

INTERSECTIONS

DIVING INTO THE FRA
LGBTI II SURVEY DATA

OLDER PEOPLE

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*Intersectional analysis from findings of the European Union Agency for
Fundamental Rights (FRA) 2nd LGBTI survey on LGBTI people in the EU
and North Macedonia and Serbia (2019)*

Introduction

A significant number of EU citizens continue to experience discrimination, inequalities and violence based on their sexual orientation, gender identity, gender expression or sex characteristics (SOGIESC). These problems undermine fundamental EU values and show how some Member States have failed to effectively protect the rights of all citizens. In 2019, the European Union Agency for Fundamental Rights (FRA) conducted the second round of the LGBTI Survey which shows how LGBTI people experience their human and fundamental rights in daily life across Europe [1].

This briefing summarises the findings of data analysis disaggregating the responses of older LGBTI people from the responses provided by all LGBTI respondents to the 2019 FRA LGBTI Survey II, in order to show the differences in their lived experiences. Older LGBTI respondents were categorised as over 55 years of age in the FRA survey and not disaggregated further. This lack of further disaggregation in the age brackets over 55 years unfortunately limits the analysis.

Older persons are not a homogeneous group, and a lot of diversity exists within old age. In addition, the sample size of those over 55 was smaller than sample sizes of other age groups, which can be partly as a result of the survey only being available online, when many older people are not active online. This means that the representation of the diversity of older LGBTI is somewhat limited in the respondents covered by this survey.

There is currently very little empirical data analysing the lived experiences of older LGBTI people in Europe, and therefore the FRA LGBTI Survey II (2019) took an important step in filling this gap. This briefing and the other briefings in the Intersections series [2] seek to elaborate on the existing analyses of the FRA survey and provide a more complex and complete picture of LGBTI people in the region, and are based on analysis commissioned by TGEU and ILGA-Europe.

In order to make sure that the point of view of older LGBTI people was represented in full, this document is the result of a collaboration between ILGA-Europe and AGE Platform Europe, both contributing in the data analysis and drafting of the briefing.

The methodology and background information on the survey are available in Annex 1.

[1] FRA (European Union Agency for Fundamental Rights) (2020), *A long way to go for LGBTI equality*, Luxembourg, Publications Office. Available at: <https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results>

[2] Available from: <https://www.ilga-europe.org/report/fra-lgbti-report-2019-intersections>

Recommendations

Based on this analysis, ILGA-Europe and AGE Platform Europe recommend that States and institutions:

- Collect, use, and analyse data disaggregated by age, sexual orientation, gender identity, gender expression and sex characteristics. This data should be disaggregated by different age sub-groups to reflect the diversity of older LGBTI persons.
- Future studies that include research on older LGBTI people should reach out to a variety of older populations, including those that live in care settings (so often harder to reach) and those who are digitally excluded.
- Recall that older LGBTI persons are not a homogeneous group but a very diverse group, facing different forms of discrimination.
- Address the multiple and intersecting forms of discrimination that older LGBTI people face

Results and Discussion

Respondents to the FRA LGBTI II Survey were asked questions about their identities and demographic information, socioeconomic status, parenthood, experiences with discrimination, violence, and harassment, and life satisfaction. In this briefing, we highlight key findings from the cross tabulation regarding the lived experiences of older LGBTI people.

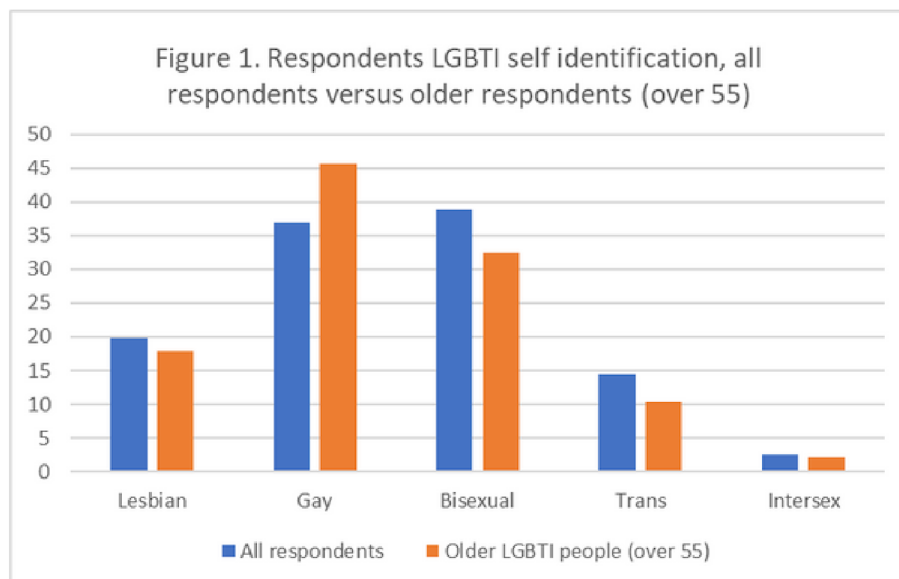
The full disaggregated data analysis is available in table form [at this link](#).

