



International Lesbian, Gay, Bisexual, Trans and Intersex Association
Women's Steering Committee

The Human Rights of Lesbian, Bisexual, Trans and Intersex (LBTI) Older Women

Submission to the Independent Expert
on the enjoyment of all human rights by older persons

To inform Independent Expert's forthcoming report on older women
to the 76th session of the General Assembly

Contributors:

- EuroCentralAsian Lesbian* Community (EL*C)
- Janne Bromseth, PhD, researcher and senior advisor on inclusive anti-discriminatory geriatric care, FRI (Norwegian LGBTIQ-organisation)

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About ILGA World

The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA World) is the global federation of national and local organisations dedicated to achieving equal rights for lesbian, gay, bisexual, trans and intersex (LGBTI) people. ILGA is an umbrella organisation of more than 1200 member organisations presented in six different regions: Pan Africa ILGA, ILGA Asia, ILGA-Europe, ILGA LAC (Latin America and the Caribbean), ILGA North America and ILGA Oceania (Aotearoa/New Zealand, Australia and Pacific Islands).

Established in 1978, ILGA enjoys consultative status at the UN ECOSOC. As the only global federation of LGBTI organisations, ILGA voices its agenda in various United Nations fora. ILGA gives visibility to the struggles of its members lobbying at the Human Rights Council, helping them questioning their government’s record on LGBTI rights in the frame of the Universal Periodic Review, and provides support and guidance to member organizations in their engagement with the treaty bodies and special procedures.

Executive Summary

The questionnaire developed by the Independent Expert on the enjoyment of all human rights by older persons for the preparation of her report on older women to the General Assembly, includes a question on **how intersectional factors exacerbate the combined effect of ageism and sexism, including the perspective of older LGBTI women.**

Older women who are lesbian, bisexual, trans or intersex (LBTI), experience violence, discrimination and stigmatization not only because of their age and gender, but also because of their sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC). Yet, these intersectional realities are rarely addressed in laws, policies and activities aimed at supporting older persons.

This submission, prepared by ILGA World's Women's Steering Committee in consultation with EuroCentralAsian Lesbian* Community and Dr Janne Bromseth, aimed at breaking the silence around the challenges faced by older LBTI women.

First, we look into how the intersections between age, gender and SOGIESC have been (or failed to be) addressed in international and national legal frameworks and policies.

While generally LBTI older women remain invisible in **laws, policies and datasets** around the globe, the inclusion of age, gender and SOGIESC alongside with intersectional forms of discrimination in anti-discrimination legislation appear to be a good practice. In addition, some international framework on older persons and older women, such as general recommendations by the UN Committee on the Elimination of Discrimination against Women, as well as the Inter-American Convention on Protecting the Human Rights of Older Persons, also provides some opportunities to address challenges faced by LBTI older women.

Second, we describe **specific challenges faced by older LBTI women** and provide some examples of cases and statistics illustrating these problems. Specifically, we focus on violence, economic vulnerability and poverty, social networks and community, housing, health, end-of-life considerations, representation and the implications of the COVID-19 pandemic.

In general, LBTI older women face multiple and intersecting forms of discrimination and oppression based on their age, gender and SOGIESC. Even in countries that have progressed in terms of LGBTI human rights during last decades or years, LBTI older women spent significant part of their lives in the climate of criminalization and stigmatization which affected their perception of themselves and resulted in the lack of trust in state institutions. In addition, the lack of supportive environment may force older lesbian and bisexual women to go back to 'closet', and trans women to live in accordance with their birth gender despite all the negative consequences of such decisions.

Violence. Older LBTI women are subjected to various violations of personal integrity and experience verbal, psychological, physical and sexual violence, including in care facilities and in family, that remain unreported.

Economic vulnerability and poverty. Because of the cycle of discrimination and exclusion, from education to labour market, many LBTI women have to take jobs in informal sectors, and they are affected by gender pay gap. As a result, LBTI older women have lower, if any, pension contributions and find themselves in precarious economic situations. Many countries in the world still do not recognize same-sex relationship, and therefore older lesbian and bisexual women cannot enjoy partner benefits, specifically surviving partner support. In some places, LBTI women are affected economically by harmful traditions related to inheritance rules or transfer of land. Trans women may not have access to women's pension benefits when states establish different pension ages for women and men.

Social networks and community. Because of stigmatization and discrimination, older LBTI women less likely to have children or recognized partners, and chosen families may not be respected by law and institutions. As a result, older LBTI women live in isolation alone. In mainstream care facilities for older persons, LBTI older women may face prejudices and even violence from both employees and other older persons. Finally, ageism and sexism existing in LGBTI community, is reflected in the lack of attention to the needs of older LBTI women, though there are some examples of projects organized by LGBTI groups aimed at supporting older LGBTI persons and LBTI women in particular.

Housing. LBTI women are in vulnerable position in terms of housing. Because of the difficult economic situation and the lack of recognition of relationships formed by them, they are unable to pay rent or lose housing. They may not be welcomed in mainstream housing projects for older persons. A few community-led initiatives tailored for the needs of older LGBTI are dependent, as a rule and especially outside of the Global North, on private donations and thus are not sustainable.

Health. In terms of health, LGBTI older women have specific risks and needs, for instance, higher risk of certain types of cancer for lesbian women or trans women's needs in hormonal treatment. Because of discrimination and minority stress, LGBTI women in general demonstrates higher rates of mental health issues and substance abuse. Yet, in most parts of the world there are no specific health programs for LGBTI women, let alone LGBTI older women. Health care personnel could be hostile or simply lack information. In addition, LGBTI women approach doctors much less frequently because of the fear to be discriminated against, and this also affects their health throughout the life, but in their old age in particular.

End-of-life considerations. The lack of recognition of same-sex partnerships and chosen families, so important for LGBTI older women, and hostility by families of origin, make LGBTI older women particularly vulnerable when it comes to end-of-life considerations.

Representation. Older LGBTI women are nearly invisible in culture and mass media, and the lack of representation correlates with their invisibility in laws and policies.

COVID-19. Finally, older LGBTI women, being a vulnerable group during the COVID-19 pandemic, are less likely to not having any support and more likely to be isolated. When they are forced to live with hostile families, they may be subjected to violence and abuse. There are almost no state-run activities to support older LGBTI women during the pandemic, while LGBTI activist groups around the world organized support services to help older generations.

In this submission, we identify and describe some **examples of activities** implemented by states and civil society in different countries and regions in order to support older LGBTI women.

Based on the conducted analysis, we suggest a number of **recommendations** to be included into the Independent Expert's report on older women to the General Assembly.

At the end of the submission, we also provide a **list of additional reports and resources** on LGBTI older persons in general and LGBTI older women in particular.

Recommendations

States should recognise the dignity and rights of all older women, including those facing intersectional forms of discrimination such as older lesbian, bisexual, trans and intersex (LBTI) women. For this, States should:

1. Adopt and implement comprehensive anti-discrimination legislation that covers age, gender, sexual orientation, gender identity, gender expression and sex characteristics, among the protected grounds, as well as defines intersectional discrimination and establishes mechanisms to prevent and address it.
2. Ensure the effective implementation of such comprehensive anti-discrimination legislation with the aim to protect older women, including older LBTI women. This should include establishing institutional frameworks, allocating resources, and informing relevant stakeholders and older women about the legislation and mechanisms of its implementation. This should also include timely and effective investigation into any allegation of violence or discrimination experienced by older LBTI women, persecution, punishment and compensation.
3. Ensure that any programmes and policies aimed at older persons includes older women and older LBTI women in particular, and that any programmes and policies aimed at lesbian, gay, bisexual, trans and intersex persons, include LBTI older women.
4. Collect and analyse data on older women disaggregated by, inter alia, sexual orientation, gender identity, gender expression and sex characteristics, in order to understand particular challenges and needs of older women and their groups, such as LBTI older women, and inform states' programming.
5. Ensure participation of older women, including LBTI older women, in the development of any programmes and policies affecting them.
6. Provide obligatory periodic training for providers of services aimed at older persons, such as doctors, nurses and social workers, in order to ensure that they have appropriate information and are able to address specific needs of older women in general and older LBTI women in particular.
7. Ensure the recognition of LBTI women's partners and chosen families, including in visitation rights, representation and decisions concerning medical interventions or death, as well as inheritance and survivor benefits.
8. Organize awareness-raising campaigns aimed at general public and older persons on issues related to older LBTI women, their needs and challenges.
9. Develop and implement targeted effective measures in order to support older LBTI women who are living in poverty and/or do not have access to affordable housing or health care, including by providing culturally sensitive accommodation, health services and financial support.
10. Encourage and finance civil society initiatives aimed at supporting older LBTI women, particularly in housing, socialization, intergenerational dialogues and engagement with the community.
11. Take into account the needs of older women in general and LBTI older women in particular in all measures related to the COVID-19 pandemic and recovery.

I. Introduction

In 1989, Kimberlé Crenshaw introduced the concept of intersectionality into the legal and policy field showing how single-axis framework of discrimination fails to see some groups of women—particularly, Black women in the United States—in the ‘conceptualization, identification and remediation’ of discrimination based on several grounds at the same time¹. Yet, centering those especially marginalized would allow to solve and address not only their problems but also of those who are more privileged².

Ageism is a universal phenomenon that affects older persons in all parts of the world. However, older women experience aggravated and specific forms of discrimination, violence and stigmatization because the systems of oppression they are subjected to—ageism and patriarchy—intersect. For older women who are lesbian, bisexual, trans or intersex (LBTI), intersectional factors exacerbate the combined effect of ageism and sexism, as they are discriminated not only because of their age and gender, but also because of their sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC).

As Carey Candrian and Kate L. M. Hinrichs explained in relation to lesbian older women, but bisexual, trans and intersex older women could also be added to this,

older women are twice unseen due to combined forces of patriarchy and the fascination of youth. When an older woman is also a lesbian, it produces a ‘triple invisible minority’ (...). Those at risk of triple minority status are also potentially triply oppressed. When you begin to add in other vulnerabilities of older lesbians—race, ethnicity, closeted, childless, poor, homelessness, or a dishonorable military discharge—the layers of invisibility and layers of oppression become crushing³.

This submission, prepared by ILGA World’s Women’s Steering Committee in consultation with EuroCentralAsian Lesbian* Community (EL*C) and Dr Janne Bromseth, aimed at breaking the silence around the challenges faced by older LBTI women. First, we look into how the intersections between age, gender and SOGIESC have been (or failed to be) addressed in international and national legal frameworks and policies. Second, we describe specific challenges faced by older LBTI women and provide some examples of cases and statistics illustrating these problems. Specifically, we focus on violence, economic vulnerability and poverty, social networks and community, housing, health, end-of-life considerations, representation and the implications of the COVID-19 pandemic. Then, we identify and describe some examples of activities implemented by states and civil society in different countries and regions in order to support older LBTI women. Based on the conducted analysis, we suggest a number of recommendations to be included into the Independent Expert’s report on older women to the General Assembly. At the end of the submission, we also provide a list of additional resources on LGBTI older persons and LBTI older women, in particular.

¹ Kimberlé Crenshaw, ‘Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics (1989) 1 University of Chicago Legal Forum 139, 139–140.

² *ibid* 167.

³ Carey Candrian and Kate L M Hinrichs, ‘The impact of intersectional stigma on health outcomes: The case of an older lesbian veteran’ (2021) *J Gay & Lesbian Soc Serv*, DOI: 10.1080/10538720.2021.1875348.

II. Normative and policy frameworks on LGBTI older women

A. Normative instruments

1. United Nations

While no United Nations human rights treaties mention SOGIESC explicitly and, moreover, LGBTI older women in particular, the development of intersectional approach by treaty bodies has allowed to address the situations of LGBTI older women.

In 2010, the *Committee on the Elimination of Discrimination against Women* (CEDAW Committee) adopted two general recommendations crucial for the recognition of realities faced by older LGBTI women.

