



We refuse to be invisible®

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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 ageism and age discrimination – 2021

Dear Ms Mahler,

SAGE (Advocacy and Services for LGBT Elders) is pleased to respond to the call for contributions on ageism and age discrimination. 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, gay, bisexual, and transgender ("LGBT") 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 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; discrimination and lack of physical security in housing and service provision, and social isolation and a lack of support networks. Below, we discuss each of these issues separately.

Discrimination and Abuse

Despite improvements in legal protections for older LGBT people, discrimination, harassment, and abuse remain severe problems around the world. Below are some examples from various countries, which demonstrate the universality of the issue:

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

- In the **United States**, **63 percent** of LGBT survey 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 in particular 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, and **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 LGBT status and other minority status. In a survey of LGBT elders conducted by the American Association of Retired Persons, 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*.

⁵Iacob, 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 LGBT 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 LGBT people compared to the general population and transgender people are significantly more likely to be low income or unemployed.¹⁰ Of those LGBT people surveyed, 44 percent of those over 75 years old had less than GBP 10,000 in savings. A significant number were entirely dependent upon government social welfare payments.¹¹ 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.¹²

As a result, around the globe, LGBT people report expecting to work well past the standard retirement age. In Bolivia, the average life expectancy is 69. However, 71 percent of LGBT people interviewed reported expecting to work well into their 60s out of financial necessity.¹³ In China, where older people rely on children for supplemental income or family support, older LGBT people are significantly more likely to be extremely poor or vulnerable to poverty.¹⁴ In many countries, older LGBT people report expecting to work later into their lives but have concerns about age discrimination.

Health and Healthcare

Along with poverty, older LGBT people's prospects are further depressed by higher levels of morbidity. Research in the United Kingdom demonstrates that almost half again as many older LGBT people report poor health compared to their heterosexual peers and this is doubled for transgender women.¹⁵ In the United States, older LGBT people report significantly higher levels of illness associated with poverty and age. This is particularly true on the intersections of age, gender, and LGBT status. LBT women report 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. GBT men report 1.3 times the incidence of asthma.¹⁶ These conditions generally correlate with poverty and with a lifetime of stress.

Along with higher levels of physical disease, LGBT people also have increased incidence of mental illness and mental health issues. In all countries studied, older LGBT people have high levels of depression and suicidal ideation. A study of LGBT people in Chile demonstrates that a lifetime of verbal "wounds" from discrimination, harassment, and verbal abuse leads to greater incidence of psychiatric disorders, psychological stress, victimization experiences, and low self-esteem.¹⁷ Similarly, in Israel, 38 percent of LGBT people queried reported that a physician had diagnosed them with depression or anxiety. This number is twice as high for older LGBT people.¹⁸

⁹Choi and Meyer, p. 9.

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

¹¹*Ibid.*, p. 10.

¹²MANODIVERSA, *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.

¹³*Ibid.*

¹⁴Hua, Yang, and Fredriksen Goldsen, pp. 446-7.

¹⁵LGBT Foundation, p. 5.

¹⁶Choi and Meyer, p. 24.

¹⁷Barrientos, J. and Cárdenas, M, "Homofobia y Calidad de Vida de Gays y Lesbianas: Una Mirada Psicosocial," *Psykhe* Vol. 22:1 (2013), pp. 3–14.

¹⁸Shnoor, 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.

The health of LGBT people is further challenged by lack of comfort and trust in available health-care providers. In many countries surveyed, LGBT people 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”¹⁹ which is a significant barrier to services. Similarly, in Israel, medical services are generally heteronormative and older LGBT people report expecting to be treated with a lack of respect.²⁰

In China, older gay men in particular face discrimination from medical providers based on assumptions of HIV/AIDS status. At the same time, most HIV/AIDS information in China is aimed at young age cohorts.²¹

The expectation of poor treatment from health-care providers is also present in the global north. For example, in Canada, LGB people report that they are hesitant to disclose their sexual orientation to their health-care provider, while transgender people are fearful about the inability to conceal their status. The literature for the United States demonstrates that a significant number of LGBT people report delaying treatment due to fears of discrimination.²² Interestingly, among older LGBT people in the US, about equal numbers report fear of discrimination or poor treatment based on their age as on their LGBT status.²³

The combination of these factors leads to significant challenges to the quality of life and life expectancy of older LGBT people. 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. In many countries, older LGBT people report that medical resources for their community are aimed at younger people. Thus, the combination of LGBT status and ageism renders this population medically vulnerable.

The combination of barriers to health care and higher rates of obesity, asthma, and diabetes place older LGBT people 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 and Services

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

Around the globe, older LGBT people share 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, older LGBT people 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.

¹⁹Reygan, 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.

