

## ATTACHMENT 5

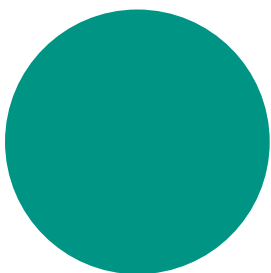
### LGBTQI+ ELDERS BOARD

This board provides additional information based on existing scientific research on the topic.

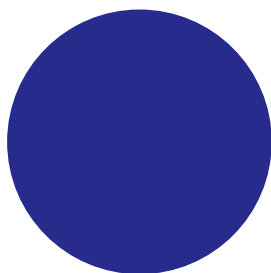
It aims at:

- Summing up main difficulties faced by LGBTQI+ elders and their causes;
- Distinguishing between the experiences of L-G-B, trans, and intersex elders, through the use of a disaggregated data lens.

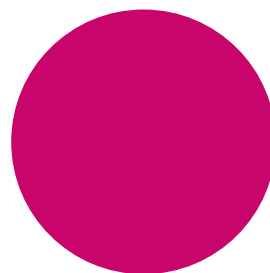
*Bearing in mind that an elder can be out or not, have disclosed themselves later in life and can have an experience as a non-heterosexual, a non-cisgender and intersex person at the same time. Thus, this board is non-exhaustive and belonging to one group is non-exclusive (for instance: an elder can be a trans woman, while being a lesbian / an intersex elder can be bisexual and so on). There are as many situations as LGBTQI+ individuals.*



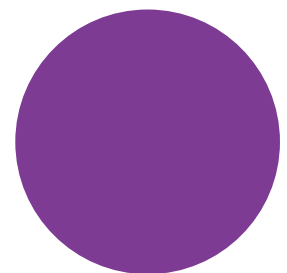
Common to  
all LGBTQI+ elders



Specific to lesbian, gay  
and bisexual elders



Specific to  
trans elders



Specific to  
intersex elders

## POOR HEALTH AND DIFFICULT ACCES TO HEALTHCARE

### STRUCTURAL HOMO/TRANS/INTERSEX PHOBIA

**Criminalization and illegality until recently**  
**Pathologization by WHO until recently**  
**(considered a mental illness)<sup>48</sup>**

**No acknowledgment of intersex individuals**  
**(binary civil status)<sup>49</sup>**  
**Medical power over physical integrity**  
**from birth<sup>50</sup>**

**Legal obligation of forced sterilization to**  
**access transition until recently**  
**Discretionary power of authorities to**  
**deliver civil status corresponding to gender**  
**identity and customary name**

<sup>48</sup> Until 1990 for homosexuality and until 2019 for transgenderism.

<sup>49</sup> While around 1.7% of global population can be recognized as intersex (according to Amnesty International), the term intersexuation does not exist in many legal frameworks or is wrongly defined in most national contexts.

<sup>50</sup> Intersexuation can occur at a very early age, even at birth. In that case, the medical body tends to « normalize » the variations without the consent of the family / of the individual, who is not grown enough to understand the stakes of such interventions. There is almost no legal protection against these arbitrary medical decisions at birth. When variations occur later in life, the medical body tends to withhold information. Therefore, a lot of intersex people do not even know they are intersex, which deprives them of self-determination and prevents them for making personal, fully-informed and free choices.

## RELATIONS WITH HEALTH PROVIDERS

### Lack of qualification of healthcare providers

Traumatic experience: rejection, pathologization, psychiatrization

### Forced medical treatments:

- For LGBT individuals: conversion therapies
- For intersex individuals: non-consented "normalization" surgeries<sup>51</sup>, non-consented hormonal treatments<sup>52</sup>, forced sterilization, pressure to receive "normalizing" care<sup>53</sup>

### Stigmatization and discrimination:

- For LGBT individuals: stigmatization based on serologic status<sup>54</sup>
- For trans elders, mockery when asking for transitions later in life