The General Recommendation No 28 on the core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women, for the first time, listed older women and lesbian women as groups particularly vulnerable to discrimination:

*States parties have an obligation to take steps to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women. Certain groups of women, including (...) **lesbian women** (...) and **elderly women**, are particularly vulnerable to discrimination through civil and penal laws, regulations and customary law and practices⁴.*

Moreover, the General Recommendation No 27 on older women explicitly recognized intersectional forms of discrimination faced by older women, including on the basis of sexual orientation and gender identity:

*The discrimination experienced by **older women** is often multidimensional, with the age factor compounding other forms of discrimination based on gender, ethnic origin, disability, poverty levels, **sexual orientation and gender identity**, migrant status, marital and family status, literacy and other grounds⁵.*

Seven years later, the CEDAW Committee once again highlighted the importance of intersectional approach to women's human rights, listing age and being LGBTI as factors contributing to gender-based discrimination but also violence:

*[T]he Committee confirmed that discrimination against women was inextricably linked to other factors that affected their lives. The Committee, in its jurisprudence, has highlighted the fact that such factors include (...) **age**, (...) **being lesbian, bisexual, transgender or intersex** (...). Accordingly, because women experience varying and intersecting forms of discrimination, which have an aggravating negative impact, the Committee acknowledges that gender-based violence may affect some women to different degrees, or in different ways, meaning that appropriate legal and policy responses are needed⁶.*

In addition, specific challenges faced by older persons because of their sexual orientation and gender identity have been recognized by the *United Nations Economic Commission for Latin America and the Caribbean*. The *San José Charter on the Rights of Older Persons in Latin America and the Caribbean* adopted in 2012⁷, clearly mentions in its objectives the need to '[g]uarantee special protection for **older persons** who, because of their **gender identity, sexual orientation**, health status or disability, religion, ethnic origin, homelessness or other vulnerable conditions, are at greater risk of being abused'⁸.

2. Inter-American Human Rights System

By contrast with the United Nations human rights system, the Inter-American system has an international treaty that explicitly recognizes the intersection of age with sexual orientation and gender identity.

In general, the *Inter-American Convention on Protecting the Human Rights of Older Persons (A-70)*⁹ is the navigation compass and the key milestone to achieve the inclusion of the issue of old age in the framework of

⁴ CEDAW Committee, General Recommendation No 28 (2010) on the core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women, UN Doc CEDAW/C/GC/28, para 31 [*emphasize added*].

⁵ CEDAW Committee, General recommendation No 27 (2010) on older women and protection of their human rights, UN Doc CEDAW/C/GC/27, para 13 [*emphasize added*].

⁶ CEDAW Committee, General recommendation No 35 (2017) on gender-based violence against women, updating general recommendation No 19, UN Doc CEDAW/C/GC/35, para 12 [*emphasize added*].

⁷ Carta de San José sobre los derechos de las personas mayores de América Latina y el Caribe (2012), available at: <https://www.conapam.go.cr/mantenimiento/Carta%20de%20San%20Jose.pdf>.

⁸, para 9(c) [*emphasize added*].

⁹ Adopted 15 June 2015, entered into force 11 January 2017 (Convention A-70).

human rights. This convention invites and urges states to modify the views and forms of intervention of the family, society and the state with the elderly.

The Convention recognizes many factors as contributing to vulnerabilities of older persons and encourages States parties to take these intersections into account:

*In their policies, plans, and legislation on ageing and old age, States Parties shall develop specific approaches for older persons who are vulnerable and those who are victims of multiple discrimination, including women, persons with disabilities, **persons of different sexual orientations and gender identities**, migrants, persons living in poverty or social exclusion, people of African descent, and persons pertaining to indigenous peoples, the homeless, people deprived of their liberty, persons pertaining to traditional peoples, and persons who belong to ethnic, racial, national, linguistic, religious, and rural groups, among others¹⁰.*

In particular, the Convention A-70 emphasizes intersections between age, gender, sexual orientation and gender identity with regard to the right to safety and a life free of violence:

*Older persons have the right to safety and a life without violence of any kind, to be treated with dignity, and to be respected and appreciated regardless of their race, color, sex, language, culture, religion, political or other opinions, social origin, nationality, ethnicity, indigenous and cultural identity, socio-economic status, disability, **sexual orientation, gender, gender identity**, economic contribution, or any other condition¹¹.*

By March 2021, only eight states in Latin America have accepted, adhered to and ratified the convention A-70. This includes Argentina, Bolivia, Chile, Costa Rica, Ecuador, El Salvador, Peru and Uruguay¹². In addition, in August 2020 Colombia enacted the Law 2055 approving the Convention A-70. However, it has not deposited the instrument to date.

3. National legislation

Globally, a growing number of states adopts anti-discrimination provisions protecting the rights of LGBTI persons in general. For example, sexual orientation has been recognized as a protected ground in employment by 81 states (41 per cent of the United Nations Member States)¹³. Gender identity, gender expression and sex characteristics have also been recently added to the lists of protected grounds by a number of states¹⁴.

However, such provisions do not necessarily provide adequate protection to older LGBTI women. In this regard, two models of legislation can be identified.

First, some countries simply include sex or gender, age and some aspects of SOGIESC in their lists of protected grounds. For example, Bolivia recognizes sex, age, sexual orientation and gender identity as protected grounds¹⁵. Mexico protects sex, gender, age and 'sexual preferences'¹⁶. In Chile, anti-discrimination legislation covers sex, age, sexual orientation, gender identity and gender expression¹⁷. The problem with this approach is the lack of recognition and definition of intersectional forms of discrimination.

Therefore, the second approach – when anti-discrimination legislation not only lists relevant characteristics individually but also recognizes intersectional forms of discrimination – appears to be more adequate for the protection of older LGBTI women. One example of this approach is the Constitution of South Africa which protects from discrimination based on gender, sex, sexual orientation and age¹⁸, and at the same time prohibits discrimination based on more than one of the protected grounds¹⁹. Another example is the Canadian Human Rights Act that lists age, sex, sexual orientation, gender identity or expression among protected grounds²⁰ while also explaining that 'a discriminatory practice includes a practice based on one or more prohibited grounds of

¹⁰ *ibid*, art 5 [*emphasize added*].

¹¹ *ibid*, art 9 [*emphasize added*].

¹² Estado de Firmas y Ratificaciones Convención Interamericana sobre la protección de los derechos humanos de las personas mayores: http://www.oas.org/es/sla/ddi/tratados_multilaterales_interamericanos_A-70_derechos_humanos_personas_mayores_firmas.asp.

¹³ Lucas Ramon Mendos and others, *State-Sponsored Homophobia 2020: Global Legislation Overview Update* (ILGA World 2020) 330.

¹⁴ See eg, ILGA-Europe, *Rainbow Map and Index 2020*, available at: <https://www.ilga-europe.org/rainboweurope/2020>.

¹⁵ Bolivia, Law against Racism and All Forms of Discrimination (Ley contra el Racismo y toda forma de Discriminación), No 045 of 2010, art 5(a).

¹⁶ Mexico, Federal Law for the Prevention and Elimination of Discrimination (La Ley Federal para Prevenir y Eliminar la Discriminación), 2003, art 1(III).

¹⁷ Chile, Law on the Adoption of Measures against Discrimination (Ley establece medidas contra la discriminación), No 20609 of 2012, art 2.

¹⁸ Constitution of the Republic of South Africa, 1996, Chapter 2: Bill of Rights, art 9(3).

¹⁹ *ibid*, art 9(4).

²⁰ Canadian Human Rights Act, RSC 1985, art 3(1).

discrimination or on the effect of a combination of prohibited grounds multiple²¹. In Croatia, the anti-discrimination legislation covers sex/gender (*spol*), age, sexual orientation, gender identity and expression²², but also recognizes that multiple discrimination – the one based on several protected grounds – constitutes a more serious form of discrimination²³. Similarly, the anti-discrimination legislation of Georgia considers sex, age, sexual orientation, gender identity and expression as protected grounds²⁴, at the same time providing the definition of multiple discrimination²⁵.

B. Lack of policies

Generally, there are no programs or policies aimed at older people that are designed for older LGBTI women. For example, this is the situation Panama, Cuba and El Salvador. Even Costa Rica, the first country to approve and ratify the Convention A-70, has the same situation.

Specifically, older trans women are excluded from public policies. As has been concluded by one research conducted in Thailand, '[o]lder transgender women lack agency and voice and have failed to be involved in the shaping of services that meet their needs'²⁶.

Intersectionalities and the particularities of being trans and lesbian older adults, among others, are little incorporated in the academic and political reflection on aging and gender, and therefore there is little empirical evidence that allows the development of policies or social actions aiming at their needs.

In addition, older adults are conceived as 'objects' of public policies, but never as subjects, because older adults do not really have political influence, especially if they are LGBTI women. Even the LGBTI human rights movement itself rarely incorporates the rights of LGBTI older adults in its agendas.

C. Lack of data

The lack of policies aimed at LGBTI older women correlates with the lack of data on their situations. As confirmed by the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, '[r]esearch and data in the field of older [LGBT] persons is virtually non-existent'²⁷.

The very few national surveys and comparative studies are often conducted using methodologies or in contexts that unintentionally set age limits or scope limits, do not include the very elderly (or living in institutions, such as nursing homes), or are not designed to ensure the confidentiality demanded by LGBTI people, which significantly limits their informative value and the possibilities for assessing the inclusion or exclusion of older LGBTI women. In addition, the datasets may reflect outdated, biased, or incomplete views on aging. In general, data on specific age groups, eg people of 60 years old and older, represent older persons as a homogeneous group. No adequate differentiation is established to reflect the specific needs of the group under study. Nor does it necessarily take into account other interrelated characteristics that add to the condition of being an older person, such as being a woman, a migrant, an LGBTI woman, or having a disability.

Even when some data on LGBTI older persons exists, there is no disaggregation of these data by gender: '[m]ore often than not, gay and lesbian issues are discussed in the literature as one and the same'²⁸. As a result, specific challenges faced by older LGBTI women are left totally invisible.

²¹ *ibid*, art 3.1.

²² Croatia, Law on combating discrimination (Zakon o suzbijanju diskriminacije), 2008, art 1(1).

²³ *ibid*, art 6.

²⁴ Georgia, Law on the elimination of all forms of discrimination, No 2391-IIU of 2014, art 1.

²⁵ *ibid*, art 2(4).

²⁶ Sara Amy Hair and others, 'Older Transgender Women in Thailand: Views of Service Providers' (2019) 31 *J Gay & Lesbian Soc Serv* 65.

²⁷ UNHRC, 'Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity: [Report on socio-cultural and economic inclusion of LGBT people]' (2019), UN Doc A/74/181, para 46. (IE SOGI Inclusion Report).

²⁸ Paige Averett and Carol Jenkins, 'Review of the Literature on Older Lesbians: Implications for Education, Practice, and Research' (2012) 31 *J App Gerontology* 537, 539.

III. Challenges faced by LGBTI older women

Even though during the last decades there have been progressive changes on a policy and societal level in terms of accepting and supporting LGBTI persons – at least, in North America, Latin America and some parts of Europe, older LGBTI persons in general and LGBTI women in particular spent most of their lives in the climate of hatred, being outlawed and stigmatized.

For instance, in Latin America, the great majority of LGBTI older women spent their childhood, adolescence and youth under dictatorial regimes during the second half of the 20th century²⁹. Nations such as Cuba, Paraguay, Chile, Argentina and Panama, among others, suffered from political persecutions, human rights violations, paramilitarism, repression of individual liberties and high levels of internal displacement, migration and exile. By the 1990s, most of these regimes were overthrown, yet many of those exiled did not return to their countries of origin, and among those people, many went into exile or migrated to protect their lives threatened by their sexual orientation and gender identity.