The analysis presented here also disaggregates respondents based on their responses to questions about their disability status, ethnic minority or migration status, sexual orientation, gender identity, and sex characteristics, and allows for comparisons of the lived experiences of older LGBTI people among these groups. Such disaggregation highlights the multiple and intersectional discriminations older LGBTI people face. Older LGBTI people run the risk of facing the accumulated effects of stigmas and discrimination experienced throughout their lives based on their actual or perceived age (ageism), actual or perceived sexual orientation (homophobia, lesbophobia, biphobia), gender identity or gender expression (transphobia), or sex characteristics (interphobia).

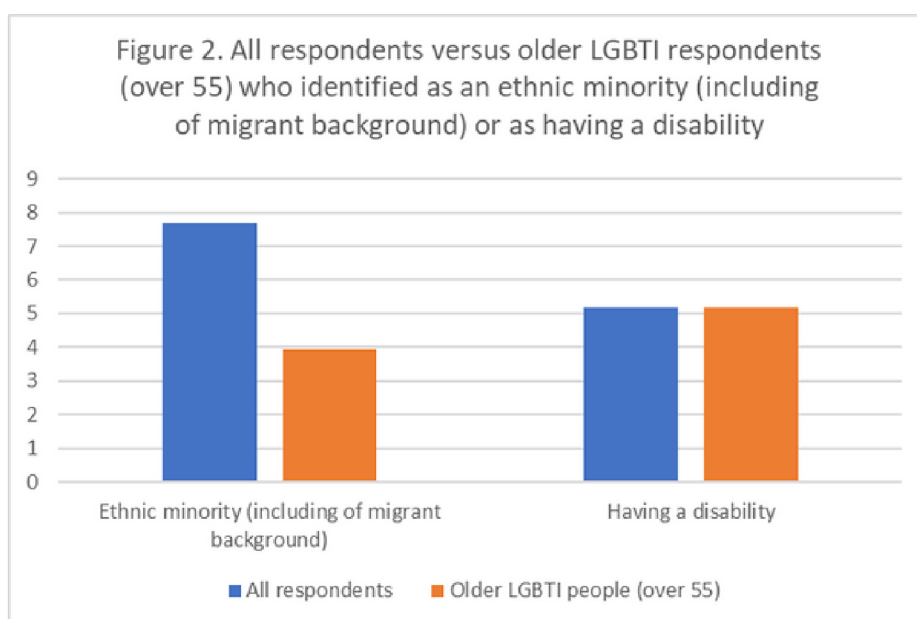
Demographic Information

When asked to self-identify more older respondents identified as being gay than the overall respondents. Less older respondents identified themselves as being the rest of the categories (lesbian, bisexual, trans, intersex) than the general respondent group [3].

Notably, the number of older intersex people is quite small, so for some questions there are not enough respondents to include in the analysis; these will be noted throughout the briefing.



3.95% of older people identified as being an ethnic minority (including of migrant background) and 5.17% identified as having a disability (for the total respondent population, these were 7.71% and 5.18%, respectively).



