Understanding Transgender Elders

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Abstract

No stigmatized group in U.S. history has seen as much progress as quickly as transgender people. Current transgender elders represent virtually the full history of the transgender experience; this chapter explores how this history has impacted language, generational rifts within the community, and trans elders' self-image. It discusses what is known about trans-specific health care (hormone use and gender-related surgery), including trans older adults' experiences of health care discrimination. It covers the two primary approaches to trans health care—the Standards of Care and the informed consent models—and why identification documents are so important to trans people. General health, mental health, and violence issues are covered, along with "stages of emergence" of trans identity and social relationship issues. Sexuality and safer sex comes next. It closes with recent policy changes, including developments related to marriage, Social Security, veterans, employment, housing, long-term care facilities, and services for victims of violence.

Keywords

Transgender · LGBT · Aging · Health disparities · Standards of care · Violence

Overview

No stigmatized group in U.S. history has benefited from as many policy and social attitude improvements as quickly as have transgender people. The current generations of transgender elders represent virtually the full history of the transgender experience, ranging from days when there was no word for their identity to today, when "transgender" has become a word even the U.S. President feels comfortable using on nationwide television (Obama 2015). That unprecedented diversity makes generalizations about this population beyond impossible; the goal of this chapter is therefore to explore just some of the major conundrums, challenges, and joys facing those who serve, research, make

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policy for, make community with, befriend, and love transgender elders.

The chapter starts with terms and definitions by focusing on how much change there has been around transgender issues during the lifetimes of current trans elders. This discussion should explain why a variety of terms will be used throughout this chapter: it is critical that those working with the transgender community not become wedded to any particular term or definition, as they are in constant flux and vary from individual to individual. (We do the same with pronouns, including using "they" as a personal pronoun, for the same reasons: to help the reader get used to recognizing that a variety of pronouns are currently being used within the trans community.) We next move on to explore generational issues affecting the trans community, including those that cause intra-community strife. After reviewing the limitations of existing research on trans elders, the chapter discusses what is known about trans-specific health care (hormone use and gender-related surgery), including trans older adults' experiences of discrimination within the health care system. One of the ways the experience of trans people differs from their LGB peers is their dependence on professionals for health care and identification papers. The chapter covers the two primary approaches to trans health care—the Standards of Care and the informed consent models—and why identification documents are so important to trans people. General health, mental health, and violence issues are tackled together to reflect emerging research on the effects trauma has on physical as well as mental health. The section on therapy includes one expert's "stages of emergence" of trans identity. The chapter then addresses social relationships, covering some of the issues with which SOFFAs (Significant Others, Friends, Family and Allies) may struggle. Sexuality and safe sex comes next, with brief discussions of sexual orientation and libido changes, how trans elders handle dating disclosure, and how religion has affected some trans elders' sexuality. We end with an overview of recent policy changes in the lives of American trans elders, including developments related to marriage, Social Security, veterans, employment, housing, long-term care facilities, and services for victims of domestic violence, sexual assault, dating violence and stalking.

Learning Objectives

By the end of this chapter, the reader should be able to:

1. Discuss some reasons for the existing diversity of terms and beliefs among trans elders.
2. Give possible reasons for the dearth of research on transgender elders.
3. Describe some of the unique ways in which professionals of various sorts influence trans people's identities and lives.
4. Explain how violence and discrimination might affect a trans elder's life circumstances.
5. List some of the concerns SOFFAs—Significant Others, Friends, Family, and Allies—of trans elders might have.
6. Discuss some of the ways in which federal government policies might impact trans elders' lives.

Introduction

Development of Terms, Identities, and Communities

Unlike some other cultures, Western industrialized nations such as the U.S. have had no traditional role for people who do not spend their lives fully identifying with the "boy" or "girl" label they were given at birth (Feinberg 1997). That does not mean the people we now call transgender or trans did not exist; it does mean that they had no common term for themselves and, for the most part, no or few role models.

Some, like jazz musician Billy Tipton (1914–1989), succeeded in living as their preferred gender for years or even decades, often without anyone else knowing their gender history (Middlebrook 1999). Others found more or less

comfortable homes in gay male or lesbian communities, which have been more tolerant of cross-dressing, masculine women, and feminine men. People who were assigned male at birth and who were attracted to women often married women and dressed in women's clothing in secret or with their wives' consent. The stories of how people who were assigned female at birth, had a masculine identity, and were attracted to men before the modern transgender concept emerged have, for the most part, not been told.