The vast majority of older LGBT women thus have experienced discrimination, social stigma and prejudice, including being labeled as criminals, sinners and mentally ill. In some cases, fear and social stigma have altered their lives, family relationships, income and opportunities to save for retirement. The effects of a life of concealment, stigma, discrimination, physical violence, rejection and ridicule put LGBTI older women at a greater risk of physical and mental illness, as well as other conditions such as social isolation, depression and anxiety, poverty, delayed medical care, poor nutrition and premature mortality.

This section provides a more detailed account on some areas where LGBTI older women face particular challenges.

A. Violence

The majority of older LGBTI women report various violations of personal integrity, represented in experiences of verbal, psychological, physical and sexual violence, which occurred throughout their lives. In general, these acts of aggression were not reported to authorities. Even in countries where nowadays there are protective mechanisms, LGBTI women do not report past cases of violence against them since they occurred mainly during their youth and childhood when there was no legal framework to protect them. In general, there is a lot of distrust in the justice system. It was unthinkable to turn to public servants such as the police, because, on the contrary, they were the main aggressors, as documented even today by various studies. Police abuse was particularly frequent in spaces where LGBTI persons were socializing, mainly towards gay men, and this is still frequent for transgender women, even for those who are older adults.

These references to police violence are related to stigmatizing representations that in the past (and in many countries in the world in the present) linked LGBTI women to crime, ‘immorality’, perversion or degeneracy. The security routines carried out by the police in different areas are moments in which this prejudicial action of public servants that have created a criminalized representation of LGBTI people continues to be identified today; this negative relationship and criminalization extends to private security personnel and the custody personnel of penitentiary centres.

For example, in Latin America, in this environment of criminalization, the police played (and still plays) a moralizing role, in which their violent actions are somehow justified because they were dealing with people who were not ‘good’. The moralizing role is represented in the fact of stripping, exposing the bodies of lesbians and trans women and subjecting them to aggressive routines of psychological torture. These behaviours were so normalized in the past that many older trans women describe them even without pointing them out as very serious.

Older lesbians with masculine gender expressions or read by others as masculine report high level of violence represented in physical, verbal and sexual aggressions in the family or close social environment. This led to early abandonment and expulsion from the family environment, including experiences of homelessness or very limited access to housing, even in cases of lesbians who come from families with medium and high incomes. For trans women and transgender people it is possible to find all these situations in a more extreme form.

Marsha Wetzel’s case (United States)³⁰

Marsha Wetzel, a 74-year-old lesbian woman, was physically and verbally assaulted inside the facilities of Glen St Andrew, a nursing home located in Illinois, United States in 2017.

²⁹ Some dictatorships in Latin America during the second half of the twentieth century: Argentina: Jorge Rafael Videla (1976-1981); Brazil: Junta Militar (1964-1985); Bolivia: Hugo Banzer (1971-1978); Chile: Augusto Pinochet (1974-1990); Cuba: Fulgencio Batista (1952-1959) y Fidel Castro (1959-2008); Guatemala: Carlos Castillo Armas (1954-1957); Nicaragua: Somoza family (1934-1979); Panama: Manuel Antonio Noriega (1983-1989); Paraguay: Alfredo Stroessner (1954-1989).

³⁰ Observatorio de los derechos LGBT (2018, 14 February), Lesbiana adulta mayor denuncia a asilo tras padecer violencia física, verbal y discriminación, available at: http://observatoriolgbt.org.bo/index.php/noticia/detalle/cod_noticia/1305.

After arriving at St Andrew, Wetzel spoke openly to staff and other residents about her sexual orientation. She was met with intolerance from many of them. Wetzel was subjected to multiple verbal assaults and threats, as well as physical violence.

Wetzel was dependent on a motorized scooter. At one time, one resident rammed his walker into Wetzel's scooter forcefully enough to knock her off a ramp. Another resident bashed her wheelchair into a dining table that she occupied, flipping the table on top of Wetzel. In yet another incident, Wetzel was struck in the back of the head while alone in the mailroom; the blow was hard enough to push her from her scooter, and she suffered a bump on her head and a black eye. She did not see the assailant, but the person said "homo" when attacking her. Wetzel also had two abusive trips in the elevator. During the first, a resident spat on her and hurled slurs. During the second, a group of residents were together in the elevator when one of them again hit Wetzel's scooter with his walker.

Wetzel routinely reported the verbal and physical abuse to St Andrew's staff. Wetzel's initial complaints won her a brief respite, but otherwise the management was apathetic. They told Wetzel not to worry about the harassment, dismissed the conduct as accidental, denied Wetzel's accounts, and branded her a liar. Moreover, the management took affirmative steps to retaliate against Wetzel for her complaints. For example, they relegated Wetzel to a less desirable dining room location, barred her from the lobby except to get coffee, halted her cleaning services, and falsely accused Wetzel of smoking in her room in violation of St Andrew's policy. Early one morning, two staff members woke Wetzel up and again accused her of smoking in her room. When she said that she had been sleeping, one of them slapped her across the face.

Lambda Legal, a non-profit legal organization supporting LGBT people, filed a federal lawsuit on behalf of Wetzel against the Glen St Andrew Living Community³¹. In a groundbreaking decision, the Seventh Circuit Court of Appeals ruled that a landlord may be held liable under the Fair Housing Act for failing to protect a tenant from known, discriminatory harassment at the hands of other tenants³².

This case demonstrates that older LGBTI women find themselves in violent environments and may be harassed by peers and social support representatives. Fortunately, Marsha Wetzel was able to find legal support, file a lawsuit and receive some protection. In most of the situations, however, and in the majority of countries in the world older LGBTI women do not have any support and are totally ignored if not re-victimized, by authorities.

B. Economic vulnerability and poverty

The intersections of LGBTI women's lives led to them being in a more precarious situation in terms of finance and property. As older persons, they are affected by ageism in labour markets. For example, many countries still allow strict age restrictions in job advertisement. As women, they are affected by gender pay gap resulting in lower pensions. However, LGBTI women are also subjected to exclusion and discrimination in economic life because of their SOGIESC.

As noted by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, 'discrimination in employment can mean that LGBT individuals have contributed less to pension schemes and therefore have less income later in life (...). They might not be able to legally leave property to a surviving partner'³³.

According to a research conducted by SAGE in the United States, LGBT older women are more concerned than LGBT older men with having enough money to live on (57 per cent vs 49 per cent)³⁴.

Many LGBTI women do not finish their studies or do not achieve a solid professional training because of stigma and discrimination based on their SOGIESC, which affects job opportunities and their personal economic situations, so they do not have the same opportunities to age in a healthy way.

LGBTI women are also experiencing aggravated form of discrimination in employment. For example, in Fiji, a research showed that 61.89 per cent of lesbians, bisexual women, trans men and gender non-conforming persons participated in the study were unemployed, and/or were doing precarious casual work when it was available³⁵. As the country's tourism industry has been seriously affected by the COVID-19 pandemic, most of the LGBTI older women who have been in the industry now lost their jobs.

³¹ More information available at: https://www.lambdalegal.org/in-court/cases/il_wetzel-v-glen-st-andrew.

³² *Marsha Wetzel v Glen St Andrew Living Community, LLC* 901 F.3d 856 (7th Cir. 2018).

³³ IE SOGI Inclusion Report, para 48.

³⁴ SAGE, *Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75* (2014), available at: <https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-out-visible-lgbt-market-research-full-report.pdf>, 13.

³⁵ DIVA (2019), UHNJUST, UNEQUAL, UNSTOPPABLE: Fiji Lesbians, Bisexual Women, Transmen and Gender Non Conforming People Tipping the Scales toward Justice, available at: https://drive.google.com/file/d/1D2YiPOQb_erOxBK2rdRt45Z8mEB1no0z/view, 69.

LBTI women can also be affected by negative traditions and cultural practices. For instance, in Fiji, land and house ownership transfer is only done to male siblings unless a family has only one child. In addition, as same-sex relationships are not allowed for lesbian and bisexual women residing in village and community, it is only possible for them to live together in the town areas. For older LBTI women, migration is more difficult.

In countries that establish different pension ages for women and men, trans women may be denied of retirement pension at the age applicable to other women³⁶.

Many older lesbians and bisexual women in Latin America report that they are currently engaged in caring for other older adults such as their parents or other relatives, and that for these tasks they do not receive any type of income and this disqualifies them from accessing credit for the purchase of housing or free investment.

Older lesbians and bisexual women also report that during their productive lives they worked in the informal sector, which means that they lack resources from pensions or retirement plans. Their labour trajectories frequently happened within the informal sector, in areas such as sales or services, with low incomes that were barely enough to guarantee survival but not enough to make contributions to the social security system or savings. This is particularly evident in the case of trans women, who have engaged in sex work and hairdressing.

C. Social networks and community

Due to social stigma and experience of violence, older LBTI women might not have maintained ties with relatives and could find themselves deprived of these means of support.

As has been explained by the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, '[f]amily rejection and limitations in the recognition of certain forms of families, and limited access to assisted reproduction techniques, mean that often older LGBT people have minimal family support'³⁷.

A longitudinal study on aging conducted in Canada showed that LGB participants were less likely to report being married relative to heterosexual participants and more likely to report living alone, being single, having never married or lived with a partner³⁸.

In Latin America, as an example, LBTI older women's opportunities related to care and protection, social participation, culture and recreation, are seriously affected as a result of discrimination in the family, health sector and workplace. Discrimination in the gay subculture and in the homosocial environment, which are particularly juvenile and hedonistic, with normative body representations and demands of beauty and sexual performance associated with masculinity, fortunately do not affect lesbians and bisexual women very significantly, but do affect psycho-emotionally trans women who are excluded or are pressured to exclude themselves from certain spaces or are inhibited from building them. For older lesbians and bisexual women, we found that not entering socialization spaces such as bars or discotheques for women, is mostly due to a decision to prioritize more domestic or closed meeting spaces with friends and/or partners.

Some older lesbians from Latin America and the Caribbean notice the non-inclusion of lesbians' and older lesbians' demands in the agendas of the LGBTI human rights movement, as well as the absence of funding and cooperation support for this specific population sector, as evidenced, for example, in a manifesto written and signed by more than 35 independent lesbian and lesbian activist organizations³⁹.

Angela Iris Figueroa Sorrentini's case (Panama)⁴⁰

Angela Iris Figueroa Sorrentini is a 72-year-old lesbian who lives in Panama City, Panama. She had lived in the United States for many years, and upon her return to Panama has reintegrated to the life of her country of origin. After years of living a life of visibility of her sexual orientation, she wanted to continue being a visible lesbian, but in Panama City she faced a health system biased by prejudice. Angela says that her medical documents clearly state that she is a lesbian, and this has led to hostile treatment by the medical professionals. She also says that she only knows of two older lesbians in Panama who are close to her, but who prefer to keep their sexual orientation hidden fearing discrimination and humiliation they would receive for being older and also lesbians.

³⁶ See eg, European Court of Human Rights, *Grant v. the United Kingdom*, app No 32570/03 (23 May 2006).

³⁷ IE SOGI Inclusion Report, para 46.

³⁸ Kimberley Wilson and Arne Stinchcombe (2019), Policy legacies and forgotten histories: Health impacts on LGBTQ2 older adults: Policy brief.

³⁹ See 'Statement addressed to Funders, Funds and Cooperating Agencies', available at: <https://docs.google.com/forms/d/1X9rrR08z0Dq7QxJ-Dv7Q1ONpYSJ2zuKk2Wrs1h7Yvks/edit>.

⁴⁰ Video "Lesbiana de la 3a edad: entre invisibilidad y discriminación", available at: <https://www.youtube.com/watch?v=8z7q3fANmSk>.

In her video⁴¹, Angela says that in Panama, unlike in the United States, there are no care, support or cultural centres for LGBT people, and that this is something she misses because for her, the need for recreation is a fundamental right that she is not seeing realized.