²⁰Shnoor and Berg-Warman, p. 78.

²¹Hua, Yang, and Fredriksen Goldsen, pp. 8-9.

²²Choi and Meyer, p. 1.

²³AARP Research, p. 43.

This is particularly true in Latin America, where long-term care facilities tend to be faith-based. A survey conducted by the 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 LGBT people or allow same sex couples.²⁴ 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.²⁵ 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.²⁶ This is true to an even greater extent in countries that lack any form of professionalized elder care.

At the same time, services aimed at the LGBT community are often aimed at younger populations. For example, in China, ageism and the “invisibility of LGBT older adults” are reported to present significant barriers to services and information.²⁷ Similarly, in a study conducted by MANODIVERSA in Bolivia, 23 percent of older LGBT people interviewed received services from LGBT community centers, as opposed to only 11 percent who received services from elder centers. However, many also stated that LGBT centers do not provide services to older adults.²⁸

Similarly, in the United States, 73 percent of those LGBT 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.²⁹ These results are almost duplicated in the United Kingdom.

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

In addition to lack of services and housing, older LGBT people report higher levels of feeling physically unsafe in their neighborhoods. This is particularly true for older gay and transgender men. In the United Kingdom, over one-third of LGBT people surveyed living in state-provided housing report feeling unsafe and this rises to over half for transgender people.³⁰ In El Salvador, GBT men report being at greater risk of gang violence due to their perceived LGBT status.³¹

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 LGBT people of social isolation. Among older LGBT people surveyed in the United

²⁴Centro De Investigación y Promoción Para América Central de Derechos Humanos, *Situación de Población Adulta Mayor LGBT en Costa Rica*, pp. 22-39.

²⁵Pereira, de Vries, Serzedelo, Serrano, Afonso, Graça, and Monteiro, p. 433.

²⁶Shnoor and Berg-Warman, p. 79.

²⁷Hua, Yang, and Fredriksen Goldsen, p. 448.

²⁸MANODIVERSA, p.2.

²⁹AARP Research, p. 12.

³⁰LGBT Foundation, p. 5.

³¹Human Rights Watch, *“I’m Lucky to Still Be Alive:” Violence and Discrimination Against LGBT People in El Salvador* (New York, NY: Human Rights Watch, 2021), pp. 34-45.

States, 76 percent report that have no one they feel they can rely on for care as they age,³² and almost one-third fear “growing old alone.”³³ In the United Kingdom, 50 percent report feeling that they do not belong in their neighborhood and 25 percent report loneliness.³⁴

In Israel, where social networks depend heavily on blood kin and traditional family structures, older LGBT people are less likely to have children and report “tremendous loneliness.”³⁵ 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 LGBT people 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.³⁶ 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.³⁷

In addition, older LGBT people report experiencing ageism within the LGBT community. For example, in focus-groups of older LGBT people in Canada and Sweden, respondents state that safe spaces and communities tend to be youth-focused and that they feel within the LGBT community that they are excluded and discriminated against because of their age. They report difficulty forming friendships with younger LGBT people or socializing in LGBT spaces.³⁸ This emphasizes the need for elder-focused services and information.

This sense of isolation and lack of support systems makes older LGBT people more vulnerable to poor mental health and increases the need for LGBT-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 LGBT people. Excluded from appropriate housing and care options, facing age and LGBT-status 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

³²AARP Research, p. 32.

³³Espinoza, 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.

³⁴LGBT Foundation, p. 5.

³⁵Shnoor and Berg-Warman, pp. 77 and 83.

³⁶Hua, Yang, and Fredriksen Goldsen, pp. 6-7.

³⁷World Health Organization, *Towards Long-Term Care Systems in Sub-Saharan Africa* (Geneva, Switzerland: World Health Organization, 2017), p. 7.

³⁸Siverskog, Anna and Bromseth, Janne, “Subcultural Spaces: LGBTQ Aging in a Swedish Context,” *The International Journal of Aging and Human Development* Vol. 88:4 (2019), p. 334, and de Vries, Brian; Gutman, Gloria; Humble, Áine; Gahagan, Jacqueline; Chamberland, Line; Aubert, Patrick; Fast, Janet; and Mock, Steven; “End-of-Life Preparations Among LGBT Older Canadian Adults: The Missing Conversations,” *The International Journal of Aging and Human Development* Vol. 88:4 (2019), pp. 11-2.

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 LGBT people. The small but growing body of studies of the LGBT population often fail to differentiate results by intersectional status, including gender, race, and disability. 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.

SAGE is hopeful that the Independent Expert's focus on the human rights of older people will begin to address these issues. We, and other organizations around the world advocating for the rights of older LGBT people, 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, flowing style.

Michael Adams
Chief Executive Officer

MA/rk