

March 21, 2021

Ms Claudia Mahler
UN Independent Expert on the Human Rights of Older Persons
Office of the High Commissioner for Human Rights
United Nations Office in Geneva
8-14 Avenue de la Paix
CH-1211 Geneva 10
Switzerland

Re: Submission to the call for contributions on older women – 2021

Dear Ms Mahler,

SAGE (Advocacy and Services for LGBT Elders) is pleased to respond to the call for contributions on older women. SAGE is the world's oldest and largest organization focusing specifically on the needs of lesbian, gay, bisexual, and transgender older adults. Founded in 1978, we have decades of experience working with tens of thousands of older adults and aging-services providers. We have also partnered with local advocacy organizations in groundbreaking research and advocacy in Latin America and other regions.

The number of older adults is increasing worldwide at a higher rate than other age cohorts. It is estimated that by 2050, the number of adults aged 65 and older will represent 15.5 percent of the world's population.¹ Our experience and research demonstrate that the issues and concerns of older lesbian, bisexual, and transgender ("LBT") adults are acute and challenging. They often experience severe human rights violations based on their sexual orientation and/or gender identity ("SOGI") status combined with stigma and discrimination on the basis of gender and age. This combination of factors results in high levels of poverty and financial insecurity; higher rates of morbidity; discrimination in housing, care and services, and numerous other aspects of life; and social isolation and a lack of support networks. Below, we discuss each of these issues separately.

Discrimination and Abuse

Despite modest improvements in legal protections for older LBT women, discrimination, harassment, and abuse remain severe problems around the world. While statistics often do not differentiate by gender (a highly problematic research gap that must be remedied), profiles of the older LBT population in general demonstrate the depth of the problem. Below are some examples of research results in various countries:

¹United Nations, *World Population Prospects 2019* (New York, NY: United Nations, 2019), p. 16.

- In the **United States**, **63 percent** of survey LGBT respondents reported experiencing verbal harassment and **30 percent** were threatened with violence at some point in their lives.² Among older transgender people, **75 percent** fear that discrimination will reduce their access to health care or housing.³
- In **Costa Rica** and **El Salvador** LGBT respondents reported high levels of discrimination and negative attitudes among both residents and staff of long-term care facilities, leading to poor treatment.⁴
- In **Argentina**, older lesbians report continuing to **experience discrimination**, stating that recent legal reforms have not translated into improved societal attitudes and that self-closeting is still necessary in some settings.⁵
- In **Bolivia**, **43 percent** of respondents reported experiencing workplace discrimination based on LGBT status, compared to **34 percent** based on age.
- In **Portugal**, **51 percent** of LGBT respondents report experiencing discrimination or harassment within the **last 12 months**.⁶
- In **Russia**, **17 percent** of LGBT respondents had experienced violence in the **last 12 months** and **32 percent** had experienced workplace discrimination and/or harassment.⁷
- In **China**, LGBT respondents report that revealing one's LGBT status results in **“social death.”**⁸

Discrimination and abuse are even higher on the intersections of LBT status and other minority status. In a survey of LGBT elders conducted by the American Association of Retired Persons (“AARP”), 37 percent of respondents who were Black and 25 percent who were Latinx responded that they were very concerned about abuse and discrimination in long-term care facilities, as opposed to 19 percent who were white.

Finally, it is worth noting that LGBT research subjects tend to under-report their experience of discrimination and abuse, due to internalized stigma and generational conditioning, in which they become inured to insults and harassment over the course of lifetimes of discrimination. As a result, these numbers likely under-estimate the problem.

²Choi, Soon Kyu and Meyer, Ilan H., *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications* (Los Angeles, CA: The William Institute of the UCLA School of Law, 2016), p. 16.

³AARP Research, *Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans* (Washington, DC: AARP Research, 2018), p. 10.

⁴Centro De Investigación y Promoción Para América Central de Derechos Humanos, *Situación de Población Adulta Mayor LGBT en Costa Rica, El Salvador y Panama* (San José, Costa Rica: CIPAC, 2015), *passim*.

⁵Iacub, Ricardo; Arias, Claudia J.; Mansinho, Mariana; Winzeler, Martín; and Vazquez Jofre, Rocio; “Sociocultural Changes and the Construction of Identity in Lesbian and Gay Elderly People in Argentina,” *The International Journal of Aging and Human Development*, Vol. 88:4 (2019), pp. 345-7.