Yet, in places where activism around SOGIESC is possible, the experiences and herstories of older LGBTI women could be appreciated and valued by younger generations. For instance, Anita, an older lesbian woman, an informant in a study conducted in Sweden, reported:

They had a party now in Gothenburg and arriving there when everyone is in their 30's, then I can feel that I am not so interesting to them. Not when it comes to flirting. But there are different dimensions to this. I am thinking more ideologically and when it comes to ideas, conversations and role models, then I think we have a positive position. (...) I feel the younger feminists are kind of admiring. They want contact and want to do things together. (...) If you are an old activist, I think there is a positive appreciation of us. There are women here who came before and kind of plowed the way for better times for homosexuality and lesbians.

As Anna Siverskog and Janne Bromseth explain,

[h]ere, old age is not merely equivalent with becoming less interesting in relation to dating but rather a valued position of experience and history. It also points to an intergenerational community, where invisible kinships are shared through experience among lesbians in different generations⁴².

Pat and Paulette Martin's case (United States of America)⁴³

Pat and Paulette Martin, both 68, a married lesbian couple living in Harlem, New York City, set up the Masculine Identified Lesbians of Color Collective, which includes African American, Latino, and a 'few white women also'.

'We are coming together as a social justice group', said Pat. 'We feel for a long time we have been pushed to the side. Back in the day, clubs and bars in the 1970s and '80s were primarily for white lesbians, and if we went we were refused entry or if we were given entry to a free club, all of a sudden there was an admission cost. If you look now, most of the LGBTQ organizations of substance who have money and get all the publicity are headed by white folks. So we came together because we felt it was time for us to take responsibility for ourselves'.

The group, comprising women of all ages, has members from New York, New Jersey, Washington, Chicago, North Carolina, South Carolina, and California.

Pat hopes the older women in the group can be role models for younger women, who may only have male relations—a father, brother, or uncle—to emulate. 'A lot of them don't know how to go to a doctor and say, "I'm a lesbian, sleeping with women. This is what I need"'. We need to be role models and teach these younger lesbians about self-care, how to run their own businesses, and share experiences. The buck stops here. We can no longer rely on anyone else to do it. We have to do it for ourselves'.

D. Housing

Discrimination and stigma generally affect negatively the access to stable housing for LGBTI women, with particularly damaging consequences for more vulnerable categories of LGBTI older women.

One of the factors aggravating the housing situation of LGBTI older persons, and in particular women, is the lack of legal recognition of same-sex partnerships. For example, the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity noticed that

[LGBT] individuals might not be eligible to the pension entitlements of same-sex partners, which could leave them unable to pay their rent or mortgage and lead to evictions. They might not be able to legally leave property to a surviving partner, and surviving partners might not be able to remain in public housing following a partner's death⁴⁴.

Especially complex can be housing arrangements in retirement homes where heterosexuality of the guests is presumed and LGBTI women might therefore not feel safe to reveal their SOGIESC to other guests or to the employees of the structures.

⁴¹ *ibid.*

⁴² Anna Siverskog and Janne Bromseth, *Subcultural Spaces: LGBTQ Aging in a Swedish Context* (2019) 88 *Int J Aging Hum Dev* 325, 334.

⁴³ Tim Teeman, 'LGBTQ Seniors Hit by Lockdown Isolation "Triple Whammy" Are Fighting Back' *Daily Beast* (5 May 2020), available at: <https://www.thedailybeast.com/lgbtq-seniors-hit-by-coronavirus-lockdown-isolation-triple-whammy-are-fighting-back?via=newsletter&source=DDMorning>.

⁴⁴ IE SOGI Inclusion Report, para 48.

As evidenced by the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity:

[Minimal family support] can leave older LGBT people in precarious situations when it comes to housing security and can increase the likelihood of the need for formalized social care; many are reported to be propelled back into the closet when moving to retirement settings⁴⁵.

In Latin America, as an example, because of the precarious economic conditions of older LGBTI women, the right to housing is considered a difficult scenario to access and, therefore, nursing homes or long-term care centres would be considered an option. However, this is not a very favourable scenario because these spaces are eminently heterosexual; those state-run are very few and getting a place there is difficult, while private ones are extremely expensive. LGBTI older women's relatives or people in charge seclude them to geriatric or clandestine homes to avoid taking care of them and providing them with care. As can be expected, these places are economically more accessible or affordable, but they are places that lack the minimum ethical standards of care and humanity.

In Ireland, a study found that many older LGBT people perceive nursing homes as unwelcoming or insensitive to their health-care needs. Family and/or aged care staff may refuse to affirm the gender identity of older trans and gender-diverse persons and force them to live according to the gender assigned at birth. In Australia, some LGBT people may fear reliving past experiences when encountering discrimination in the aged care environment⁴⁶.

As reported by May, a 64-year-old gay woman:

You lack that close family network, so obviously you are more isolated. I live in an incredibly amount of fear about my future. Not just as an older person. But as a gay older person. Institutions, they're very straight. My god I hope I don't have to go into a care home, I really do. It's all men and women, and I just can't imagine what it will be like. When I think about it, I find it quite scary. It frightens me that I am just going to be invisible, a nobody, that I am just going to be lost. And what I would want to do is just die (...). I just don't want to end up in an institution⁴⁷.

A survey conducted in Canada showed that the top issue with the largest perceived impact on LGBTQI2S⁴⁸ seniors was the fear of being re-closeted in residential care (52 per cent of the participants). Particularly in cases of dementia and/or Alzheimer's disease, many LGBTQI2S older persons worry if their identities will be honoured and respected as their consent and autonomy are brought into question⁴⁹.

In some places and rather as an exception, there are private initiatives, usually organized by more resourceful LGBTI persons or organizations, aimed at providing housing to LGBTI elderly. However, these projects are dependent on private initiatives and not state support thus lacking sustainability.

The Home for the Golden Gays' case (Philippines)⁵⁰

Established in 1975, by the deceased Pasay City Councillor Justo Justo (Panfilo C. Justo), the house served as a care facility for elderly destitute gay and trans persons. A day after Justo's passing in 2012, his family evicted the Golden Gays, and the group have remained homeless since then.

Although called 'Golden Gays', to refer to elderly 'bakla', who to most people loosely translate as 'gay men', many if not most of the residents were actually trans women. Upon closer look and interactions, many of them over the years have told their stories saying that they felt they were like real women, they were women. Many times, they even concealed their assigned gender from American and Japanese men during the World War II. Back then, there was the absence of lexicon and discourse on trans identities, but it is clear that many of them were trans women.

One of the most renowned stories told in public was made into a movie called 'Markova: the story of Walterina Dempster Markova, Comfort Woman'. Markova, like many others who lived in the Gold Gays, crossed dress or lived discreetly as women, was forced to do sex work and was raped during the Occupation years. Yet, to this day there is no sustainable governmental support to them, and their day-to-day living is only supported only kind

⁴⁵ IE SOGI Inclusion Report, para 46.

⁴⁶ IE SOGI Inclusion Report, para 47.

⁴⁷ Sue Westwood, 'Older Lesbians, Gay Men and the "Right to Die" Debate: "I always Keep a Lethal Dose of Something, Because I Don't Want to Become an Elderly Isolated Person"' (2017) 26 Soc & L Stud 606, 621.

⁴⁸ Lesbian, gay, bisexual, trans, queer, intersex and Two-Spirit.

⁴⁹ Egale, *Community Engagement Consult for LGBTQI2S Seniors, Online consultation Results: June 2017*, available at: <https://egale.ca/wp-content/uploads/2014/11/Community-Engagement-Consult-Online-Consultation-June-2017-FINAL.pdf>.

⁵⁰ The Philippine Star (2018, 10 February), The Golden Gays of Manila, available at:

<https://www.philstar.com/lifestyle/supreme/2018/02/10/1786185/golden-gays-manila>; Joshua Melvin, 'Manila's 'Golden Gays' sing for their supper' (22 July 2018), available at: <https://news.abs-cbn.com/life/07/22/18/manilas-golden-gays-sing-for-their-supper>.

donors, including some celebrities, who featured their stories in media. The situation of the Home for the Golden Gays is proof of how sad aging can be for some LGBTI women in some countries in Asia.

E. Health

Older LGBTI women have unique health needs when compared with their non-LGBTI counterparts⁵¹. Many of these needs are resulting from the intersectionality of oppressions surrounding LGBTI women throughout their life cycle.

A number of studies reported series of health problem connected to stigmatization and discrimination faced by LGBTI women. For example, the concealment of sexual identity and expectations of discrimination and rejection are associated with difficulty talking with others about sexual identity; this, in turn, causes more rumination and brooding about one's life situation, eventually associated with more psychological distress⁵². Lesbian and bisexual older women in a US study were more likely than their heterosexual counterparts to report having arthritis, asthma, a heart attack, a stroke, a higher number of chronic conditions, and poor general health⁵³.

Gender factors influence health disparities between women and men in LGBTI communities. For instance, a longitudinal study on aging conducted in Canada showed that, compared to mid-life and older gay and bisexual men, lesbian and bisexual women had 1.8 greater odds of reporting an anxiety disorder and 1.8 greater odds of heavy drinking.⁵⁴ Yet, the multiple layers of the threat of marginalization (being older, female, and lesbian and having alcohol addiction) complicate the health risks for older lesbians with alcohol problems, along with vulnerability related to stigma and inadequate screening among older persons and multiple comorbid health concerns⁵⁵.

An earlier study from Spain referred to the higher rates of breast cancer among lesbians compared to heterosexual women due to the fact that lesbians are more exposed to certain risk factors that influence breast cancer. This includes, for example, a higher proportion of lesbian women not having children; differences in the exposure to hormones because lesbian women never take contraceptive pills or do it only for a short period of time; obesity, alcohol consumption, smoking, inadequate diet, lack of sport and physical activity habits, mostly related to the minority stress; and, last but definitely not least, significantly lower rates of gynaecological check-ups compared to heterosexual women⁵⁶.

Another study on lesbian health also warned of a possible increased risk of cervical cancer among lesbian women. This could be due to the fact that lesbians, who are less likely than heterosexual women to go to the gynaecologist, do not undergo cytology test once a year, which is necessary to detect this type of cancer after the age of 45⁵⁷.

Similar results have been presented at the First International Seminar on Gender and Sexual Diversity in Old Age⁵⁸ held in 2015 by the National Directorate of Policies for Older Adults of Argentina⁵⁹. Prof Dr Brian de Vries, a prestigious academic and researcher on gerontology, noted in his presentation the higher rates of obesity or overweight, as well as higher rates of reproductive cancer among lesbian and bisexual women.

Many of these risks can be mitigated with proper health care. However, because of the lack of health-related education tailored to the needs of non-heterosexual women, and the fear (and sometimes real previous experience) of discrimination by health care providers, LGBTI women tend to avoid interactions with health care system. Even when going to doctors, lesbian and bisexual women hide their sexual orientation even when it is crucial for proper treatment.

⁵¹ Brenda Hayman and Lesley Wilkes, 'Wilkes Older lesbian women's health and healthcare: A narrative review of the literature' (2016) 25 J Clin Nurs 3454.

⁵² Robin J Lewis and others, 'Pathways Connecting Sexual Minority Stressors and Psychological Distress Among Lesbian Women' (2014) 26 J Gay & Lesbian Soc Serv 147.

⁵³ Karen I. Fredriksen-Goldsen and others, 'Chronic Health Conditions and Key Health Indicators Among Lesbian, Gay, and Bisexual Older US Adults, 2013–2014' (2017) 107 Am J Public Health 1332.

⁵⁴ Kimberley Wilson and Arne Stinchcombe, *Policy legacies and forgotten histories: Health impacts on LGBTQ2 older adults: Policy brief* (2019).