## SPECIFIC HEALTH AFFLICTIONS

- Addictions (heavy drinking and smoking, drug use) aggravated with age<sup>56</sup>

- For LGBT individuals, higher HIV rates and higher chronic diseases and morbidities<sup>57</sup>
- For trans individuals: because of hormone therapy, higher risks of cardio-vascular diseases, gonad cancers and unknown risks of the combination of hormones with the ageing of body<sup>58</sup>. Gender Reassignment Surgery (GRS) can also come with heavy complications.
- For intersex individuals: unsolicited heavy hormonal treatments can result in higher cancer risks, sterility, pain, incontinence

### Discretionary refusal of medical treatments:

- For trans individuals: refusal of transition process
- For intersex individuals: refusal to access reparating treatment

### - Medicalization of transitions when granted<sup>55</sup>

- Lack of proper information on hormone therapy and gender reassignment surgery (GRS)

## DISCRIMINATING CONSEQUENCES

- Distrust of health services
  - Estrangement from appropriate care even when health is obviously at risk
  - Delays in detection of diseases and in treatments
  - Self-rated health and self-medication
  - For trans individuals, unframed "self-made" transitions<sup>59</sup>
- LGBTQI+ elders end up with a very poor health compared to their heterosexual/ cisgender/dyadic peers when reaching the age of entering a facility and generally have a shorter life expectancy<sup>60</sup>.

<sup>51</sup> Genital mutilations to fit the sex-binary.

<sup>52</sup> « A 2020 study shows that 62% of European intersex people did not give fully informed consent for their surgical intervention themselves, nor did their parents give fully informed consent. 49% of respondents in the same study, or their parents, did not give fully informed consent for hormone treatment. Due to strict secrecy, in the case of older intersex people these numbers of a lack of consent are probably significantly higher» (NNID Foundation, The Human Rights of Older Intersex People, 2020)

<sup>53</sup> Withholding other treatments or medical records, even though they are unrelated with the person's intersexuation.

<sup>54</sup> HIV is still a very stigmatized chronic disease (Rosenfeld, Ridge & Catalan, 2019), especially within the medical field (Cobos Manuel, 2020).

<sup>55</sup> For instance, to be granted civil status, trans people must have had a gender reassignment surgery.

<sup>56</sup> Hughes, 2019; Berrut, 2015; Jackson, Agénor, Johnson, Austin et Kawachi, 2016; Cook-Daniels, 2008 ; Berreth, 2003. Also note that trans people are more exposed to sex work because of job discrimination. The National Transgender Discrimination Survey (NTDS) suggests that sex work and transphobic violence put trans people even more at risk of addiction.

<sup>57</sup> Fredriksen-Goldsen et al., 2013; Fredriksen-Goldsen, Kim, Shui, & Bryan, 2017; Hughes, 2019).

<sup>58</sup> Transgender Aging Network (TAN), Trans Elder Health Issue (2008). Also, little research has been conducted as for the effects of hormone therapy in the long run on trans people or when hormone therapy was started later in life concerning trans elders (Kidd and Witter, 2008).

<sup>59</sup> For instance, liquid silicon injections have been widely provided for transwomen in the 70s and 80s, especially because of how cheap it was, it was very popular among precarious trans women. However, these injections were mostly made of industrial silicon, creating later for elders heavy health issues such pulmonary emboli and intoxication as their bodies grow weaker (XY Media, The dangers of liquid silicon for trans women, 2021).

<sup>60</sup> According to a research conducted by the University of Amsteram Medical Center, trans people are twice as likely to die as cisgender people. In the US, the life expectancy of trans women is 35 years old.