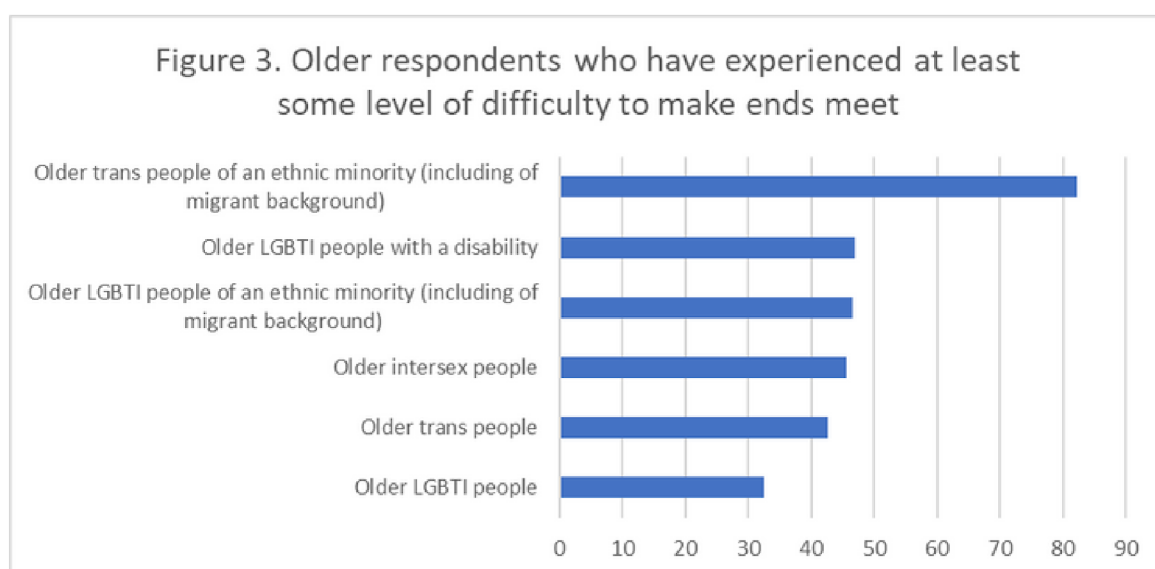
As expected, when responding to the question “Do you have a longer-term health problem or illness” (question H18), more older LGBTI people responded “yes” than the general respondent group (47.22% and 33.66% respectively).

Socioeconomic status

In aggregate, older LGBTI people had slightly less difficulty making ends meet than all respondents to the survey (32.55% and 36.79%, respectively). We can see that older trans, intersex and non-binary respondents had more difficulty than older cisgender respondents in making ends meet. In addition, older respondents of an ethnic minority (including of a migrant background) and older respondents with disabilities also had heightened difficulty in making ends meet than the average.

Particularly stark is the number of 82.27% of older trans respondents of an ethnic minority (including of a migrant background), who struggle to make ends meet, in comparison with the average of older respondents (32.55%), of older trans respondents (42.59%) and of older respondents of an ethnic minority (including of a migrant background), at 46.48%.

Also the age difference in this group is striking. When comparing with trans people of an ethnic minority (including of a migrant background) of all ages, 56.03% have difficulty making ends meet, a difference of some 26%. This shows that older people from this respondent group have significantly more financial difficulty.



Homelessness

Older LGBTI respondents to this survey were slightly less likely to have experienced homelessness in their lifetime (14.95% as opposed to the average respondents' 17.39%). However, as in other age groups, more older trans, intersex and non-binary people experienced homelessness in their lifetime (22.07%, 33.29% and 26.97% respectively). The rates of homelessness in other age groups for these three subcategories were even higher. It becomes clear that trans, intersex and non-binary people are in general more exposed to homelessness than their cisgender, endosex counterparts. This can be explained by the fact that they experience higher rates of family rejection, discrimination by landlords, and historical discrimination in employment and housing which can result in lower incomes, unequal and inadequate pensions, long-term legal and social non-recognition, and fewer financial and social resources.

When older trans people are also of an ethnic minority (including of migrant background) we can see a very clear spike in their experience of homelessness, with almost half (46.44%) having experienced this in their lifetime. This figure is even slightly higher compared to the also very high 40.2% of trans people of an ethnic minority (including of a migrant background) across all age groups.

Parenthood

Respondents were asked about whether or not they were parents, as well as their legal and biological relationships with their children. 40.62% of all older LGBTI respondents responded that they have children. The rate is higher for all older trans respondents, rising to 53.33% with a clear gender difference of 40.47% of older trans men and 68.9% of older trans women, as well as 50.56% of older non-binary people saying they have children.

The legal and biological relationships between older LGBTI people and their children were somewhat different from the total respondents of all ages: where 76.49% of total respondents were both legally and biologically linked to their children, this was the case for slightly less (71.02%) older respondents. Older respondents were over twice as likely to be biologically but not legally related to their children than the total population (20.01% and 9.82%, respectively). This reflects the changing legal landscape over the years: when the older LGBTI respondent group were having children, there was even less legal recognition of LGBTI parenthood, same-sex relations or one's gender identity than there is today.

Where countries do not recognise same-sex partnerships, marriage and/or parenthood relations (i.e. having both partners on the birth certificate of the child), one of the parents is not legally recognised. In addition, a lack of legal gender recognition for trans people, or recognition of one's legal gender on the birth certificate of their child, can mean that the legal relation is not established between parent and child.

Experiences of discrimination

The survey asked a series of questions about experiences related to discrimination for being LGBTI over the last 12 months across a variety of life contexts.

