealand.

Duration: Participation will include a one-off interview that will last 60-90 minutes maximum. The research period is June 2025 – November 2025, when findings will be reported to the Ministry of Social Development (MSD).

Benefits: By taking part in this interview, you are helping us understand how things are going for Takatāpui and Rainbow older people here in Aotearoa. Your experiences, no matter how ordinary or extraordinary, are valuable. Your answers can help us to identify what works well and what can be improved to better support older Takatāpui and Rainbow people.

You will also receive either \$100 gift card (grocery) or e-card as a koha for your time and sharing your experiences.

Risks: There are no expected risks or harm to you as a result of participation or non-participation in this study. Participation is voluntary. All information gathered on this issue is viewed as sensitive and confidential and will be strictly handled and stored safely and securely.

Who is involved: This is a collaborative project between the University of Auckland and Hohou te Rongo Kahukura – Outing Violence (www.kahukura.co.nz) and is funded by the Ministry of Social Development (MSD).

Hohou te Rongo Kahukura is a charitable trust focused on preventing and addressing violence experienced by Takatāpui and Rainbow people, including structural, institutional and interpersonal violence including sexual and partner violence. Our work is underpinned by an acknowledgment of Te Tiriti o Waitangi and the impact of colonisation on understandings of sex, sexuality and gender diversity in Aotearoa New Zealand.

Invitation

You are invited to take part in this research because we believe you hold community insights into the needs of older Takatāpui and Rainbow people.

Your participation is completely voluntary, and you may decline this invitation to participate without giving a reason and without penalty. The choice is entirely up to you.

What will happen if I do accept?

If you choose to participate, we will set up an interview time with you as soon as possible once you have accepted your invitation to take part in this research.

The interview is expected to take between 60 and 90 minutes and will be carried out at a location (or online) and time suitable to you. You do not have to answer every question in the interview, and you may stop answering questions at any time.

We would like to digitally record the interview (audio only if face-to-face; if interview is being conducted via Zoom, a recording of the Zoom session) and this will only be done with your permission. Recording can be turned off at any time during the interview at your request, and you will be provided with a copy of your interview transcript, so that you can have the chance to review/edit as you see fit. If at any time you are not comfortable with being digitally recorded, you can ask for the interviewer to write your answers down or you can write the answers down yourself.

If you have any further questions about the research process, please do not hesitate to email me (Researcher Name) at XXXX. Or the Principal investigator Dr. Kathy Peri at k.peri@auckland.ac.nz if you have any questions about the researcher or the study.

Withdrawing after the interview

If you do accept this invitation, you are free to withdraw without giving a reason and without penalty. If you choose to withdraw you are also able to request that all information collected up to the point of withdrawal will be destroyed. The cut-off date for withdrawal is one month after the interview takes place or two weeks after you receive the transcript, whichever is later.

Confidentiality

If you choose to participate in the interview, we will protect your confidentiality in the following ways.

All information both written and recorded will be written into electronic summary reports and will be strictly handled and securely stored at all times. All research team laptops are password protected. You will also be offered the opportunity to review your transcript. The transcription will be carried out by a third party. No identifying information will be provided to the third party doing the transcription and the third party will sign a confidentiality agreement.

You will be given a two week turn around period to make any changes to your transcript, including indicating any quotes you do not want to be used in reporting. Information will be encrypted so that it can be transferred securely to the Principal Investigator and others in the research team who will save the files in password-protected file space.

After this study is finished, all information will be kept for a period of six years, after this time identifiable information (consent form, recordings) will be professionally destroyed (i.e. digital files deleted, and hard copies shredded). Deidentified transcripts and final reports may be retained indefinitely.

If you would like to receive a copy of the findings from this research, it will be made available to you. Please contact Principal Investigator if you do not receive the findings by the end of 2025.

Anonymity

After all ten interviews are carried out, the research team will analyse themes across the interviews that help us understand the risk and protective factors for elder abuse in Takatāpui and Rainbow communities. Quotes from interview participants will be included to explore themes. We will remove any identifying information from each quote to protect anonymity, acknowledging that within Aotearoa New Zealand, Takatāpui and Rainbow communities are small. We will describe all interview participants in general terms only, as a group of community experts.

