

AGEING AS LGBTQ+ IN PORTUGAL

A guide for health professionals and carers



Scientific coordination and graphic design

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Project “REMEMBER - Recording Experiences of LGBTQ Elders in Post-Dictatorship Portugal (1974-2020)”

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Facebook www.facebook.com/projetoREMEMBER

A special heartfelt thank you to the people who took part in the study through their own life stories. We have learnt more from them than any thank you can ever convey.

May this sharing help us do more and better, with a view to a near future where we can all live and age in safety and freedom.



Centro de Estudos Sociais
UNIVERSIDADE DE COIMBRA



Cofinanciado:



CONTENTS

01. Introduction | p. 5

02. Ageing as an LGBTQ+ in
contemporary Portugal | p. 7

03. Good practices for professionals
and carers | p. 15

04. Glossary | p. 22

INTRODUCTION

WHAT TO EXPECT FROM THIS GUIDE

The Guide to Ageing as LGBTQ+ in Portugal aims to provide **useful information** about the experiences of **older lesbian, gay, bisexual, trans and queer people**.

It is an **essential resource** for anyone working and dealing with people over 60 on a daily basis, especially in the area of health and care. The guide brings together **experiences** gathered through interviews with LGBTQ+ people over 60 and **suggestions** from academic literature on the subject.

HOW IT WAS CREATED

This guide emerged from the results of the **research project "REMEMBER – Recording Experiences of LGBTQ Elders in Post-Dictatorship Portugal (1974–2020)"**.

The project was carried out at the Centre for Social Studies at the **University of Coimbra** between 2022 and 2024 under the coordination of **Ana Cristina Santos**, looking at the process of ageing as a lesbian, gay, bisexual, transgender or queer (LGBTQ) person in Portugal.



With an emphasis on **care, well-being, and mental health**, and through the collection of biographical interviews, the REMEMBER project analysed the current situation and day-to-day management of the intimate lives of those who grew up in a time when sexual and gender diversity was **forbidden** (until 1982) and/or associated with illness (1980s-1990s).

By highlighting these personal narratives, we also sought to identify **gaps in the policies and resources** available to support the mental health and well-being of LGBTQ+ people at the various stages of ageing.

More information about the project, publications, and results:



Site www.ces.uc.pt/ces/projectos/remember/



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WHO IT'S AIMED AT

This guide is aimed at

- **health professionals** who have particular contact with older people, such as gerontologists, rheumatologists and physiotherapists;
- **professionals who care for older people in residential facilities and day care centres**, such as socio-cultural animators, nurses, and direct action assistants;
- **informal carers** in home settings;
- anyone with a **personal, professional, and/or academic interest** in this subject.

AGEING AS LGBTQ+ IN CONTEMPORARY PORTUGAL

The senior population in Portugal has been growing, making it increasingly important to know the diversity that characterises it. It's estimated that **around 10 per cent of the population is lesbian, gay, bisexual, trans or doesn't identify as heterosexual** – translating to **at least 230,000** older LGBTQ+ people in Portugal. However, we have a limited understanding of their daily lives, the challenges they face, and their specific needs.

In Portuguese society, both in institutions and public discourse, there is a **prevailing assumption that older people are all heterosexual and have had linear life trajectories**. It is often taken for granted that they have worked, married, and had children. This assumption is evident in the expectation that older individuals will be **accompanied to appointments by family members** or that their primary caregivers will be their children or spouses.

However, there are **many diverse ways of living and forming relationships**. Those over 60 today grew up during a time when being homosexual was forbidden and when, even later, marriage and parenthood were not legally available to them. Consequently, they may lack traditional **support networks or family assistance** and may rely on alternative forms of care and support from friends, partners, or neighbours — networks that are often overlooked.

HISTORY



“The doctors and nurses were afraid of AIDS patients. Several of my friends abandoned me completely because they were afraid of AIDS. I myself thought I was probably going to die young.”

--- Renato, cisgender, gay, 65-70 years old

“In the 50s, 60s and 70s things weren't the same as they are today, so even for myself I had to hide what I was, what I felt.”

--- Leandro, cisgender, gay, 65-70 years old

For many LGBTQ+ people, living in Portugal during the 1960s and 1970s meant **suffering violence** from the authorities, hiding one's identity in the workplace and being discriminated against in the family. The most common choice was **not to tell anyone** about one's sexual orientation or gender identity, to keep one's identity hidden or even to **renounce relationships altogether**.