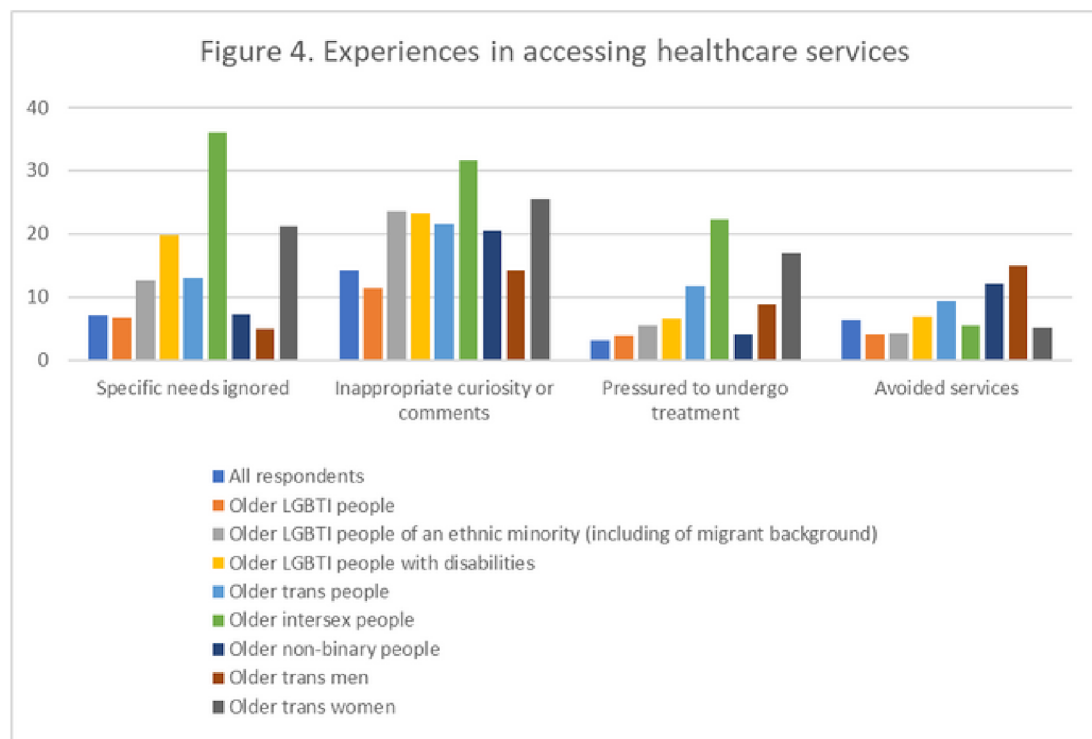
Older LGBTI people were less likely to experience discrimination in all areas asked about, in comparison to respondents of all ages. However, as with previous sections, when we look at older people who come from other minority groups or more oppressed parts of the LGBTI acronym, we see that they experience much higher than average levels of discrimination.

For example, in accessing healthcare or social services, 10.86% of older respondents reported experiencing discrimination, as opposed to 15.73% of all respondents. This figure rises to 49.91% of older intersex people and 51.02% of older trans people of an ethnic minority (including of a migrant background). We can see that both intersections contribute to this high level of discrimination, as intersex and trans people of an ethnic minority (including of migrant background) of all ages experience less discrimination than those over 55 years old (43.34% and 41.12% respectively).

Specifically in the context of healthcare, respondents were asked if they had faced a series of specific discriminatory situations; 11.41% of older respondents experienced inappropriate curiosity or comments when accessing a healthcare service, as opposed to 14.42% among the general respondents of all ages. But, as in the example before, this figure is again higher for all subcategories of older people, with older intersex people and older trans women experiencing this the most (31.63% and 25.47% respectively).

These figures for older trans respondents reflect the fact that many older trans people transitioned at a time when families, communities and even legal systems struggled to comprehend trans identities and transitioning. Others did not transition at all because legal gender recognition or medical transition were not available. Those who have gone through medical transition face difficult challenges when getting older, as they have to disclose intimate information about their bodies to healthcare providers who they do not necessarily trust or who are largely ignorant about their situations.

Very often, they do not have an option to keep their gender history a secret as their bodies may carry scars or other physical evidence and because transition-related medical care can be a lifelong process, particularly in terms of hormone therapies. This may cause questioning by healthcare providers, and even discrimination, physical or sexual violence, hostility or disrespectful behaviour. Healthcare providers are more often than not also ignorant of the specific healthcare needs of intersex people, which also can also result in intersex people experiencing more than average inappropriate curiosity or comments.