Where will the information be used

The information you provide during this research will be presented in the form of an anonymised report to the Ministry of Social Development and may also be used in academic publications. The research is likely to be distributed through publication in academic journals, magazines, books and presentations in conferences, symposiums, training sessions, etc. The Ministry of Social Development may use this report for policy decisions and may share the whole or parts of report with the wider public through posting on their website and through other community organisations. While we will make every effort to anonymise your data and quotes as described above, we cannot guarantee anonymity.

Supporting you

Should anything arise during the interview that causes you distress, our researcher will stop the formal interview and work with you to connect with support, whether it be with personal or professional networks.

Our research team will check in on you the next day, or when they deem is appropriate to ensure that you are okay and whether you would like to continue at a later date or if you would prefer to withdraw.

Conflict of interest

To manage any conflict of interest both the participant (in the interview) and the researcher will declare and register any conflicts before the interview takes place.

Any concerns related to the interview discussions

If you have any concerns related to the interview discussions or to the topic of your health service experiences, please feel free to contact any of the following services:

- 1737 via free-phone or text 1737
- Lifeline on free-phone 0800 54 33 54, or free txt HELP (4357)
- Elder Abuse Response Service, a free, confidential 24-hour helpline on 0800 32 668 65, TEXT: 5032 or email: support@elderabuse.nz

Also, feel free to contact one of the contacts below if you have any questions or concerns about this study.

Contact details

Research	Principal Investigator
Name:	Dr Kathy Peri
Study phone number: 078340139	Phone: (09) 373 6757
Email:	Email: k.peri@auckland.ac.nz

For any concerns regarding ethical issues, you may contact

The Chair, the University of Auckland Human Participants Ethics Committee, Office of Strategy Research and Integrity, University of Auckland, Private Bag 92019, Auckland 1142, New Zealand.

Telephone +64 9 373-7599 ext. 83711.

Email: humanethics@auckland.ac.nz

Appendix 12: Interview guide

Prevention of abuse of Takatāpui and Rainbow older people: Interview schedule

Do I have consent for recording the interview? Y/N

Have I received the consent form? Y/N (Remind helping services information)

Have I reminded the participant they can withdraw from the interview at any stage? Y/N

Opening the interview - check in with your participant (two options here)

Tukua kia tū takitahi ngā whetū o te rangi - Let each star shine out clearly and be seen

Tūtawa mai i runga

Tūtawa mai i raro

Tūtawa mai i roto

Tūtawa mai i waho

Kia tau ai

Te mauri tū, te mauri ora

Ki te katoa

Haumi e, hui e, tāiki e

Come forth from above, below, within, and from the environment

Vitality and well being for all

Strengthened in unity.

Introduction

This research project is exploring risk and protective factors for elder abuse in Takatāpui and Rainbow communities. We have asked to interview you because we think you will know about some of the things that make abuse more likely, in different situations for older people in our communities.

Check if participant has any questions.

Questions

Ask your participant to start by telling them a little about themselves, their belongings and their community involvement.

I'd like to start by asking you what kinds of incidents or experiences you think are meant by the term 'elder abuse'.

→ What do you understand by the words 'elder abuse'?

→ Are those forms of abuse experienced by older people in the Takatāpui and Rainbow communities you're connected to?

→ What do you think is different about elder abuse towards Takatāpui and Rainbow older people?

For the rest of the interview, I'm going to ask you about elder abuse in specific situations. What we are including is 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. This includes policies or practices which cause harm or disregard the rights of an older person.

→ **Show and describe the Interview Guide Visual Aid.**

→ **Answer any questions.**

Housing – explore ageing in place (home care); retirement villages; aged care

Explore cultural differences

Explore differences between different groups in Takatāpui and Rainbow communities

→ **What concerns do you have, if any, about elder abuse for Takatāpui and Rainbow older people in housing situations?**

→ **What is safe and mana-enhancing housing for Takatāpui and Rainbow older people?**

Healthcare – explore mental and physical health experiences

Explore cultural differences

Explore differences between different groups in Takatāpui and Rainbow communities

→ **What concerns do you have, if any, about elder abuse for Takatāpui and Rainbow older people in healthcare and medical settings?**

→ **What is safe and mana-enhancing healthcare for Takatāpui and Rainbow older people?**

Community settings – explore community settings, including marae, faith-based settings, older person's community groups, Takatāpui and Rainbow community groups

Explore cultural differences

Explore differences between different groups in Takatāpui and Rainbow communities

→ **What concerns do you have, if any, about elder abuse for Takatāpui and Rainbow older people in community settings?**

→ **What makes community settings safe and mana-enhancing for Takatāpui and Rainbow older people?**

Whānau/Family – explore family of origin, children and grandchildren, and chosen family

Explore cultural differences

Explore differences between different groups in Takatāpui and Rainbow communities

→ **What concerns do you have, if any, about elder abuse for Takatāpui and Rainbow older people within families or whānau?**

→ In what ways do positive family relationships or chosen family protect Takatāpui and Rainbow older people?