⁵⁵ Noell L. Rowan & Nancy Giunta (2016) Lessons on social and health disparities from older lesbians with alcoholism and the role of interventions to promote culturally competent services' (2016) 26 J Hum Behavior & Soc Environ 210, 212.

⁵⁶ Beatriz Gimeno, *Vejez y Orientación Sexual* (2004), available at: <https://beatrizgimeno.files.wordpress.com/2009/09/informe-mayores-lgtb1.pdf>

⁵⁷ See eg, SL Dibble, JM Vanoni and C Miaskowski, 'Women's Attitudes Toward Breast Cancer Screening Procedures' (1997) 7 *Women's health Issues* 47; Suzanne L Dibble and others, 'Risk Factors for Ovarian Cancer: Lesbian and Heterosexual Women' (2002) 29 *Oncology Nursing Forum* 1.

⁵⁸ Primer Seminario Internacional sobre Género y Diversidad Sexual en la Vejez, available at: <https://www.youtube.com/watch?v=Cov-sUJftyQ>.

⁵⁹ Télam, 'Las personas adultas mayores LGBTI "sufren un doble standard de discriminación", según una experta' (28 September 2015), available at: <https://www.telam.com.ar/notas/201509/121638-adultos-mayores-lgbti-discriminacion.php>.

For example, in Fiji, only two per cent of lesbians, bisexual women, trans men and gender non-conforming persons participating in a study, reported ever having a mammogram screening; only ten per cent shared having pap smear tests⁶⁰.

A German study revealed that only 40 per cent of lesbian respondents had revealed their sexual orientation to their doctor, including 11.9 per cent have not disclosed their sexual orientation to physicians although it was important for examination or treatment. At that, 12.4 per cent had actually experienced discrimination in health care system, 3.8 per cent were denied an examination or treatment because of their sexual orientation, and 16.4 per cent felt the need to talk about their sexual orientation and were not taken seriously by medical personnel⁶¹.

Another study conducted in rural Tasmania, Australia, revealed that geographical isolation was a literal barrier to accessing specialist healthcare and lesbian-inclusive services, which may be absent in rural areas. The women perceived community health initiatives and social activities aimed at 'healthy ageing' in rural towns as heteronormative and unappealing for lesbians. In some cases, women reported experiencing homophobic discrimination in these social groups⁶².

In Latin America, older LBT women are at risk of significant health disparities, as evidenced by reports and research by civil society organizations. This suggests that, compared to older heterosexual and cisgender women, LBT women are less likely to access geriatric services and service providers, senior centres, feeding programs and others because they fear discrimination or harassment if their sexual orientation or gender identity becomes known. Some LBT women may access nursing home services but may choose to conceal or keep their sexual orientation or gender identity secret, referring to their partners as a 'friend' or 'sister' in the case of lesbians and bisexual women with female partners. Other older LBT women may be completely reluctant to access geriatric centres and services, and only seek medical help in case of emergency.

In addition, older lesbian and bisexual women are subject to the general prejudices about the sexuality of older people, in a sense that their sexuality is considered non-existent at this time of life because there is a stereotyped and simplistic representation at a general level about the various ways in which older people do or do not live their sexuality. The active exercise of sexuality in old age contemplates the right of older adults to exercise their sexuality as they wish, including the possibility of not having sex; but this also includes the right to declare themselves as lesbian, bisexual or trans and to have the guarantees to live their sexual orientation and gender identity to the fullest.

Finally, the low level of trust to the health care system among LBT older women corresponds to the actual prejudices or the lack of information among health care professionals.

For example, in Latin America (and many other regions in the world), gynaecologists do not have protocols that include lesbian patients. Therefore, health care providers may ask intimate questions of a sexual nature without any consideration or focus.

Some first-hand experiences of interactions with health care system described by lesbian and bisexual women include:

To talk about poor experiences, let's say gynae visits. There have been occasions where the doctor has refused to believe I do not have sex with men⁶³.

I needed to search for information by myself because the health care personnel were not able to offer the information I needed related to STD prevention⁶⁴.

In Latin America, lesbian and bisexual older women report highly stressful and invasive situations, where health care providers question their life choices, which seem to be seen as illegitimate based on their age and expected social 'role' (being mothers, having penetrative sexual practices, etc.). This may represent a form of institutional or state violence and discrimination that is clearly recognized and referenced by older lesbians and bisexual women. In addition, as until a few years ago gynaecologists were mostly men and therefore the main agents of this type of violations, this caused fear and/or dissatisfaction in gynaecological care in general, suggesting that health services were not and are not perceived as protective of women's – and particularly older lesbian and bisexual women's – rights or those of their families.

⁶⁰ DIVA (2019) 55.

⁶¹ Oliver Hirsch, Karina Löltgen, & Annette Becker (2016), Lesbian womens' access to healthcare, experiences with and expectations towards GPs in German primary care, BMC Family Practice 17(1), pp. 1-9.

⁶² Ruby Grant and Briohny Walker, 'Older Lesbians' experiences of ageing in place in rural Tasmania, Australia: An exploratory qualitative investigation' (2020) 28 Health Soc Care Community 2199.

⁶³ Jenni Ija Ilona Soinio, Eija Paavilainen and Jari Pekka Olavi Kylmä, 'Lesbian and bisexual women's experiences of health care: "Do not say, 'husband', say, 'spouse'"' (2020) 29 J clin nurs 94, 98.

⁶⁴ ibid 99.

A survey of health practitioners conducted in Portugal indeed identified heterosexism on issues such as same-sex marriage and reproduction, and the lack of professional knowledge in dealing with non-heterosexual patients, despite the consensual discourse on the necessity of non-discriminatory practices⁶⁵.

In order to reduce these healthcare barriers, medical students and practitioners need to receive proper training on LBT women's needs and specific challenges, in order to provide high quality and culturally-competent care⁶⁶.

Trans older women face specific challenges in relation to their health and their access to health care system.

Globally, but particularly in Latin America, trans women have a lower life expectancy than older women in general, since their life trajectories involve social and health risks that lead to earlier deaths, according to the main results of human rights reports from civil society and some intergovernmental organizations.

Trans women may face barriers related to timeframe requirements for legal gender recognition, trans-related health care services or their coverage by insurance⁶⁷.

Teraina Hird's case (United Kingdom)⁶⁸

Teraina Hird was 67 when she transitioned. She did so privately in Thailand after being told she'd need to wait 18 months just for her first NHS appointment.

It was a daunting process. 'If you're 25, you've got your whole life in front of you, but at 67 do you want to spend three years in transition?' she says.

In addition, Teraina and her partner Anna May Booth, who is 68, both suffered workplace discrimination, but at an age when it was too late to start their careers anew.

The Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People⁶⁹ adopted by the World Professional Association for Transgender Health (WPATH) in 2012, include a number of provisions important for older trans women in particular.

Transsexual, transgender, and gender-nonconforming people need health care throughout their lives. For example, to avoid the negative secondary effects of having a gonadectomy at a relatively young age and/or receiving long-term, high-dose hormone therapy, patients need thorough medical care by providers experienced in primary care and transgender health⁷⁰.

Cancer screening of organ systems that are associated with sex can present particular medical and psychosocial challenges for transsexual, transgender, and gender-nonconforming patients and their health care providers. In the absence of large-scale prospective studies, providers are unlikely to have enough evidence to determine the appropriate type and frequency of cancer screenings for this population. Over-screening results in higher health care costs, high false positive rates, and often unnecessary exposure to radiation and/or diagnostic interventions such as biopsies. Under-screening results in diagnostic delay for potentially treatable cancers. Patients may find cancer screening gender affirming (such as mammograms for [trans women]) or both physically and emotionally painful (such as Pap smears offer continuity of care for [trans men])⁷¹.

Yet, while trans people in general have problems when accessing trans-related health services⁷², for older trans women this problem is even more complicated.

A respondent from a study conducted in the US, an older trans woman, described one of her cases as following:

I set up the appointment, and went into the waiting room to have this exam [a pap smear] done (...) the nurse started questioning me, and there's my records right there that say 'transsexual' across it in big, bold letters, and she starts asking, 'When's your last period?' (...) And it went on, and I said 'I don't

⁶⁵ João Manuel de Oliveira, Maria Joana Almeida and Conceição Nogueira, 'Exploring Medical Personnel's Discourses on the Sexual Health of Lesbian and Bisexual Women in Greater Lisbon, Portugal' (2014) 23 Revista colombiana de psicología 297.

⁶⁶ Sophie M. Cannon, Vipul Shukla and Allison A. Vanderbilt, 'Addressing the healthcare needs of older Lesbian, Gay, Bisexual, and Transgender patients in medical school curricula: A call to action' (2017) 22 Med Educ Online, DOI: 10.1080/10872981.2017.1320933.

⁶⁷ See, for example, European Court of Human Rights, *Schlumpf v. Switzerland*, Application No. 29002/06, judgment of 8 January 2009.

⁶⁸ BBC, 'The challenges of being transgender and over 60' (11 October 2015), available at: <https://www.bbc.com/news/magazine-34454576>.

⁶⁹ WPATH, *Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People* (7th version, 2012), available at: https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?_t=1613669341.

⁷⁰ *ibid* 65.

⁷¹ *ibid* 66.

⁷² See eg, Joshua D Safer and others, 'Barriers to Health Care for Transgender Individuals' (2016) 23 Curr Opin Endocrinol Diabetes Obes 168; Ontario HIV Treatment Network, *Barriers to accessing health care among transgender individuals* (2017), available at: https://www.ohtn.on.ca/wp-content/uploads/2017/10/RR119_transgender_barriers.pdf.

*think I've ever had a period'. And she went on to say, 'When did you have your hysterectomy?' And it says at the top of the page right there, 'transsexual'. I don't think she noticed*⁷³.

She also related an incident where a mental health provider at a Veterans Administration Hospital dismissed her gender identity issues by saying 'Oh well, you're just gay'⁷⁴.

While there are very few data on specific experiences of trans women in health care, there is virtually nothing on intersex women. Yet, one of the existing studies revealed that intersex persons' rates of physical health diagnoses were higher in the older age group, with significantly higher rates of high blood pressure, stroke, arthritis, osteoporosis, and diabetes⁷⁵.

Lastly, another problem specific for LGBTI persons in general and LGBTI older women in particular is the so-called 'conversion therapies'⁷⁶. While this issue is usually more discussed with regard to young LGBTI persons subjected to such treatment by their families, older LGBTI women who are also dependent on their families or care providers, risk being subjected to 'conversion therapies' as well. For example, a 64-year-old lesbian woman from La Paz, Bolivia, evidenced: 'Because of my sexual orientation, my family sent me to a psychologist (to change)'⁷⁷.

F. End-of-life considerations

The United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, addressing the implications of the end-of-life considerations for LGBT persons, noted that it was common for him 'to receive information about partners not being consulted and not being given decision-making power'⁷⁸. Older LGBT persons are often fearful that their end-of-life and after-death wishes will not be respected by some family members, especially when same-sex relationships are not recognized in law⁷⁹.

Indeed, according to a survey of LGBTQI2S seniors conducted in Canada, the concerns about end-of-life decision making rights were the second top issue impacting the participants (50 per cent of them indicated that these concerns were relevant for them)⁸⁰.

In many countries, it is still common for hospitals not to provide visitation rights to LGBT patients' closed ones. For instance, in Fiji, 17 of 645 of lesbians, bisexual women, trans men and gender non-conforming persons surveyed said that they have been denied access to their partners in hospital. Most of those were disallowed by the patient's biological family, or by hospitals not classifying them as 'immediate family'⁸¹.