From the data we can see that there is quite a high incidence of older intersex people, older trans women and older people with disabilities having their specific needs ignored (36.02%, 21.28% and 19.78% respectively). While older LGBTI people were less likely to avoid accessing services than the general respondent population, older trans men, older non-binary people and older people with disabilities were more likely to do so.

This corresponds with research that shows that a lifetime of stigma, misgendering, and/or non-consented procedures not only leads to worse physical and mental health, poorer access to health and social care for LGBTI people [4], but can also deter them from seeking medical care, leading to later entry into medical systems or no entry at all [5]. This particularly affects trans and intersex people, who have very specific healthcare needs [6]. On top of this, many LGBTI people experience discrimination from the healthcare sector itself [7].

Older trans and intersex people were also more likely to have experienced pressure to undergo treatment than trans and intersex youth (defined as 15-24 years old). Intersex people are highly exposed to unconsented medical procedures, suggested by medical professionals. Education of healthcare providers around this issue is relatively recent, which could explain why intersex of younger age groups reported less pressure to undergo treatment. Similarly, access to legal protection for trans people via legal gender recognition has historically required medical interventions.

As the process of legal gender recognition moves towards a more human-rights-oriented direction, trans-specific healthcare has started to focus more intently on the desires and needs of the individual trans person rather than depending on a set pathway which is applied to everyone. Additionally, increased exposure to healthcare systems with age increases the cumulative likelihood of experiencing this pressure.

Table 1. Pressure to undergo treatment

	All Respondents	Youth, age 15-24	Older, over 55
Trans	10.90%	8.80%	11.75%
Intersex	19.22%	17.20%	22.24%

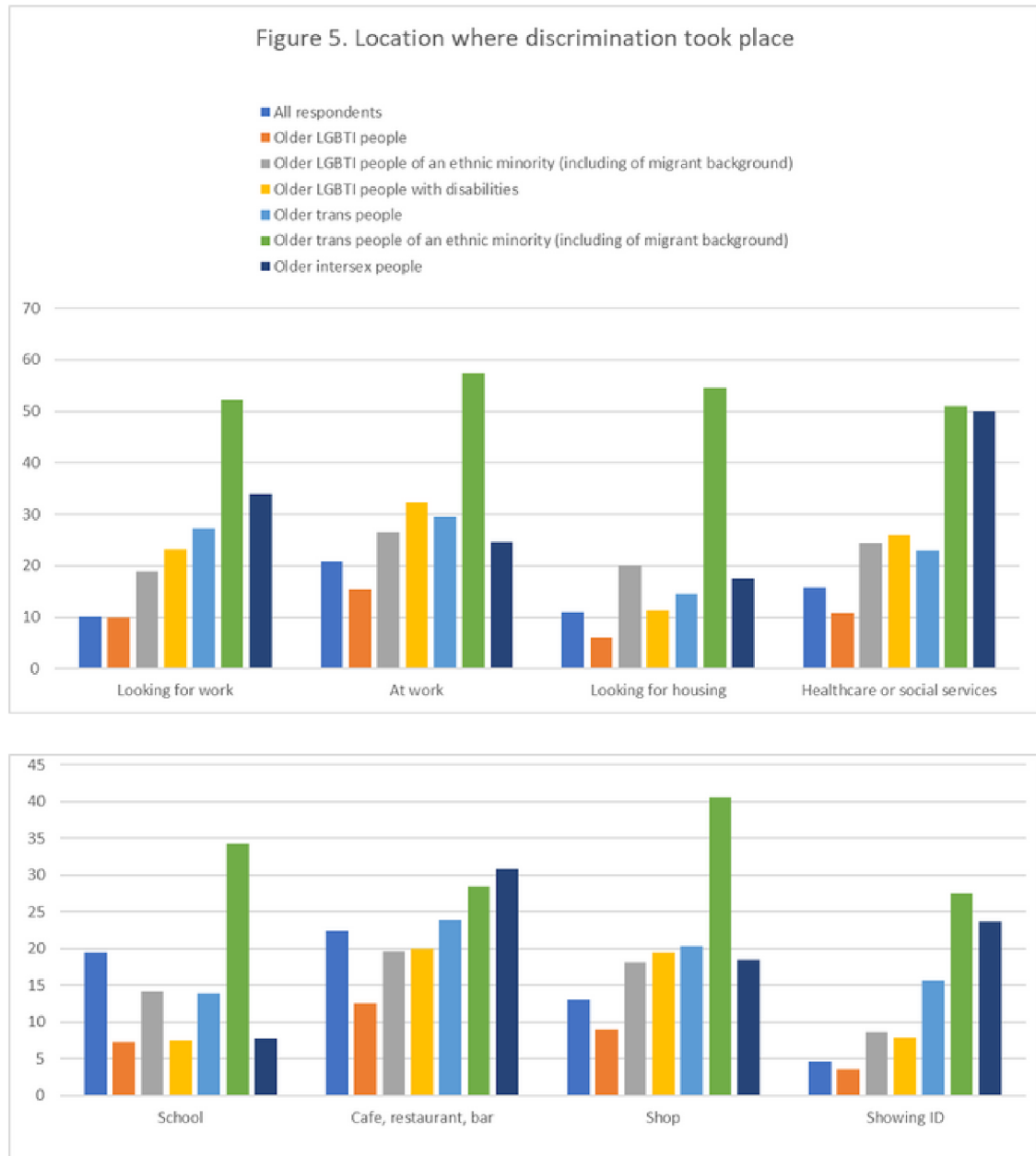
[4] *Health4LGBTI (2017)*. State-of-the-art study focusing on the health inequalities faced by LGBTI people