After 25 April 1974 (when Democracy was established), despite the advances associated with a free and democratic society, LGBTQ+ people continued to face many difficulties. The fear and stigma associated with gay and trans people in the 1980s, during the so-called **HIV/AIDS crisis**, caused added suffering: many people lost partners and friends or became ill, while homosexuality was socially associated with a disease.

This history of obstacles and discrimination means that older LGBTQ+ people still carry the effects of **cumulative trauma**, with consequences for their well-being and general health.

MENTAL HEALTH

Although research on the mental health of LGBTQ+ individuals over the age of 60 is still limited, recent studies indicate high levels of **mental distress**, including elevated rates of depression, anxiety, and substance abuse.

These studies also highlight continued exposure to **social stress** and **stigma**, as well as feelings of loneliness, as significant contributors to these disorders.

Existing research on **transgender individuals**, racialised people, and minority groups within the LGBTQ+ population suggest even greater levels of vulnerability due to **double marginalisation**.



Additionally, the dominant culture within the LGBTQ+ community often promotes a **cult of youth** and lacks **positive models of ageing**, making **ageism** particularly pronounced among this population.

As a result, many older LGBTQ+ people experience **pressure to withdraw** from social spaces and suppress their sexuality.

“At that time, the books treated homosexuality as...not necessarily as a disease, but as a very minority phenomenon, a very different phenomenon, a phenomenon that creates unhappiness, a phenomenon that creates problems for the person. [...] I really panicked [...]. I started sweating, I started thinking: "Well, this is going to be disastrous. I don't know how I'm going to get around it"

--- Renato, cisgender, gay, 65-70 years old

LGBTQ+ people over 60 have grown up and lived part of their lives in a strongly stigmatising context. Living in environments saturated with **negative images about sexuality**, especially during childhood and adolescence, often means experiencing the persistent impact of **cumulative trauma** in adulthood and later life.

This impact can take the form of **Post-Traumatic Stress Syndrome** or manifest itself in the form of **internalised stigma** (low self-esteem, fear, hopelessness). Among the **stereotypes and insults** that have been part of these people's environment, "mentally ill" has been one of the most persistent. This widespread representation has its roots in psychiatric and psychoanalytic discourse.

Mental health care for this population must therefore first and foremost take this historical reality into account and avoid reproducing a discourse that is known to have re-traumatising effects for many of these people.

"I have two degenerative diseases, I know that death could have already knocked on my door and I know that I'm privileged to still be here. And so, if I've managed to survive everything that life has given me, everything that life has thrown at me, everything that life has given me, I've managed to survive"

--- Rita, trans woman, 60-64 years old

LACK OF KNOWLEDGE

"[On another occasion, at a consultation] I realised the doctor's fury, because I flatly refused, diverted the conversation and was annoyed when she said to me: "Don't you have a family? Why didn't you ever get married? Don't you have anyone to look after you?" She realised exactly what I was talking about but wanted me to confess."

--- Salvador, cisgender man, gay, 60-64 years old

"The first time I went for a PSA [prostate cancer screening test], I was having other tests, namely the PSA, and the lady was there and said 'Look, the doctor wants to talk to you. Do you mind if I come round?'. And I went to the corridor, there was no doctor to talk to me, and she said "Oh Jéssica, it's just that the system doesn't accept this prostate exam". Imagine in a less sensitive place, with a room full of people. If there's a hospitalisation and they change, I'll have to go to the men's ward. And then what? It's a tremendous plot. And it doesn't cost anything. It's a question of availability, of goodwill."

--- Jéssica, trans woman, pansexual, 60-64 years old



Professionals working in the field of health and in institutions supporting older people admit that **there is still a lot to be done** in academic and professional training on issues related to LGBTQ+ people and ageing.

In the training programmes of health professionals, issues more directly linked to the LGBTQ+ population remain **absent** and awareness of the issues is left to **individual initiative**.

The **lack of training** and updating of practices contributes to perpetuating inadequate intervention, **invisibility**, and often discrimination against older LGBTQ+ people.

FEAR OF ACCESSING SERVICES

"Now, the situation of an older person who is still in a relationship with a partner of the same sex might be a little different. [...] Insofar as they're going to have to... for now, they have to, they're going to, they're going to fight against a great myth which is: old people don't have a sex life. Then old people don't have a homosexual sex life. So, they're going to have to fight these two big issues."