Many LGBTI persons, and LGBTI women particularly, being rejected by their families of origin and not having opportunities to create their own families recognized by law, form important bonds with friends and partners ('chosen families') that could be considered 'queer kinship'⁸². Of course, for older LGBTI persons it is important that their closed ones can participate in decisions related to their end of life. However, because these ties are frequently not recognized by law and blood relatives, the wishes of older LGBTI persons may not be respected. For example, Rachel, 64-year-old participant in a study conducted in England, described her thought in the following way:

My family don't know my likes and dislikes, they don't know me like my friends, my lesbian friends, do... I'd want [my friends] to sort it because they're my friends, and I'd want them to include my sister, because I love her, but she doesn't know me well enough to know. And she's very much Roman Catholic,

⁷³ Martha B. Leighton, 'Trans women and aging: A qualitative study' (Master's Theses and Capstones, University of New Hampshire, 2013) 58, available at: <https://scholars.unh.edu/thesis/791>.

⁷⁴ *ibid.*

⁷⁵ Amy Rosenwohl-Mack and others, 'A national study on the physical and mental health of intersex adults in the US' (2020) 15 PloS one 7-8. <https://doi.org/10.1371/journal.pone.0240088>.

⁷⁶ See eg, UNHRC, 'Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity: ["Conversion therapies" practices]' (2020), UN Doc A/HRC/44/53; Lucas Ramon Mendos, *Curbing Deception: A world survey on legal regulation of so-called 'conversion therapies'* (ILGA World 2020), available at: https://ilga.org/downloads/ILGA_World_Curbing_Deception_world_survey_legal_restrictions_conversion_therapy.pdf.

⁷⁷ MANODIVERSA, *Conociendo las necesidades y vivencias de las personas adultas mayores LGBT en Bolivia* (2014) 43, available at: <https://manodiversabo.files.wordpress.com/2019/06/conociendo-las-necesidades-y-vivencias-de-las-personas-adultas-mayores-lgbt-en-bolivia-1.pdf>.

⁷⁸ IE SOGI Inclusion Report, para 49.

⁷⁹ *ibid.*

⁸⁰ Egale, *Community Engagement Consult for LGBTQI2S Seniors, Online consultation Results: June 2017*, available at: https://egale.ca/wp-content/uploads/2014/11/Community-Engagement-Consult_Online-Consultation-June-2017_FINAL.pdf.

⁸¹ DIVA (2019) 59.

⁸² See eg, Joanna Mizieleńska, Jacqui Gabb and Agata Stasińska (eds), 'Queer Kinship and Relationships [Special Issue]' (2018) 21 *Sexualities*; Tracy Morison, Ingrid Lynch and Vasu Reddy (eds), *Queer Kinship: South African Perspectives on the Sexual politics of Family-making and Belonging* (Routledge 2020).

I'm not practicing any more, and I know what she'd do and I don't want any of that. So, yeah, it would be friends⁸³.

There are also 'additional challenges in bereavement, including a lack of acknowledgement of loss, legal complications and the exclusion of non-legally recognized family as part of the unit of care'⁸⁴.

As a good practice example, in 2018 Egale Canada Human Rights Trust created *Crossing the Rainbow Bridge*⁸⁵, a resource supporting end-of-life planning and care needs of LGBTQI2S older adults in Ontario. The toolkit is a resource that has been created by LGBTQI2S community members for LGBTQI2S community members and provides information on how LGBTQI2S older adults in Ontario can plan for legal matters and end-of-life care, as well as guidance for asserting these wishes through legal documents in preparing for end of life.

G. Representation

Negative stereotypes are formed and perpetuated by media and mass culture. Therefore, how and what subject is represented in mass media, affect societal perceptions of the whole group and, ultimately, the lives of individuals belonging to this group. However, while representation of older women is limited in general, representation of older LBTI women is nearly invisible.

As explained by Sabine Arnolds of 'Lesben und Alter'⁸⁶, an organisation focusing on elderly lesbians,

Older and single women are rarely seen in public or on television and – with the exception of the comedy and acting icon Maren Kroymann who just passed the age of 70 – lesbian older and single women aren't seen at all. In heterosexual environments, some of them creep back into the closet, experiencing their coming-in, so to say. Whether senior facilities, nursing homes or nursing services: Tacitly, most of them today still assume that their clients are heterosexual⁸⁷.

Older adults in general are not seen as consumers because materially they are not big consumers and cannot or are not interested in following the consumerist rhythm that capitalism imposes on us, so older adults are left aside by the advertising industry and excluded from this powerful machine of creating stereotypes for white people, young or in a productive stage, heterosexual and with the capacity to consume. The notion of youth, its cultural construction and all its associates, leave aside older people from whom it is assumed and expected an obligatory asexuality since sexuality and its enjoyment are assimilated as rights and privileges of youth or people in productive ages.

H. COVID-19

The COVID-19 pandemic has changed the lives of older people globally, as they are at risk of developing severe disease⁸⁸. Apart from higher health risks, older people have been subjected to stricter measures related to their housing, freedom of movement and access to good and services. LBTI older women carry a triple burden as their situations are affected not only by their age but also their gender and SOGIESC.

Paulette Martin, a 68-year-old lesbian from New York, explains:

We were told from the beginning that coronavirus especially affected their age group... Our immune systems are weaker, the virus attacks organs and blood. So because you're older you have this worry it's just going to come and get you. So you isolate... Where the older LGBTQ community is not being understood is that we are from a generation where we were attacked for who we were, we didn't get services or medical care because of our sexuality. You have that experience embedded long before this came along. A lot of people I know feel this⁸⁹.

In his report on the situation of LGBT people during the pandemic, the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity paid specific attention to additional vulnerabilities of older LGBT persons:

⁸³ Sue Westwood, 'Complicating Kinship and Inheritance: Older Lesbians' and Gay Men's Will-Writing in England' (2015) 23 Fem LS 181, 192.

⁸⁴ IE SOGI Inclusion Report, para 49.

⁸⁵ <https://egale.ca/awareness/crossing-rainbow-bridge/>.

⁸⁶ <https://www.lesbenundalter.de/>.

⁸⁷ Goethe-Institut USA (2019), Queer Aging: We Only Lower Our Heads to Look at Our Beautiful Shoes, available at: <https://www.goethe.de/ins/us/en/kul/wir/swl/qpe/21714426.html>.

⁸⁸ WHO, Coronavirus disease (COVID-19): Risks and safety for older people, available at: <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-risks-and-safety-for-older-people>.

⁸⁹ Tim Teeman, 'LGBTQ Seniors Hit by Lockdown Isolation "Triple Whammy" Are Fighting Back' Daily Beast (5 May 2020), available at: <https://www.thedailybeast.com/lgbtq-seniors-hit-by-coronavirus-lockdown-isolation-triple-whammy-are-fighting-back?via=newsletter&source=DDMorning>.

While research suggests that, in certain contexts, up to 40 per cent of lesbian, gay and bisexual persons live alone, older LGBT and gender-diverse persons are even more likely to live alone and to experience social isolation and frequently report poorer physical health outcomes. They are reportedly less likely than their peers to reach out to health and ageing services providers, such as senior or meal centres, because of fear of discrimination and harassment, or because of costs that are prohibitive. Family rejection and limitations in the recognition of certain forms of families, and limited access to assisted reproduction techniques, mean that often older LGBT and gender-diverse people are more likely to rely on chosen family for caregiving support. These factors combined can leave older LGBT and gender-diverse people in precarious situations with regard to housing security and can increase the likelihood of the need for formalized social care⁹⁰.

All older adults were declared as the population at highest risk of contracting and suffering complications from the virus, but older lesbians and bisexual women live alone, in their housing units or in long-stay care centers (nursing homes or geriatric homes) and for these people, the total isolation due to quarantines brought with it an absolute social isolation because there are limitations for access or use of ICT. Therefore, the essential social relationship with family members, friends or social family, or with their networks of affection and activism, disappeared completely and suddenly in compliance with health measures, and this is reflected in the deterioration of cognitive processes, in a greater predisposition to anxiety, depression and increased suicide rates.

For older lesbians and bisexual women who live with their families, they are generally in charge of the care of other older adults or take care of their family group, and health measures such as quarantine, in addition to the fear experienced by knowing they are part of the most at-risk group, add to an overload of household chores.

Alicia Caf's case (Argentina)⁹¹

Alicia Caf was an Argentinian lesbian activist born in 1951. In August 2020, the 68-year-old poor lesbian activist died and was found in the street by Buenos Aires police. According to the authorities, she died of COVID-19.

In 2017, Alicia founded the organization 'Sueños de Mariposas' in order to build dignified alternatives of life for older lesbians and future generations. Her dream project was to build a Lesbian Center for Lesbian Old Age. During of the meetings of 'Sueños de Mariposa' she affirmed that, 'The precarious living conditions that lesbians and especially older lesbians go through (poverty, loneliness, invisibility, and discrimination) pose to us the urgency and the need to build our own response: a collective and assembly-based alternative that shelters us and that propitiates other ways of being together. We consider that being lesbians is a political identity that challenges the heteronormative regime. It is from there that we propose to create group, horizontal and sustainable strategies that become real solutions for cis and trans lesbians in a situation of economic vulnerability'.

Alicia had been living alone since 2017 in a very precarious hotel, after having lived in 'Casa Frida', an integration center for women, trans persons and dissidents in street situation since 2014. She received minimal retirement money, her hotel room was small, full of mold and humidity. When her friends and fellow activists learned of her death, they could not claim her body or receive information on the grounds that they were not Alicia's biological family, who only had a distant relationship with her biological sister, and also because Alicia lived for three decades in Switzerland and other European countries, until 2014 when she returned to Argentina.

Alicia's body was handed over by the Buenos Aires police to her niece under the vague report that Alicia died from 'pulmonary complications due to COVID-19'.

Alicia's fellow activists from 'Sueños de Mariposa' found the police's and prosecutor's office's actions to clarify the Alicia's death ineffective and had held a sit-in for a few days after Alicia's death to demand clarity from the police and to demand that the state provide housing solutions to older lesbians.

⁹⁰ UNHRC, 'Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity: [Violence and discrimination based on sexual orientation and gender identity during the coronavirus disease (COVID-19) pandemic]' (2020), UN Doc A/75/258, para 12. (IE SOGI COVID report).

⁹¹ See eg, Emisora Charco de Arena Facebook page, available at: <https://www.facebook.com/charcodearena/posts/2762129784006438>; Report by Ailu (fellow activist), available at: https://www.mixcloud.com/charcoparalelo/ailu-reclamo-en-fiscal%C3%ADa-por-la-muerte-de-alicia-caf-lesbiana-adulta-mayor-de-sue%C3%B1os-de-mariposa/?fbclid=IwAR2zrC99x0sEFLJfCHwC1Y49-bzfqJihdBoDh3kVT041_JTmztubl99gLiE; Página 12 (2020, & August), Adiós a Alicia Caf, <https://www.pagina12.com.ar/283619-adios-a-alicia-caf-vejez-lesbica-en-resistencia>; Agustina Lanza (2020, 6 August), Alicia Caf el sueño de una mariposa, available: <https://feminacida.com.ar/alicia-caf-el-sueno-de-una-mariposa/>; Agencia Presentes (2018, 19 December), Sueño de mariposas" una red de contención para lesbianas en la vejez, available at: <https://agenciapresentes.org/2018/12/19/sueno-de-mariposas-una-red-de-contencion-para-lesbianas-en-la-vejez/>; Rocío Varela (2017, 26 July), Envejecer juntas, vivir en un "lesbiático", available at: <https://agenciapresentes.org/2017/07/26/envejecer-juntas-vivir-lesbiatico/>; Video of Alicia Caf talking about a Lesbian Older Adult Residence or Lesbiático, available at: <https://www.facebook.com/revistacolibri/videos/340277710479408>; Nueva Ciudad (2020, 11 August), Tras la muerte de la activista lesbiana Ali Caf, sus compañeras denuncian "la desidia del estado", available at: <https://www.nueva-ciudad.com.ar/notas/202008/44338-tras-la-muerte-de-la-activista-lesbiana-ali-caf-sus-companeras-denuncian-la-desidia-del-estado.html>.