Relationships and hook-ups – explore both long-term and more casual relationships

Explore cultural differences

Explore differences between different groups in Takatāpui and Rainbow communities

→ What concerns do you have, if any, about elder abuse for Takatāpui and Rainbow older people within intimate relationships and hook-ups?

→ In what ways do healthy intimate relationships protect Takatāpui and Rainbow older people?

Seeking help and barriers – explore awareness of supports and barriers

Explore cultural differences

Explore differences between different groups in Takatāpui and Rainbow communities

→ What options are you aware of for older Takatāpui and Rainbow people experiencing abuse? (If an older Takatāpui and Rainbow person came to you for help, what would you do?)
What concerns do you have about barriers to help-seeking for older Takatāpui and Rainbow people experiencing abuse?

Final wrap up

Ending question

→ Is there anything else you think it is important for us to think about, to prevent elder abuse of Takatāpui and Rainbow older people?

Let them know what happens next – we will be considering their interview as part of ten community expert interviews, and identifying themes across all the interviews.

If this interview stirs up anything for them and they'd like to talk with someone about it, they can reach Sandra Dickson from Hohou Te Rongo Kahukura at projects@kahukura.co.nz

Share contact details for the Elder Abuse Response Service, a free, confidential 24 hour helpline on 0800 32 668 65, TEXT: 5032 or email: support@elderabuse.nz

Mihi and closing of the space – check in with participant (option here)