⁶Pereira, Henrique; de Vries, Brian; Serzedelo, António; Serrano, Juan Pedro; Afonso, Rosa Marina; Graça, Esgalhado; and Monteiro, Samuel; “Growing Older Out of the Closet: A Descriptive Study of Older LGB Persons Living in Lisbon, Portugal,” *The International Journal of Aging and Human Development*, Vol. 88:4 (2019), p. 423.

⁷Equal Rights Trust, *Права на Равенство и Дискриминации в России* (London, United Kingdom: Equal Rights Trust, 2017) p. 1.

⁸Hua, Boya; Yang, Vickie F.; and Fredriksen Goldsen, Karen; “LGBT Older Adults at a Crossroads in Mainland China: The Intersections of Stigma, Cultural Values, and Structural Changes Within a Shifting Context,” *The International Journal of Aging and Human Development*, Vol. 88:4 (2019), p. 445.

Financial Status

One result of a lifetime of discrimination and abuse is that LBT elders are often in a more precarious financial position than the general older population.⁹ For example, in the United Kingdom, there is a negative lifetime pay gap of 16 percent for LBT people compared to the general population and transgender people are significantly more likely to be low income or unemployed.¹⁰ A significant number had no savings and were dependent upon government social welfare payments.¹¹

National surveys in the United States demonstrate that significantly more LGBT women than men are likely to suffer from poverty.¹² In all LGBT categories, women have significantly higher rates of poverty than men in comparable groups. Lesbian and bisexual women are 1.5 times more likely to have incomes under the poverty line than gay or bisexual men and transgender people have especially high poverty rates at 29.4 percent.¹³ The disparity increases with age. Female couples over 65 years old have almost twice the poverty rate of different-sex or male couples,¹⁴ with race and living in a rural area augmenting poverty rates.

The situation is no better in other parts of the world. In Bolivia, 43 percent of LGBT people report an annual income less than or equal to the minimum wage, which already is considered inadequate.¹⁵ In China, where older people rely on children for supplemental income or family support, older LBT women are significantly more likely to be extremely poor or vulnerable to poverty.¹⁶ In general, across the globe, the combination of gender and LGBT status leads to financial insecurity and accompanying concern about the future.

Health and Healthcare

Along with poverty, older LBT women's prospects are further depressed by higher levels of morbidity. Research in the United Kingdom demonstrates that almost half again as many older LBT women report poor health compared to their heterosexual peers and this is doubled for transgender women.¹⁷ In the United States, older lesbian and bisexual women report significantly higher levels of illness associated with poverty and age. They have 1.4 times the level of obesity as straight women, 1.3 times the level of asthma, and 1.2 times the level of diabetes. The overall level of disability is 1.2 times higher.¹⁸ These conditions generally correlate with poverty and with a lifetime of stress.

⁹Choi and Meyer, p. 9.

¹⁰LGBT Foundation, *Housing, Aging & Care* (Manchester, United Kingdom: LGBT Foundation, 2020), p. 9.

¹¹*Ibid.*, p. 10.

¹²Lee Badgett, M.V.; Durso, Laura E.; and Schneebaum, Alyssa; *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community* (Los Angeles, CA: The William Institute of the UCLA School of Law, 2013), p. 1.

¹³Lee Badgett, M. V.; Choi, Soon Kyu; and Wilson, Bianca D.M.; *LGBT Poverty in the United States: A Study of Differences between Sexual Orientation and Gender Identity Groups* (Los Angeles, CA: The William Institute of the UCLA School of Law, 2019), p. 2.

¹⁴Albelda, Randy; Lee Badgett, M.V.; Schneebaum, Alyssa; and Gates, Gary J.; *Poverty in the Lesbian, Gay, and Bisexual Community* (Los Angeles, CA: The William Institute of the UCLA School of Law, 2009), p. 11.

¹⁵MANODIVERSA, *Conociendo las Necesidades y Vivencias de las Personas Adultas Mayores de Diversa Orientación Sexual e Identidad de Género en el Estado Plurinacional de Bolivia* (Santa Cruz de la Sierra, Bolivia: MANODIVERSA, 2014), p. 61.

¹⁶Hua, Yang, and Fredriksen Goldsen, pp. 446-7.

¹⁷LGBT Foundation, p. 5.

¹⁸Choi and Meyer, p. 24.

While not differentiated by gender, the life expectancy of transgender people in Latin America is between 35 and 41 years of age, compared to 75 years for the general population.¹⁹ This dramatically lower lifespan is due to both morbidity and violence.