As Ailu, one of the activists, expressed it, ‘Ali did not die because of the COVID, Ali died in the public space, because of neglect, because of loneliness, because she was a poor lesbian’.

In the absence of support for LGBTI older women from state authorities, some civil society organizations and activist groups have initiated activities to support their older peers.

For instance, as evidenced by the EuroCentralAsian Lesbian* Community (EL*C) who has been in touch with several activists from all over Europe and Central Asia, when the lockdowns and confinement measures were imposed, local activists had to focus their work on providing assistance and support to older lesbians in their community who would have been deprived of any kind of support otherwise.

A Swedish NGO organized safe outdoor activity for older LGBT people on a weekly basis⁹².

In Canada, a virtual space where 2SLGBTQI seniors and allies can connect during the COVID-19 pandemic and beyond, ‘Rainbow Table’, has been launched. As explained by ‘Egale Canada’,

[t]his space provides a platform to engage in important and relevant topics that impact our communities. With exciting guest speakers and useful resources, Rainbow Table strives to give 2SLGBTQI seniors and allies a space that is truly their own, and acts as a go-to for support, resources, and community engagement; in areas like health, legal rights, activities, and more!⁹³

Norma Castillo’s and Ramona Arévalo’s case (Argentina)⁹⁴

78-year-old Norma Castillo and Ramona ‘Cachita’ Arévalo who passed away at the end of 2018 at the age of 75, were starred in a story of love and struggle that had lasted for almost four decades and whose achievements set a unique precedent for the rights of LGBTI people in Latin America: on 9 April 2010, they became the first lesbian marriage in the entire region.

In March 2021, Norma, who was still alive, was going through precarious situation because she lost the job that she had in a furniture store due to the COVID-19 pandemic, her pension allowance as a teacher was only enough for food and medicine, and she was looking for a house to move into and did not have the documents required by her landlords to give her a house to rent. Some Argentinean activists were looking for a way to find Norma a place to live.

⁹² IE SOGI COVID report, para 52(g).

⁹³ <https://egale.ca/egale-in-action/rainbowtable/>.

⁹⁴ See, for example: La Revista (2019, 21 June), Norma Castillo y Ramona Arévalo fueron la primera pareja de mujeres en casarse legalmente en la región, tras una extensa lucha por la igualdad de las minorías sexuales en Argentina, available at: [https://www.larevista.cr/norma-castillo-y-ramona-arevalo-fueron-la-primera-pareja-de-mujeres-en-casarse-legalmente-en-la-region-tras-una-extensa-lucha-por-la-igualdad-de-las-minorias-sexuales-en-argentina/#:~:text=Norma%20Castillo%20y%20Ramona%20Cachita,de%202010%20se%20convirtieron%20en](https://www.larevista.cr/norma-castillo-y-ramona-arevalo-fueron-la-primera-pareja-de-mujeres-en-casarse-legalmente-en-la-region-tras-una-extensa-lucha-por-la-igualdad-de-las-minorias-sexuales-en-argentina/#:~:text=Norma%20Castillo%20y%20Ramona%20Cachita,de%202010%20se%20convirtieron%20en;); Video of Norma and Ramona (2010), available at: <https://www.youtube.com/watch?v=Dtrau9VjL9Y>.

IV. Good practices aimed at supporting older LGBTI women

While in general, older LGBTI women are excluded from state-run programmes aimed at supporting older people, and they are rarely a priority target group for civil society organizations, there are some examples of good practices of supporting older LGBTI persons in general and, in particular, LGBTI women. The following list is not comprehensive or exhaustive, but it does provide some of such examples.

Argentina

Argentina has a robust institutional framework for the defense of human rights of older adults such as the National Directorate of Policies for Older Adults (*Dirección Nacional de Políticas para Adultos Mayores*)⁹⁵.

In 2012, the National Plan for the Elderly (2012–2016)⁹⁶ was issued, which included, among its guiding principles, ‘respect for cultural, ethnic, religious and sexual diversity, among others’⁹⁷.

In 2015, DINAPAM held the First International Seminar on Gender and Sexual Diversity in Old Age, as part of the 4th National Campaign for the Good Treatment of Older Persons⁹⁸. According to the report from this seminar⁹⁹, a part of the first day was devoted to the session ‘LGBT in the second half of life: Psychological, Social and Physical Issues’ by Professor Dr Brian de Vries of the University of San Francisco¹⁰⁰.

They also created the National Home Care Program, and this includes a training quota for trans people who want to train as home care staff¹⁰¹.

Australia

In December 2017, the Australian Ministry of Health launched the Aged Care Diversity Framework¹⁰². It designs and delivers care services for the aged and has developed an action plan in this context to target the particular barriers and challenges faced by older LGBTI people¹⁰³.

In February 2019, the Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders have been published¹⁰⁴. This action plan sets out what aged care providers can do to deliver more inclusive services to LGBTI elders. The documents recommend care providers to ‘recognise that some lesbian women want to know they will be looked after by women and where possible, that there are lesbian care staff available’¹⁰⁵.

In addition, there are resources available for LGBTI older persons themselves. This includes, for example, an info sheet ‘Aged care for LGBTI elders: Getting started with My Aged Care’ explaining what services are available to LGBTI older people¹⁰⁶.

Canada

The Employment and Social Development sector of the Government of Canada, with participation of 13 governments of Canada, prepared a resource to help organizations and service providers adopt approaches to help lesbian, gay, bisexual, transgender and queer seniors strengthen human connections¹⁰⁷. However, this report lacks a specific focus on the experiences of older LBT women.

⁹⁵ Dirección Nacional de Políticas para Adultos Mayores (DINAPAM) under the National Secretariat for Children, Adolescents and the Family, is in charge of planning and executing specific programs for the promotion, protection and social integration of older adults. See <https://www.telam.com.ar/notas/201509/121638-adultos-mayores-lgbti-discriminacion.php>.

⁹⁶ DINAPAM, *Plan Nacional de las Personas Mayores (2012–2016)*, available at: <https://www.desarrollosocial.gob.ar/wp-content/uploads/2015/07/Plan-Nacional-de-las-Personas-Mayores-2012-2016.pdf>

⁹⁷ *ibid* 31.

⁹⁸ YouTube, ‘Primer Seminario Internacional sobre Género y Diversidad Sexual en la Vejez’, <https://www.youtube.com/watch?v=Cov-sUJftyQ>. See also Télam, ‘Las personas adultas mayores LGBTI “sufren un doble standard de discriminación”, según una experta’ (28 September 2015), available at: <https://www.telam.com.ar/notas/201509/121638-adultos-mayores-lgbti-discriminacion.php>.

⁹⁹ Mónica Laura Roqué, *Seminario internacional sobre género y diversidad sexual en la vejez* (Ciudad Autónoma de Buenos Aires 2015), available at: <https://www.algec.org/biblioteca/SEMINARIO-GENERO-Y-DIVERSIDAD.pdf>.

¹⁰⁰ *ibid* 61–69.

¹⁰¹ Gabriel Oviedo, ‘Se lanzó el Programa Nacional de capacitación de personas trans para el cuidado de adultos mayores’ (25 August 2011), available at: <https://sentidog.com/2011/08/se-lanzo-el-programa-nacional-de-capacitacion-de-personas-trans-para-el-cuidado-de-adultos-mayores.html/>.

¹⁰² <https://www.health.gov.au/resources/publications/aged-care-diversity-framework>.

¹⁰³ IE SOGI Inclusion Report, para 75.

¹⁰⁴ <https://www.health.gov.au/resources/publications/actions-to-support-lgbti-elders-a-guide-for-aged-care-providers>.

¹⁰⁵ *ibid* 17.

¹⁰⁶ <https://www.myagedcare.gov.au/sites/default/files/2019-04/aged-care-for-lgbti-elders-getting-started-with-my-aged-care.pdf>.

¹⁰⁷ Social Isolation of Seniors: A Focus on LGBTQ Seniors in Canada, supplement to the Social Isolation of Seniors toolkit (2018), available at: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html>.

QMUNITY, a non-profit organization based in Vancouver working to improve queer, trans, and Two-Spirit lives, has the Older Adults and Seniors programs. They offer opportunities for community connection, social support, and personal development for LGBTQ2SAI+ persons 55 years and older. They used to host social events, co-develop and provide educational workshops, assist in one-to-one support and referral services, while fostering connections within diverse communities. QMUNITY acknowledges the lived experience of Older Adult and Senior members of the LGBTQ2SAI+ community and seeks to hold space for those members to be supported in connecting, supporting, and leading one another and the community at large.

The drop-ins offer a place for older adults searching for community to come together and meet, guide, or support each other. Sessions offer all kinds of opportunities, from intergenerational panels, to relationship building seminars, to financial and estate planning workshops, to philosophical discussions, to informal coffee gatherings.

The Friendly Visitor Program matches LGBTQ2SAI+ volunteers with LGTBQ2S+ seniors for social visits in senior's homes, long term care facilities, or spaces within the community. Volunteers also accompany seniors to medical appointments or QMUNITY programs and events.

During the COVID-19 pandemic, the Seniors & Older Adults programmings have moved online. This includes, in particular, weekly Seniors Zoom Socials Drop Ins and Friendly Phone Calls¹⁰⁸.

The Egale National Seniors Advisory Council (NSAC) is a group of 2SLGBTQI seniors and allies working to improve the quality of life of 2SLGBTQI seniors in Canada by advising on seniors' issues and activities, fostering nation-wide partnerships and collaboration, and identifying opportunities for Egale to support the work of local organizations across Canada¹⁰⁹.

Egale is also developing a Community Engagement Consult for LGBTQI2S seniors to investigate the pressing issues facing LGBTQI2S seniors across Canada. This project is a collaborative effort between Egale Canada, LGBTQI2S seniors, community organizations, and Egale's National Seniors Advisory Council. The organizers hope that health practitioners, policy makers, seniors' communities and allies will find these results informative and use them to create positive change in their own community¹¹⁰.

European Union

The Best4OlderLGBTI project¹¹¹, implemented by the Rights, Equality and Citizenship (REC) Programme of the European Union, intends to fight against discrimination based on age and SOGIESC of older people, and to promote the rights of older LGBTI people, through raising awareness of different target groups contributing for a more equal and inclusive society.

The aim of the project is to develop a raising awareness campaign in six EU Member States (Italy, Greece, Ireland, Netherlands, Portugal and Romania), contributing for the decrease of inequalities and discrimination in attendance of public services and health and social care, as well as in encouraging the report of cases of discrimination.

One of the planned action consists in a series of five testimonial videos collected across Europe. As firm believers of the central role of representation and self-determination, the partnership videos interviews showing the stories of older LGBTI people from their own point of view, through their voices, their memories, their experiences and their hopes for the future. From their coming out stories to their weddings and civil partnerships, the five videos will open a window to an often-invisible minority: the one composed by seniors LGBTI people. One of the testimonial videos features Mariet and Ineke, a lesbian couple from the Netherlands¹¹².

Germany

The umbrella association *Lesben und Alter*¹¹³ is a non-profit association that focuses specifically on lesbians by providing expertise and workshop on elder lesbians and gays in senior citizen work and advocating for improving the lives of lesbian in old age.

United Kingdom of Great Britain and Northern Ireland

In July 2020, the 'Age UK' charity published a factsheet called 'Transgender issues and later life'¹¹⁴. This factsheet provides information about later life for transgender (or trans) people. The main focus is on growing

¹⁰⁸ <https://qmunity.ca/get-support/olderadults/>.

¹⁰⁹ <https://egale.ca/donate/youthandschools-2/>.

¹¹⁰ https://egale.ca/wp-content/uploads/2014/11/Community-Engagement-Consult_Online-Consultation-June-2017_FINAL.pdf.

¹¹¹ <https://www.best4older-lgbti.org/index.html>.