--- Vera, cisgender woman, bisexual, 60-64 years old

The narratives we collected through the interviews consistently reveal a very significant fact: most older LGBTQ+ people **fear the possibility of entering an institution** - or a nursing home, as they are often referred to in interviews - or **even receiving care at home**. In fact, they feel that contact with institutionalised care could open the door to forms of erasure of their identity, manifestations of discrimination, or even experiences of verbal or physical violence.

In particular, **trans** interviewees said they were afraid that institutionalisation would endanger their **physical integrity and mental health**.

The **lack of solutions and proposals for older LGBTQ+ people** in institutions such as residential facilities or day care centres, the invisibility of LGBTQ+ experiences during ageing and social isolation all contribute to this widespread fear of accessing available care services.

Finally, concerning healthcare, the lack of welcoming services and experiences of discrimination often **discourage people from booking non-urgent screenings, tests or appointments**, which can lead to a general deterioration in health status.



SOCIAL ISOLATION AND INVISIBILITY

"I'm married to another man. We've been together for over 20 years. But nobody in my family knows; my friends, my colleagues don't know. His family don't know either."

--- Leandro, cisgender man, gay, 65-70 years old

"My progressive isolation, my loneliness, which is very, very marked, has meant that I don't have a real network."

--- Salvador, cisgender man, gay, 60-65 years old

Loneliness is a **common experience during ageing**: less autonomy in day-to-day tasks, the emergence of health problems and economic difficulties or the death of friends, all contribute to greater social isolation. However, LGBTQ+ people are exposed to **increased vulnerability** factors. They may, for example, have a **limited or absent family network**, not having had the opportunity throughout their lives to have children, grandchildren or formally recognised relationships.

In some cases, ties with the family of origin have been broken by discrimination or a lack of acceptance of the LGBTQ+ person's path. This is also why studies show that homophobia and transphobia contribute to a **higher mortality rate** among this population.

Support networks are also weakened by the **lack of social spaces** where older LGBTQ+ individuals can feel comfortable, and invisibility remains prevalent in this age group. In most cases, **support networks** are limited to just a few people, especially in the absence of a partner.

Finally, in some cases, precisely because of the lack of parenting responsibilities, LGBTQ+ people **take on the role of informal carers for parents or other older relatives**: the burden of caring tasks, together with invisibility, makes socialising, building relationships and networking more difficult. This set of factors calls for urgent and conscious action to ensure that older LGBTQ+ people have access to the care they are entitled to and with a quality that allows them to grow old with the peace of mind they have often been denied throughout their lives.



*This set of factors calls for **urgent and conscious action** to ensure that older LGBTQ+ people have access to all the care they are entitled to and with the **quality** that allows them to grow old with the peace of mind they have often been denied throughout their lives.*

GOOD PRACTICES FOR PROFESSIONALS AND CARERS

1 DECONSTRUCTING MYTHS AND PREJUDICES

There are many **prejudices** about older people, especially when it comes to **sexuality, sexual orientation and gender identity**.

For example, there is the idea that older people have no sexuality; that they are all heterosexual or cisgender; that issues related to sexual or gender diversity disappear with ageing.

There are a number of issues on which there is still a lot that can be done and should be done. Now, what is ideal, and... it's like this, the ideal may be almost impossible, but if we don't look to the horizon and walk, we, if we want, we should want all the trains in first class. It's impossible! But if we don't want it, right? At two by three, we're all in second class and we don't get off, because we don't go any further. And we must always want the impossible. That's the way to go as far as possible.

--- Anabela, cisgender woman, lesbian, 60-64 anos

We need to raise awareness of these ideas so that we can actively contribute to deconstructing them. How? For example:

- **actively talking about sexuality** with older people;
- **not taking it for granted** that the person in front of us is heterosexual or cisgender;
- **promoting meetings** and conversations about LGBTQ+ experiences;
- placing **information** on sexual and gender diversity in workplaces.

In other words, normalising what is, after all, normal: **diversity**.

2 INCLUSIVE AND ACCESSIBLE COMMUNICATION

The language we use is crucial for respectful communication that honours diversity. It is essential to **respect the gender and name** a person uses to identify themselves, even if they differ from those listed on their identification documents. Learning the **appropriate terms about LGBTQ+ experiences**, such as the meaning of "cisgender" or the difference between "bisexual" and "lesbian", is the first step towards creating safe and open communication channels.