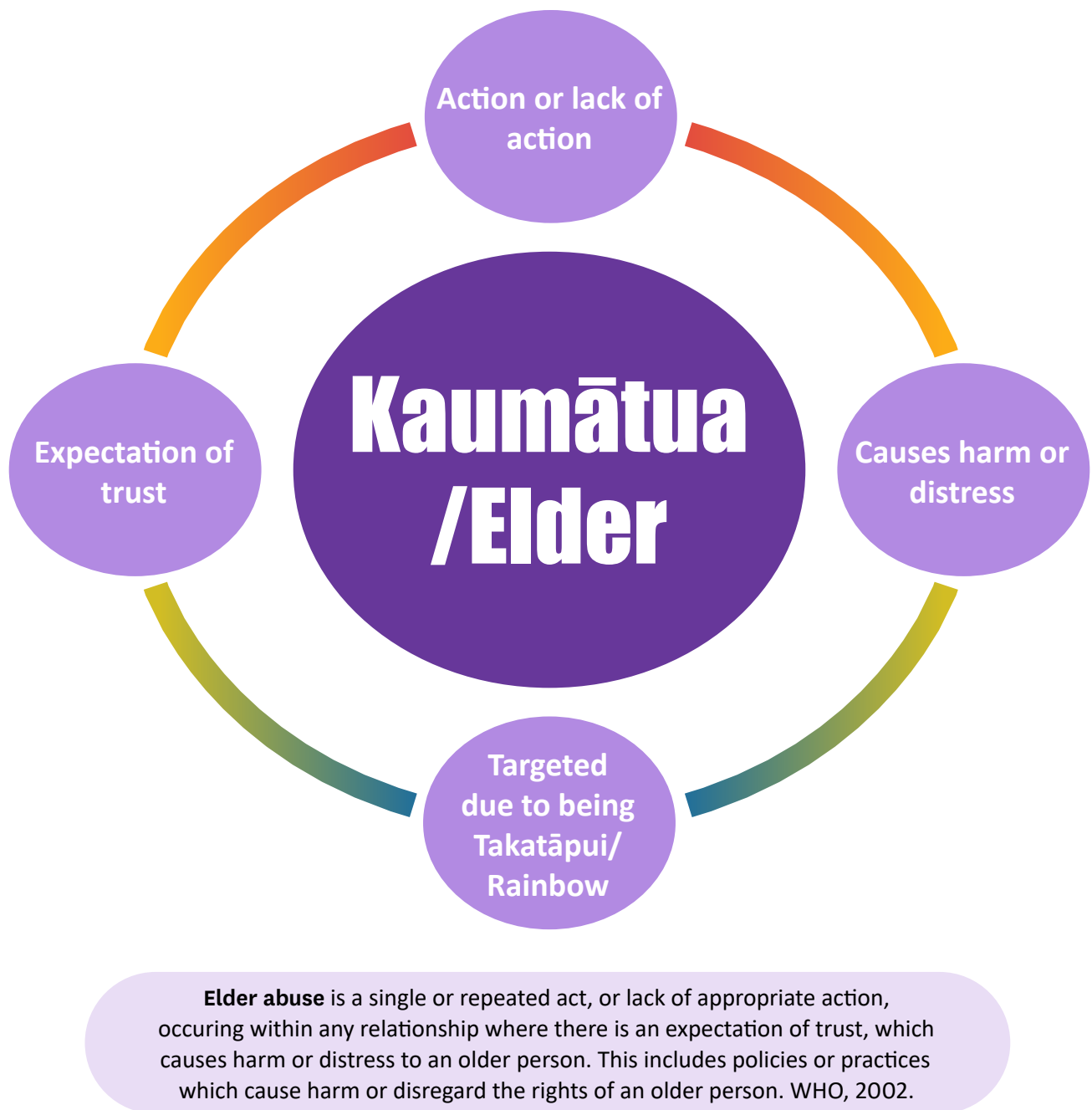
Tēnei te whakairi, tēnei te whakawātea,

Turuturu ō whiti whakamaua kia tina, TINA,

Haumi e, hui e, TĀIKI E

This is the lifting, this is the clearing,

(Closing off this space in unity)



Elder abuse includes:

- **Neglect**, or not providing the care an older person needs for their wellbeing
- **Institutional abuse**, when an agency's policies or practices do not respect what an older person needs
- **Emotional or psychological abuse** is verbal and non-verbal behaviour and threats that bully, control or manipulate an older person
- **Financial abuse** is taking advantage of an older person financially
- **Physical abuse** and
- **Sexual abuse**, when one person uses another for their own sexual purpose without that person's consent

Appendix 13: Interviewer selection sheet

Interviewers

Project: Prevention of abuse of older people for Takatāpui & Rainbow older people.

Thank you for volunteering to be interviewed by one of our research team. We would like to offer you the chance to choose your own interviewer from our team below. If you don't mind who interviews you, that's fine too.

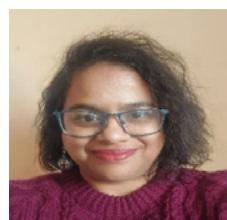


Ana (Āniwaniwa, or Anna) Tashkoff (nō Ngāti Porou, Te Aitanga-a-Hauiti, Ngāpuhi hoki) identifies as a wahine takatāpui. She uses the pronouns ia/she/her and describes herself as pansexual and polyamorous in te reo Pākehā. As a researcher and kaimahi in the education sector, her work spans a decade of belief in the transformational nature of education and the power of community, especially honouring the potential of wānanga, pūrākau and other forms of information to create change for the better in our society. Mō ngā mokopuna te take – mauri ora!



Sandra Dickson (she/they) is a Pākehā gender non-conforming woman of Scottish, Canadian and English descent. She has 30 years' experience working in Takatāpui and Rainbow communities and family and sexual violence prevention at local, national and international levels. She is also autistic, bisexual, and a survivor.

Patrick (he/they) is a Sāmoan queer, fa'afafine accomplished researcher based at the University of Auckland. Patrick runs the Manalagi Project, NZ's first Pacific Rainbow+ Health and Wellbeing Project, is Samoan from the villages of Vaimoso and Vaigaga, being born and raised in South Auckland. He's a passionate educator and advocate for the meaningful inclusion of Pacific Rainbow+ perspectives in research and policy. Patrick speaks Sāmoan and Korean, having spent 11 years abroad, living and researching with gay men in Seoul and Seattle.



Swathi (she/her) is from Mumbai, India and has lived in Aotearoa for seven years. She is passionate about research, education, and community development. She has worked as a teacher and tutor and identifies as asexual. Currently, she is the Kairuruku at Hohou te Rongo Kahukura.

References

This reference list does not include literature from the international and national literature reviews, available instead in the annotated bibliographies in Appendix 4 (international literature) and Appendix 6 (national literature).

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