¹¹² YouTube, 'Mariet & Ineke – English subtitles', available at: <https://www.youtube.com/watch?v=fK32ZBc7YJU&t=3s>.

¹¹³ <https://www.lesbenundalter.de/>.

¹¹⁴ https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs16_transgender_issues_and_later_life_fcs.pdf.

older for people who have transitioned and live permanently in their affirmed gender. It also provides information for people in later life who are thinking about gender reassignment. The factsheet covers a range of legal, financial and social care issues. It includes a guide to terminology and details of where to go for further information and support. Importantly, the publication includes a separate section with information for older trans women.

United States of America

SAGE¹¹⁵ is the country's largest and oldest organization dedicated to improving the lives of LGBT older people. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources to LGBT older people and their caregivers.

The organization has a number of advocacy and service programmes, including Advocacy for LGBT Elders, HIV & Aging Policy Action Coalition, Long-Term Care Equality Index, National Resource Center on LGBT Aging, National LGBT Housing Initiatives, SAGE Hotline, and many others¹¹⁶.

According to SAGE, 48 per cent of older same-sex couples have experiences housing discrimination. To address this problem, the organization launched its national multiyear LGBT Senior Housing Initiative. With the National LGBT Elder Housing Initiative, SAGE is addressing LGBT elderly's housing challenges on several fronts by building LGBT-friendly housing in New York City, advocating nationally against housing discrimination, training eldercare providers to be LGBT culturally competent, educating LGBT older persons about their housing rights, and helping builders across the United States replicate LGBT-friendly housing¹¹⁷.

The 'Doing It For Ourselves' (DIFO) is a 12-week health education group designed to empower women through a structured curriculum with peer facilitators.

DIFO is a community-based, peer-led intervention rooted in two major philosophies: Health At Every Size emphasising on intuitive eating rather than dieting or weight loss; and a lesbian/bisexual woman-centered approach. All discussions and materials were developed in a culturally centered context that explored how being an older woman and lesbian/bisexual/queer affects one's health. Nutrition and physical activity were embedded in a broader, holistic health curriculum. The curriculum topics were drawn from the literature on lesbian/bisexual women's health, and the prioritizing and ordering of topics developed out of a collaboration with a community advisory committee, input from focus groups, and ongoing feedback from group participants. The curriculum is based on an ecological framework of health that examines the individual in a context of interpersonal relationships, communities, both mainstream and lesbian/LGBT, and societal-level policies and laws that affect one's health.

Community-based peer-led health-focused groups fit well with the history of lesbian/bisexual women's organizing via consciousness-raising. Programs like DIFO offer a cost-effective mechanism for improving quality of life and social connectedness of women as they age. The content and materials also help to increase the health literacy of women in a world where it is challenging to find accurate information on lesbian/bisexual women's health. When health care systems and providers are still ignorant of lesbian/bisexual women's health needs, such programmes became crucial.

As one participant noted, the simple act of coming together as a community of older lesbian/bisexual women in and of itself is a revolutionary act, and she deeply appreciated 'the coming together of like-minded older women who showed up and supported each other by the mere act of showing up and engaging'¹¹⁸.

The 'Project LOLA (Living Out, Living Actively)' is a 16-week intentional health promotion program tailored specifically for lesbian and bisexual women aged 40 and older. Jane A. McElroy and others found that study participants emphasized the importance of incorporating culture into health interventions for lesbian and bisexual women. They valued having a safe space to talk about their health issues and health-related changes. Interacting with people who understood the culturally specific norms of the lesbian and bisexual community was cited as particularly beneficial. The research group concluded that interventions tailored to lesbian and bisexual women may generate stronger results and/or be better received if they are designed in a culturally relevant and supportive manner. Such interventions hold promise as a tool to help address health disparities faced by this population¹¹⁹.

¹¹⁵ <https://www.sageusa.org>.

¹¹⁶ <https://www.sageusa.org/what-we-do/>.

¹¹⁷ <https://www.sageusa.org/what-we-do/national-lgbt-housing-initiative/>.

¹¹⁸ Michele J. Eliason, 'Doing It For Ourselves: Building Communities for Health Education and Support for Older Lesbian/Bisexual Women' (2015) 27 J Gay & Lesbian Soc Serv 326.

¹¹⁹ Jane A. McElroy and others, "'I Have to Age in This Body": Lesbian and Bisexual Older Women's Perspectives on a Health Behavior Intervention' (2016) Women's Health Issues 63.

V. Resources and reports

Australia

- Australian Government, Department of Health (2019), *Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders: A guide for aged care providers*, available at: <https://www.health.gov.au/sites/default/files/documents/2019/12/actions-to-support-lgbti-elders-a-guide-for-aged-care-providers.pdf>.

This action plan sets out what aged care providers can do to deliver more inclusive services to LGBTI elders.

Bolivia

- MANODIVERSA (2014), *Guía de acciones para la atención a personas adultas mayores de diversa orientación sexual e identidad de género*, available at: <https://manodiversabo.files.wordpress.com/2019/06/guia-de-atenciocc81n-para-personas-adultas-mayores-lgbt.pdf>.

Action Guide on care for the older persons of diverse sexual orientation and gender identity. Includes a number of important recommendations to different actors.

- MANODIVERSA (2014), *Conociendo las necesidades y vivencias de las personas adultas mayores LGBT en Bolivia*, available at: <https://manodiversabo.files.wordpress.com/2019/06/conociendo-las-necesidades-y-vivencias-de-las-personas-adultas-mayores-lgbt-en-bolivia-1.pdf>.

A research study and following recommendations to state bodies and civil society.

Costa Rica, El Salvador and Panama

- CIPAC (2015), *Situación de población adulta mayor LGBT en Costa Rica, El Salvador y Panama*, available at: http://cipacdh.org/pdf/Informe_final_REGIONAL.pdf.

Analysis on the situation of older LGBT persons in three countries and a list of recommendations.

European Union

- The Best4OlderLGBTI project, website: <https://www.best4older-lgbti.org/index.html>.

The project, implemented by the Rights, Equality and Citizenship (REC) Programme of the European Union, intends to fight against discrimination based on age and SOGIESC of older people, and to promote the rights of older LGBTI people, through raising awareness of different target groups contributing for a more equal and inclusive society. The aim of the project is to develop a raising awareness campaign in six EU Member States (Italy, Greece, Ireland, Netherlands, Portugal and Romania), contributing for the decrease of inequalities and discrimination in attendance of public services and health and social care, as well as in encouraging the report of cases of discrimination.

- The project BEING ME, website: <https://beingme.eu>.

The project aims to promote and support the social inclusion of LGBT older people in receipt of care through positive interaction with educational institutions that prepare future professionals to work with older people. By exchanging good practices, including good practice in learning and teaching and learning and by developing tailored educational resources and pedagogies, the project aims to improve the knowledge and competencies of future care professionals in the area of LGBT affirmative practices.

Spain

- Marina García Albertos (2018), *Mayores y diversidad sexual: Entre la visibilidad y el derecho a la indiferencia* (Revista Prisma Social No. 21), available at: <https://manodiversabo.files.wordpress.com/2019/06/mayores-y-diversidad-sexual.pdf>.

The publication explores the social dimension of sexual diversity in old age, showing that older LGBTI people face daily prejudice and discrimination, and may be afraid of being rejected when going to specialized centers for the elderly, or social and health services. The publication concludes that the main reasons for this rejection are ignorance and lack of information.

- ALDARTE: Inmaculada Mujika (2009), *Guía para entender la realidad de Gays, lesbianas y transexuales mayores*, available at: <https://somoslgtb.files.wordpress.com/2013/10/guc3ada-para-entender-la-realidad-de-glt-mayores.pdf>.

A guide for service providers containing of information on LGT older persons and their needs, as well as recommendation on making services more inclusive.

United Kingdom of Great Britain and Northern Ireland

- Age UK, *Safe to be me: Meeting the needs of older lesbian, gay, bisexual and transgender people using health and social care services: A resource pack for professionals*, available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/booklets/safe_to_be_me.pdf.

This resource is written for anyone working or volunteering in health, social care or the voluntary sector who would like to support older people who are LGBT. It will also be helpful for training providers to ensure courses integrate discussions and scenarios relating to the needs of people who are LGBT.

- Age UK (2020), *Factsheet 16: Transgender issues and later life*, available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs16_transgender_issues_and_later_life_fcs.pdf

This factsheet provides information about later life for transgender (or trans) people. The main focus is on growing older for people who have transitioned and live permanently in their affirmed gender. It also provides information for people in later life who are thinking about gender reassignment.

United States of America

- SAGE – Advocacy & Services for LGBT Elders, website: <https://www.sageusa.org>.

SAGE is the country's largest and oldest organization dedicated to improving the lives of LGBT older people. The website includes multiple reports, guides and factsheets.

- National Resource Center on LGBT Aging, a project of SAGE, website: <https://www.lgbtagingcenter.org>.

The website includes multiple reports, guides and factsheets.

- SAGE and the National Resource Center on LGBT Aging (2021), *Facts on LGBT Aging*, available at: <https://www.sageusa.org/wp-content/uploads/2021/03/sage-lgbt-aging-facts-final.pdf>.

A factsheet includes some figures and statistics on the situation of LGBT older persons in areas such as caregiving, cultural competency, discrimination, health, housing, HIV/AIDS, financial security, social isolation and wellness.

- Human Rights Campaign and SAGE (2020), *COVID-19 & LGBTQ Older People*, available at: <https://www.sageusa.org/wp-content/uploads/2020/04/covid19-elder-issuebrief-032720b-1-1.pdf>.

A factsheet on main problems and disparities faced by older LGBTQ people during the COVID-19 pandemic, as well as suggested actions to support this population.

- SAGE and Human Rights Campaign (2020), *LGBTQ Aging: The Case for Inclusive Long-Term Care Communities*, available at: <https://www.sageusa.org/wp-content/uploads/2020/02/lgbt-aging-case-for-lei.pdf>.

The goal of the Long-Term Care Equality Index (LEI) is to create a network of Long-Term Care Communities across the country that are providing a welcoming home for older LGBTQ people. This brief explores why the LEI is an important process that all LTCCs should engage in—especially if they pride themselves on being rooted in personcentered care; if they are intent on continually enhancing their diversity, equity and inclusion; and/or if they wish to grow their market of potential residents.

- SAGE (2018), *Aging While Transgender*, available at: <https://www.sageusa.org/wp-content/uploads/2018/10/aging-while-transgender-unique-issues.pdf>.

This fact sheet highlights issues unique to transgender elders including housing, barriers to care, allowances made by the federal government for religious-based discrimination, and more.

- SAGE (2014) *Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75*, available at: <https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-out-visible-lgbt-market-research-full-report.pdf>.

The report examines the values, needs, wants and lifestyle preferences of LGBT older people. The data used in this report came from an online survey. A sample of 2376 people ages 45-75 were surveyed online. The study was fielded in March 2014. The study explores the aging realities of LGBT people, as well as their

fears, beliefs, behaviors and aspirations in areas such as healthcare, finance and retirement, support systems, housing and sources of information.

- SAGE and National Resource Center on LGBT Aging (2020), *Inclusive Services for LGBT Older Adults: A Practical Guide To Creating Welcoming Agencies*, available at: https://www.lgbtagingcenter.org/resources/pdfs/Sage_GuidebookFINAL1.pdf.

This guide was created to help service providers to understand the unique barriers that LGBT older adults face, as well as the many ways to improve and expand the continuum of care and services available.

- National Resource Center on LGBT Aging (2017), *Age-Friendly Inclusive Services: A Practical Guide to Creating Welcoming LGBT Organizations*, available at: <https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-age-friendly-inclusive-services-guide-for-lgbt-organizations.pdf>.

A guide for LGBT organizations on how to create inclusive and welcoming environment for older LGBT populations.