[5] *Ibid.*

[6] *Ibid.*

[7] *Ibid.*

Regarding the location where older LGBTI people experienced discrimination, the figures are high across the board, specifically for older trans respondents of an ethnic minority (including of a migrant background), with over 50% of this group experiencing discrimination when looking for work, housing, and while at work.



While 3.56% of older LGBTI respondents experienced discrimination when showing their ID, this figure is much higher for older trans people of an ethnic minority (including of migrant background) at 27.56%, older intersex people at 23.7%, older trans women at 19.71% and older non-binary people at 13.91%. This corresponds with the reality of many people across the countries surveyed not yet having access to legal gender recognition in a fast, accessible and non-medicalised manner.

Many trans, intersex and non-binary people as a result do not have identity documents which match their external appearance, which exposes them to much higher levels of discrimination when they are required to show identification[8]. In addition, it also points to discrimination received by those who do not fit into society's binary-framing of gender, which subjects intersex and non-binary people in particular to increased discrimination [9].

Reporting discrimination

All subcategories of older LGBTI respondents were more likely to report incidents of discrimination than LGBTI respondents of all ages (see question C4). Older LGBTI people were more likely to report the most recent incident of discrimination (17.94%, as opposed to 11.31% of all LGBTI respondents). Strikingly the rate of older trans men reporting was highest at 27.54%, and the lowest was older people of an ethnic minority (including of a migrant background) at 14.81%. The number of older intersex people who reported was extremely small thus making comparisons of percentages difficult; for this reason, these data are omitted from this section.

Among those who did report, older respondents mostly reported to their employers (45.07%) or at the place it happened (41.42%). Equal percentages of older LGBTI people reported to the police and an LGBTI community organisation/support group (14.73% and 14.19% respectively). While across the subcategories, the percentages of reporting to the police are broadly similar, far more older intersex people (44.71%), older people of an ethnic minority (including of a migrant background) (33.99%) and older non-binary people (29.46%) reported to an LGBTI community organisation/support group instead of to the police. Interestingly, these figures are much lower for all intersex respondents (20.72%), all respondents of an ethnic minority (including of migrant background) (11.8%), and all non-binary respondents (16.32%).

It is striking that while only between 0 to 4.84% of older LGBTI people reported to equality bodies, this figure rises to 19.44% for older people of an ethnic minority (including of a migrant background); and while between 0 to 13.16% of older LGBTI people reported to trade unions, this figure is 33.8% for older people with disabilities. The most likely to report to employers were older trans and non-binary people, with highest rates of 84.74% of older non-binary people and 65.71% of older trans women. On the other hand this figure drops to 5.01% of older trans men. This could be explained by the fact that older trans men were less likely than older trans women and older non-binary people to experience discrimination at work (see Figure 5).