## POOR HEALTH AND DIFFICULT ACCESS TO HEALTHCARE

### DISCRIMINATION IN ACCESSING CARE

- Facilities are not friendly and do not think about the existence of LGBTQI+ elders
- Stigmatization and refusal to access facilities

### MENTAL HEALTH AND SOCIAL ISOLATION

#### Mental Health

- Trauma/PTSD due to homo/trans/intersex phobia and psychiatrization from health services
- Closet / minority stress syndrome
- Depression/anxiety disorders<sup>64</sup>
- Self-harm
- Suicidal thoughts, behaviors and attempts<sup>65</sup>
- For LGBT individuals, conversion therapies / mistreatment during forced institutionalization
- For trans individuals, gender dysphoria
- For intersex individuals, consequences of mutilations and unwanted surgeries / mistreatment, psychotherapy

#### Isolation

- Reject from heterosexual / cisgender / dyadic peers
- Family and friends alienation
- Less likely to have an offspring to take care of them
- Loss of community relief networks (HIV epidemic, general vulnerability, shorter life expectancy)
- Community spaces are youth-oriented / actively ageist<sup>66</sup>
- Secrecy imposed by health providers and family
- Inexistence and invisibility of intersexuation aggravating isolation

### DISCRIMINATION WITHIN A CARE SETTING

- Intolerance of other residents<sup>61</sup>
- Absence of knowledge, intolerance and incomprehension of care providers<sup>62</sup>
- Difficulties around outing: impossibility to be out / obligation to re-out / gossiping
- For LGB individuals, impossibility to live with same-sex partner and trivialization of loss of partner by care providers
- For both trans and intersex individuals:
  - Disrespect of identity (name and pronouns may not correspond to civil status under which the elder entered the care setting).
  - Fear of losing physical intimacy and having disrespectful comments about their body.
  - Fear of being deprived of hormones arbitrarily
  - No access to transition within the care setting
  - No knowledge of what happens when cognitive capacities of elder diminish, resulting in confusion and panic<sup>63</sup>
  - Fear of being forced to take "normalizing" treatments

#### Consequences

- Smaller social networks
  - School / college drop out<sup>67</sup>
  - Job and housing discrimination
  - Financial struggles
  - More illegal activities
- No medical care to treat disorders and no relief network, general abandonment, more reliance on care settings while less adapted

<sup>61</sup> Donaldson, Asta and Vacha-Haase, 2014. The opposition is even more obvious when it comes to sharing a room (Villar, 2015).

<sup>62</sup> According to Persson (2009), Cook-Daniels (2002) and Witten (2009), whether care is provided in the home or in a residential setting, staff may be even more confused if a person's genitalia do not match their gender identity in a strictly binary view. Other care providers interviewed by Kidd and Witten deny they could be taking care of trans elders in their setting and admit that if they knew, they would refuse to provide them with care.

<sup>63</sup> No more possibility for the trans elder to explain how and why they possess such physical features.

## EXPERIENCE OF VIOLENCE

- "Ordinary" homo/trans/intersex phobia: verbal violence, jokes, bullying, microaggressions, stereotypes...
- Physical violence: aggressions, hate crimes<sup>68</sup>...
- Higher rated of sexual and domestic abuse while less reported
- Violence during forced institutionalization while less reported
- For LGBT individuals, police brutality and repression (especially towards transfem sexworkers)
- For intersex individuals, infanticide attempts<sup>69</sup>



<sup>64</sup> LGBT Champions Programme, 2021: « Anxiety is twice as much present for gay and bisexual men (compared to heterosexual men) and rockets to 40% of lesbian and bisexual women ». See also Cook-Daniels and Berreth, 2003. <sup>65</sup> « Suicide attempts are 3.7 times more common among intersex individuals. » (Falhammar et al., 2018).

<sup>66</sup> According to Kimmel, Rose, Orel and Greene, research has shown that the LGBT+ community is more ageist than the general population (2009).

<sup>67</sup> European Union Agency for Fundamental Rights. A long way to go for LGBTI equality, 2020: "Currently, 50% of young intersex people in Europe experience bullying in school".

<sup>68</sup> Ibid: "22% of intersex respondents experienced a physical and/or sexual attack in the past 5 years, and 38 % experienced violent in-person threats".

<sup>69</sup> Grady, Soia, 2017.