It can also be useful to raise visibility of the existence of LGBTQ+ people over the age of 60 and the challenges they face through **posters, informational material, badges or other decorative objects** in consultation, reception and care spaces: a rainbow flag on the office door, a poster with the Principle of Equality (Article 13 of the Constitution of the Portuguese Republic) or a lapel identifier indicating the name and pronoun of the professional providing care will be an important sign.

Finally, it is important to **stimulate conversations and be open to dialogue** on topics that are usually taboo in ageing, including sexuality, affection, mental health and emotional well-being.

3

SAFE AND INCLUSIVE ENVIRONMENTS

The way spaces are organised and decorated is fundamental in creating relationships of trust between older LGBTQ+ people and professionals or carers.

For example, it is crucial to ensure that **privacy and respect for confidential information** are maintained in offices or waiting rooms. It will also be important to offer people the **option of choosing the bathroom or care unit** where they feel most comfortable.



When it comes to **personal, hygienic and body care**, some people may feel uncomfortable or afraid of exposing their bodies, due to the accumulated trauma and violence they have suffered. That is why it is essential to ask beforehand which practices they feel comfortable with and to offer alternatives.

The **presence of posters, images and clear and accessible information** about LGBTQ+ experiences in ageing is a fundamental resource: LGBTQ+ people themselves may feel welcomed and safe, while the general user population will benefit from becoming aware of experiences that may be less well-known.

Caring for older LGBTQ+ people requires **increased, up-to-date and appropriate knowledge**: a lack of training and awareness on the subject causes individual and social harm. It is therefore important to **invest in training** for health professionals and carers on LGBTQ+ issues in general, as well as on the specific needs of the older LGBTQ+ population. Similarly, there is an urgent need to promote specialised training in **specific areas of intervention**, such as gerontology, physiotherapy and endocrinology.

Training can be provided, for example, by:

- involving researchers, professionals and people with **experience** in the field;
- meeting and sharing sessions with **LGBTQ+ activists**;
- providing training sessions and **specific curricular units**;
- **acquiring and sharing** books, articles, and resources in the workspace;
- having physical or virtual spaces for sharing **scientific resources** in this area (for example, a virtual library or an online archive of life stories).

The training will result in **better care** for LGBTQ+ people, but also in **improved services for the entire older population**, as it will help prepare health professionals and carers to deal with increasingly diverse realities.

“I had the first consultation, the first consultation wasn't even over and she [the doctor] said to me: 'Look, I've seen everything. I haven't seen everything, but that's not exactly what she told me, but let's make a deal here' and I said: 'Yes', 'From now on I'm going to call you Jéssica, so I'm going to cross out the notes I have', and I burst into tears.”

--- Jéssica, trans woman, pansexual, 60-64 years old

5

PROMOTE EVENTS ON LGBTQ+ THEMES

To combat the invisibility and lack of awareness about LGBTQ+ experiences in ageing, it is advisable to organise **gatherings, awareness sessions, and informational events** in spaces that accommodate older people, both in healthcare settings and in residential facilities and day-care centres.

For example:

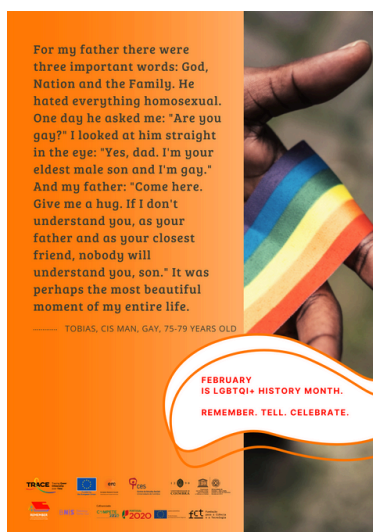
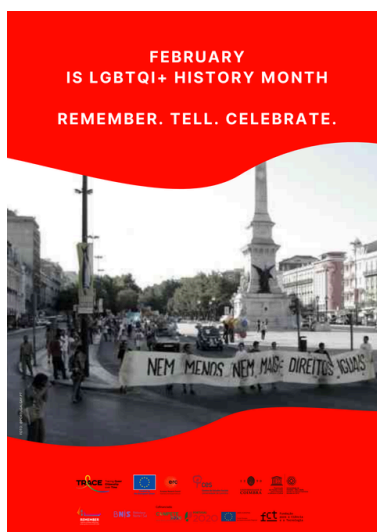
- **exhibitions** on artists or public figures who exemplify sexual and/or gender diversity;
- **meetings or gatherings with researchers or activists** working on the subject;
- **living libraries** that encourage direct encounters with LGBTQ+ people;
- **screenings of films or documentaries** about LGBTQ+ history.