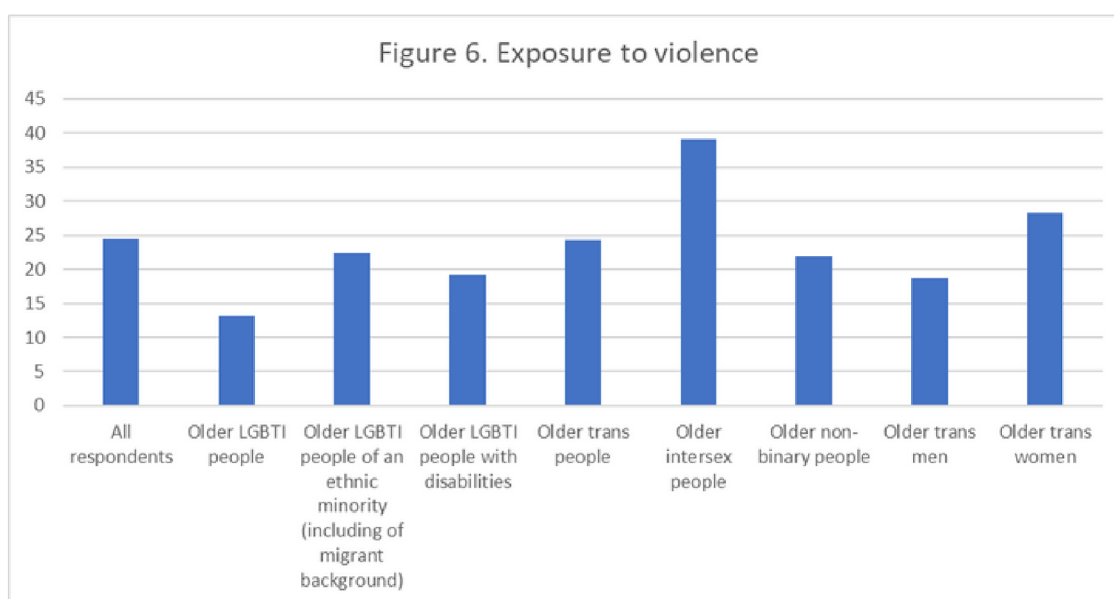
When asked about why they chose not to report, older LGBTI people gave the same two reasons as the general respondent group - "nothing would happen" or it's "not worth it", although with slightly less frequency. It is important to note that while 20.91% of older LGBTI people give the fact that they "do not trust the authorities" as a reason for not reporting, this figure goes up to 45.17% for older LGBTI people of an ethnic minority (including of a migrant background).

This figure is interesting because among respondents of all ages, LGBTI people of an ethnic minority (including of migrant background) are the smallest percentage of subgroups who selected “do not trust the authorities” (but still at a significant 25.62%). There is clearly a very high level of distrust at the specific intersection of age and being of an ethnic minority (including of migrant background). Very few older respondents selected “do not know how to report” as a reason for not reporting (figures vary from 0 to 9.12%), which further reiterates that the reasons for not reporting are related to distrust or previous negative experiences.

Experiences of violence

Respondents were also asked a series of questions about their exposure to violence over the last 5 years (section E).

In general, older LGBTI people reported being less exposed to violence than all LGBTI respondents (13.12% and 24.55% respectively). However, older trans women and older intersex people experienced more exposure to violence (28.33% and 39.06% respectively). These figures correspond to the high rates overall of trans people (in particular trans women) and intersex people of all ages experiencing violence in the last 5 years (38.54% of all trans women, and 49.4% of all intersex people).



48.13% of older people with disabilities who experienced violence received it from somebody they didn't know, 13.77% received violence from a public servant, 11.41% from an acquaintance or friend, and 7.13% experienced violence from a family member. These figures are broadly similar across all ages, except for violence received from a public servant, which was experienced by only 3.26% of all respondents with disabilities.

10.06% of older intersex people experienced violence from a family member, making older intersex people and older people with a disability the subgroups receiving the most proportion of violence from a family member.

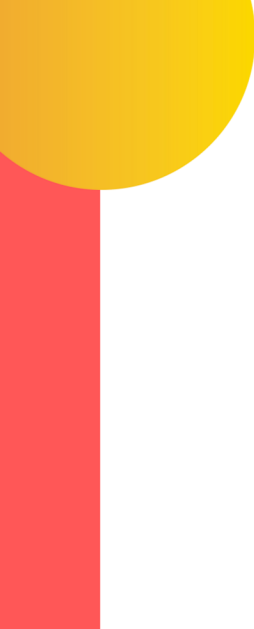
Throughout all subgroups of older LGBTI people the rates of receiving violence from colleagues are higher than the general average, with the clear exception of older people with disabilities where only 1.12% say they have experienced violence from a colleague. The highest rate of violence from colleagues is experienced by older trans men, a striking 43.53% (this is also much higher than trans men of all ages, the figure for which is 9.28%). Although the actual number of respondents to this question was quite small, this figure is still significant and points to a clear need for more research on older trans men and their exposure to violence. Older trans men also experienced the highest rate of violence from an acquaintance or friend, at 35.58%. This rate was also high for older non-binary people, at 19.86%. Curiously, for older trans women this rate is only 1.38%. More research is needed to explain these disparities.

Four times more older intersex people state they experienced violence from police officers or border guards (20.84%) than the overall older LGBTI people sample. This is also significantly more than intersex people of all ages, who reported this at 6.36%. Older intersex people may be more exposed to this violence due to a variety of issues including having gender expressions or secondary sex characteristics that are perceived as non-conforming, or having a legal gender marker that does not match their gender expression.