Along with higher levels of physical disease, LBT women also have increased incidence of mental illness and mental health issues. In all countries studied, older LBT women have high levels of depression and suicidal ideation. A study of LGBT people in Chile demonstrates that a lifetime of verbal “wounds” suffered by LGBT people from discrimination, harassment, and verbal abuse leads to greater incidence of psychiatric disorders, psychological stress, victimization experiences, and low self-esteem.²⁰ Similarly, in Israel, 38 percent of LBT women queried reported that a physician had diagnosed them with depression or anxiety. This number is twice as high for older LBT women.²¹

Of course, older LBT women have experienced a lifetime of minority-status stress. While, as indicated above, this causes measurable harm, it also leads to the development of coping mechanisms and resilience.²² Against a lifetime of aggression, experiencing poor treatment in public spaces, difficulty presenting their families, rejection from blood families and communities, LBT women form methods of self-protection and assertion. These mechanisms can protect women from the damaging effects of stigma and rejection and allow them to form self-protective communities. This is a testament to the strength of this community.

The health of LBT women is further challenged by lack of comfort and trust in available health-care providers. In many countries surveyed, LBT women report that they feel they must conceal their LGBT status from their provider or that they delay needed health care due to fears of discrimination or poor treatment. For example, in South Africa, there is a “strong narrative of health-care provider homophobia and transphobia”²³ which is a significant barrier to services. Similarly, in Israel, medical services are generally heteronormative and older LBT women report expecting to be treated with a lack of respect.²⁴

The expectation of poor treatment from health-care providers is also present in the global north. For example, in Canada, lesbian and bisexual women report that they are hesitant to disclose their sexual orientation to their health-care provider, while transgender women are fearful about the inability to conceal their status.

In the United States, AARP’s 2018 survey reveals that while most LBT women report positive relationships with their current health-care providers, at the same time 52 percent are concerned about prejudice and discrimination affecting their care and 57 percent worry that providers will not be sensitive to their needs. The discrepancy between these findings reflects that LBT women have expended significant time to find LBT-friendly providers.²⁵ The literature for the United States demonstrates that a significant number of LBT women report delaying treatment due to fears of discrimination.²⁶

¹⁹Borgogno, Ignacio Gabriel Ulises, *La Transfobia en America Latina y el Caribe* (Buenos Aires, Argetina: Redlactrans, 2015), p. 55.

²⁰Barrientos, J. and Cárdenas, M, “Homofobia y Calidad de Vida de Gays y Lesbianas: Una Mirada Psicosocial,” *Psykhe* Vol. 22:1 (2013), pp. 3–14.

²¹Shnoor, Yitschak and Berg-Warman, Ayelet, “Needs of the Aging LGBT Community in Israel,” *The International Journal of Aging and Human Development* Vol. 89:1 (2019), p. 84.

²²Choi and Meyer, p. 4.

²³Reygan, Finn and Henderson, Neil, “All Bad? Experiences of Aging Among LGBT Elders in South Africa,” *The International Journal of Aging and Human Development* Vol. 88:4 (2019), p. 416.

²⁴Shnoor and Berg-Warman, p. 78.

²⁵AARP Research, p. 13.

²⁶Choi and Meyer, p. 1.

The combination of these factors leads to significant challenges to the quality of life and life expectancy of older LBT women. While experiencing higher than normative rates of life-threatening disease, they are also prevented from seeking care by their experience and expectation of discrimination. This is true around the globe, in developed as well as developing nations.

The combination of barriers to health care and higher rates of obesity, asthma, and diabetes place older LBT women at high risk of severe illness and poor outcomes from COVID-19. These challenges highlight the importance of designing inclusive vaccination programs to reach this population effectively.

Access to Housing, Care and Services

For many elders, housing and supportive services are critical needs. For older LBT women, these issues are augmented by problems of discrimination, poor service, and a heteronormative tradition underlying the structure of service provision.

Around the globe, older LBT women report a disproportionately high reliance on government support programs, discrimination in housing, and fears of abuse in long-term care facilities. In countries where elder care traditionally depends on family, elder LBT women who are alienated from their families for reasons of historical discrimination and stigma are forced to rely on often inadequate and insensitive government or faith-based service providers.

This is particularly true in Latin America, where long-term care facilities tend to be faith-based. A survey conducted by Centro De Investigación y Promoción Para América Central de Derechos Humanos (CIPAC) reveals widespread experience and expectation of abuse. Staff at elder care facilities in Costa Rica, for example, display openly hostile anti-LGBT attitudes and many facilities do not accept openly LBT women or allow same sex couples.²⁷ In addition, LBT women report significant discrimination in housing applications and have difficulty obtaining health insurance.