It is also important to organise **public initiatives** linked to specific dates of international importance, for example:

- **February:** LGBTQ+ History Month;
- **17 May:** International Day against Homophobia and Transphobia;
- **June:** Month of LGBTQ+ Visibility;
- **1 October:** International Day of Older Persons;
- **20 November:** Trans Day of Remembrance;
- **10 December:** International Human Rights Day.

Finally, between May and October, several Portuguese cities organise **marches and events** about the history, lives and experiences of LGBTQ+ people. This constitutes an opportunity to establish partnerships and collaborations with local activists and associations.



Posters from the exhibition "February, LGBT+ History Month" organised by the project REMEMBER (2023 and 2024).

6

INCLUSIVE HEALTH POLICIES

In recent years, **some important changes** have come about in Portugal, such as the National Strategy for Active and Healthy Ageing (2017) and the National Strategy for LGBTI Health (2019). However, there are still some **limitations on access to medical processes** of fundamental importance in old age: this is the case, for example, with **preventive screenings** for diseases of the uterus and prostate, which only recently have been made available to trans people.

Being aware of these obstacles enables the **improvement of services** provided and ensures that everyone receives better healthcare.

7

ENVOLVIMENTO DE ATIVISTAS E PARCEIROS

Collaboration with actors from the **social, academic, and cultural spheres** who work with LGBTQ+ individuals is a significant tool for combating social isolation and the invisibility of older people; it fosters dialogue between different generations and **brings lesser-known experiences to light**.

It is also essential to **involve family members, friends and carers** in all activities.

“Now, if you tell me that I’d prefer to be in a kind of community for the elderly that was more colourful or at least mixed, I’d like that, so much so that I’m keeping alive the hope that I’ll be able to realise a project that once existed at Clube Safo, which was to make a residential community for LGBT people. That was a project that died very early on, but it’s perfectly possible to do, like, a housing and support co-operative for the elderly, in an LGBT universe, here or anywhere else.”

--- Vera, cisgender woman, bisexual 60-64 years old

GLOSSARY

** Source: Colourful Childhoods Project (2023), Colourful Childhoods: Empowering LGBTIQ children in vulnerable contexts to combat gender-based violence across Europe
Available at: <https://hdl.handle.net/10316/111076>*

Sexual orientation

Sexual orientation refers to a person's enduring ability to feel **emotional and sexual attraction** to someone and describes with whom they can have emotional, intimate and sexual relationships.

Gender

Gender is the way people **think about and experience masculinity and femininity**. It is a social construction that associates some behaviours with masculinity and others with femininity.

Gender identity

Gender identity is each person's **internal and individual experience of the gender to which they belong**. It does not necessarily correspond to the sex assigned at birth and does not necessarily fit into binary categories (male–female).

For example, a person may identify with a gender different from the one assigned at birth (**a trans person**), they may identify with the same gender assigned at birth (**a cisgender person**), or they may not identify with a binary gender experience (**a non-binary person**).

LGBTQ+

LGBTQ+ stands for **lesbian, gay, bisexual, transgender and queer people**. As you can see, this is a very heterogeneous group, but one that is often treated as a single entity by social and political discourse.

The abbreviation LGBTQ or LGBT is also commonly used with the + sign to indicate that **other sexual and gender minorities** are included (e.g. intersex people, pansexuals, asexuals, non-binary people, etc.).

Lesbian – a woman who is sexually, physically and/or emotionally attracted to women.

Gay – a man who is sexually, physically and/or emotionally attracted to men.

Bisexual – a person who is sexually, physically and/or emotionally attracted to more than one gender.

Transgender – a person whose gender identity and/or gender expression differs from the sex assigned to them at birth. **Trans men** are those who were assigned female at birth but have a male or predominantly male gender identity. **Trans women** are those who were assigned male at birth and who have a female or predominantly female gender identity. The term transsexual is becoming less and less used due to its medicalising nature, unless someone explicitly refers to themselves as such. Instead, the term transgender or trans is proposed as the currently accepted term.

Queer – a person whose self-defined gender does not fit into the binary categories of male/female. They may identify with neither, both or a combination of male and female genders. Although it is usually used to describe a person's gender, it can also refer to sexual orientation.

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