Amongst older LGBTI people of an ethnic minority (including of a migrant background), 11.25% experienced violence from police and border guards. This subgroup also experienced the highest rate of violence from public servants, almost four times that of the general older respondents, at 19.68%. This points to the effects of racism and xenophobia within institutional structures, which can exacerbate the experiences of violence older LGBTI people experience in these settings.

When looking at where violence occurred, we can see that older LGBTI people with disabilities had a significantly higher rate of experiencing violence at home than the general older LGBTI respondent population (16.86% and 9.05% respectively). Older LGBTI people were more likely to experience violence at work than LGBTI respondents of all ages, with quite stark differences among subgroups. For example, while 4.35% of all LGBTI respondents experienced violence at work, this becomes 43.53% for older trans men (which corresponds with the above findings regarding their experience of violence from colleagues) and 23.66% for older people of an ethnic minority (including of a migrant background).

On the other hand, no older intersex or non-binary respondents experienced violence at work. This could be because older non-binary people may not be out at work, and intersex people, as noted earlier, are less likely to be in paid work, and thus may have less exposure to violence in this context. More research is needed to clarify both of these points. Older LGBTI people were twice as likely to experience violence in healthcare settings than LGBTI respondents of all ages, with older intersex people, older trans women and older LGBTI people of an ethnic minority (including of a migrant background) experiencing this the most.



When we look at the above instances of older LGBTI people receiving more violence than LGBTI respondents of all ages, we can see that this is most often the case at work and from colleagues, in healthcare settings, and from police officers or border guards. For the latter, this was more specific to older intersex people and older people of an ethnic minority (including of migrant background), pointing to specific instances of intersectional discrimination among the police and border guards.

However, when it comes to the workplace and healthcare settings, this data corresponds with the testimony of many older LGBTI people and organisations working with older people, which reports that elder abuse (a term used to describe a single or repeated act or lack of appropriate action which causes harm or distress to an older person or violates their human rights, which may include physical abuse, psychological abuse, sexual abuse, financial exploitation and neglect) is exacerbated when combined with discrimination based on sexual orientation and/or gender identity and sex characteristics [10].

Whereas data for elder abuse is scarce – even more regarding subgroups particularly at risk – offences may have multiple motivations linked both to people's age and sexual orientation, gender identity or sex characteristics, and can be exacerbated when combined with other forms of discrimination such as ableism and racism. Few data is available on abuse against older LGBTI people, and should thus be researched further.

Annex 1: Methodology and survey background information

Background: FRA LGBTI II Survey 2019

The statistics used to write this brief come from the 2019 EU LGBTI II Survey conducted by the European Union Agency for Fundamental Rights. The survey was open to individuals who were 15 years of age or older who self-identified as lesbian, gay, bisexual, trans and/or intersex. The survey was conducted online in 27 EU Member States, the UK, Serbia and North Macedonia between May and July of 2019. The respondents were asked a series of questions about their lived experiences, including information about their experiences of discrimination, harassment, violence, openness about their sexual orientation, gender identity, and sex characteristics, experiences in education and at work, their relationships and parenting, health, housing difficulties, living conditions and socio-economic status.

Representativeness of the results used in the report

The survey was available to LGBTI people who had access to the internet. As such, the survey did not provide a random sampling of LGBTI people, which would have made it representative of the LGBTI community in Europe. In addition, the digital divide between generations is significant and it increases with age. The 2019 Fundamental Rights Survey [11] showed that one in five people (20%) aged 75 years and older in the survey uses the internet at least occasionally, in comparison with 98% of 16-29 year olds. However, we applied weights developed by FRA for the 2019 LGBTI survey [12] so the results presented in the LGBTI survey report are as representative of the population as possible.

Sample

This briefing provides information on older LGBTI people, which was a subset from the entire sample of respondents resulting in a sample size of 5,711 (4.08% of the total respondent population of 139,799 respondents). The subsetting process followed a procedure of removing the answers of respondents aged under 55.

Statistical methods

The report is based on descriptive statistics extracted from the survey. The primary method used is cross tabulations, which is used to quantitatively analyse the relationship between multiple variables.

[11] European Union Agency for Fundamental Rights (2020), *What do Fundamental Rights Mean for People in the EU*, Luxembourg: Publications Office. Available at: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-Fundamental-rights-survey-human-rights_en.pdf

[12] FRA (European Union Agency for Fundamental Rights) (2020), *A long way to go for LGBTI equality – Technical Report*, Luxembourg, Publications Office. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-lgbti-equality-technical-report_en.pdf