Similar issues are reported in Portugal and Israel, where elder services in general are heavily heteronormative and elders rely largely on family for assistance and care. In Portugal, 40 percent of LGBT elders surveyed report knowing someone abused in a long-term care facility because of their LGBT status.²⁸ Israel has a low rate of institutionalized care but as a result, LGBT minorities, who often lack traditional family structures, are left with few options.²⁹ This is true to an even greater extent in countries that lack any form of professionalized elder care.

Similarly, in the United States, 73 percent of LGBT older adults surveyed reported lacking appropriate elder services and 60 percent feared that they would be required to conceal their LGBT status when entering long-term care.³⁰ These results are almost duplicated in the United Kingdom.

The lack of access to elder services compounds older LBT women's vulnerability to COVID-19. With less access to targeted information and facilities, obtaining transportation and supplies while social distancing and accessing vaccinations is more difficult.

²⁷Centro De Investigación y Promoción Para América Central de Derechos Humanos, *Situación de Población Adulta Mayor LGBT en Costa Rica* pp. 22-39.

²⁸Pereira, de Vries, Serzedelo, Serrano, Afonso, Graça, and Monteiro, p. 433.

²⁹Shnoor and Berg-Warman, p. 79.

³⁰AARP Research, p. 12.

Community and Social Isolation

A common theme in the global north as well as the global south, regardless of level of development, is a sense among older LBT women of acute social isolation. Almost half of older lesbians surveyed in the United States report that have no one they feel they can rely on for care as they age,³¹ and almost one-third fear “growing old alone.”³² In the United Kingdom, 50 percent report feeling that they do not belong in their neighborhood and 25 percent report loneliness.³³

In Israel, where social networks depend heavily on blood kin and traditional family structures, older LBT women are less likely to have children and report “tremendous loneliness.”³⁴ The situation is similar in China, where stigma attached to LGBT status undermines traditional positive attitudes to older people. In addition, the one-child policy results in older LBT women having fewer family members to draw on for support and care, a more severe problem for this community as they are often isolated from family by stigma.³⁵ Similarly, in Chile, as we have seen, and Sub-Saharan Africa, most elder care is provided by family members and LGBT elders rejected by their blood family are often dependent on hostile faith-based professional care systems.³⁶

This sense of isolation and lack of support systems makes older LBT women more vulnerable to poor mental health and increases the need for LBT-inclusive services. This is particularly stark in the current pandemic, when older people in general are more isolated. In many areas, social distancing regulations assume that people are living in heteronormative family structures with blood kin.

Conclusions

The recent experience of the COVID-19 pandemic highlights the vulnerability and specific needs of older LBT women. Excluded from appropriate housing and care options, facing discrimination by service providers, and often lacking support structures as they age, they are more likely to delay medical care and vaccination and lack both emotional and physical resources, such as companionship, food, and household supplies.

This accentuates the urgent need for governments and care providers around the world to develop best-practices and evidence-based protocols and models for inclusive service delivery. There are several initiatives for credentialing inclusive service providers that could serve as models internationally, for example CIPAC’s guidelines for providers in Latin America, Australia’s “Rainbow Tick Standards,” and SAGE’s “SAGECare” and “Long Term Care Equality Index,” among others.

An urgent need is for more research on the status and needs of older LBT women. The small but growing body of studies of the LGBT population often fail to differentiate results by gender. Particularly in the global south, the need to conceal LGBT status poses tremendous challenges to conducting probability-based studies. As a result, most information is based on small groups, which may not be representative. Additional research methodologies must be considered to close this critical research gap.

³¹*Ibid*, p. 32.

³²Espinoza, Robert, *Out & Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75* (New York, NY: SAGE, 2014), p. 8.

³³LGBT Foundation, p. 5.

³⁴Shnoor and Berg-Warman, pp. 77 and 83.

³⁵Hua, Yang, and Fredriksen Goldsen, pp. 6-7.

³⁶World Health Organization, *Towards Long-Term Care Systems in Sub-Saharan Africa* (Geneva, Switzerland: World Health Organization, 2017), p. 7.

SAGE is hopeful that the Independent Expert's focus on the human rights of older women will begin to address these issues. We, and other organizations around the world advocating for the rights of older LBT women, are committed to advancing the right of this population to safe, healthy, and secure lives free from discrimination.

Sincerely,

A handwritten signature in blue ink that reads "Michael Adams". The signature is written in a cursive style with a small dot above the letter 'i' in "Michael".

Michael Adams
Chief Executive Officer

MA/rk