The lack of both role models and language began to change when Christine Jorgensen's "sex change" was widely publicized in 1952. This "ancient history" is, in fact, within the lifespan of current trans elders: if Jorgensen had not died of cancer in 1989, she would now be entering her 90s. Indeed, many current trans elders start their "coming out" stories by recounting how they first ran into an article about her (Brevard 2001; Feinberg 1997; Sanchez 2015).

The publicity about Jorgensen did not mean that everyone who had a gender identity different from the sex they were assigned at birth ran out and had a sex change (which was still very hard to procure). Even if they do not talk about their gender identity or show "cross-gender" behaviors, trans people pick up society's message: if you were "born a boy," you will always be male and vice versa: anyone who believes differently is not just mistaken, but possibly sinful, dangerous, perverted, and/or mentally ill. It could also be illegal. Beginning in the mid-1800s, many jurisdictions passed laws forbidding cross-dressing. Some laws specified how many pieces of clothing must belong to the person's assigned sex in order to be legal (Brevard 2001; Meyerowitz 2002). Consequently, most current trans elders spent decades trying to fit into their assigned roles (sometimes by entering "hyper-masculine" careers such as the military or construction or striving to be the most "feminine" person on the block) and/or denying or suppressing their feelings. The timing of when any given person realizes that these attempts to fit in are failing differs for each individual. Therefore, current trans elders could have "transitioned" (begun living publicly as a gender different from the sex they were assigned at birth) anytime from their 20s through their 70s.

The point at which this transition occurs is critical. As we just discussed, families and society do their best to teach trans people how *not* to be trans. (Contrast this with an African-American or Catholic person who is taught by their parents and others how people of their race or religion are expected to act, believe, and survive.) Instead, trans people learn "how to be trans" from other trans people once they make contact with them.

"How to be trans" has been under constant and rapid change since Christine Jorgensen came to public awareness. The time period in which a trans elder first made contact with the trans community therefore will significantly influence both how he or she thinks of himself or herself and gender identity, and the terms they use.

In the 1950s and 60s, Virginia Prince worked to create an identity that was neither homosexual nor "transsexual" (a term that had been coined in 1949). She called heterosexual men who wore women's clothing (part-time or full-time) "transvestites" or "transgenderists" and sought to delineate the differences between the various categories so that the male cross-dressers were not "made to bear stigma they do not deserve." (Meyerowitz 2002, p. 181). Prince's careful parsing of "types," accompanied by disdain for those in other categories, remains sadly common. The trans community to this day still has often-vicious arguments over who belongs and which groups are more "real" or "deserving" than others. We will return to the implications of these divisions later.

Some did find their way to helping professionals, although this was not always a pleasant experience. In 1962 professional entertainer Aleshia Brevard felt the surgeon she found was "twisted and disgusting," but he was willing to perform surgery when no one else would (Brevard 2001, p. 10). Unfortunately, she had to castrate herself first because U.S. law otherwise required her surgeon to place her testicles—which would have continued to produce testosterone—inside her body.

Case Study 1: Aleshia Brevard

Ten years after Christine Jorgensen introduced herself to America, Aleshia Brevard transitioned at age 23.

Although even then male-to-female (MTF) transsexuals were expected to live publicly as women for "several years" before they had gender reassignment surgery, Brevard's surgeon waived that requirement because she had been performing professionally as a drag queen. But in San Francisco in the 60s, drag queens were forbidden by law from appearing on the streets in female clothing. "Ultimately," Brevard said, "his decision to waive my daily, comprehensive experience as a woman made my transition much more difficult." Brevard had grown up totally entranced by glamorous Hollywood movies, and it was Hollywood's vision of femininity that formed her view of womanhood. She said, "'Passing' for female was not my dilemma. Ensuring a comfortable passage into the real world of women could only come with exposure to their daily experiences." The world of most genetic women is made up of the little things, not the glamour. While my daytime 'real girl' sisters toiled for unequal pay, rocked society's cradle, and struggled for complete emancipation, I waited impatiently for twilight hours when I could pose and preen."

As with many other women of her time, Brevard's primary goal was to snag a man to put a ring on her finger. She dated many men and won the brass (or gold) ring 3 times. At least two of those times, she never told her husband of her transsexual history.

Keeping stealth didn't protect her from violence; many husbands and boyfriends as well as strangers were abusive. After one attempted rape she wrote, "I did not file charges. I had not been sexually assaulted, and should I accuse my attacker, a strong possibility existed that the police would discover my transsexual identity. Even genetically-born female victims of physical rape are required to defend themselves in court. I feared the police more than I hated my assailant. They might consider my attacker's actions reasonable. With my history, I didn't dare take the risk." In the last chapter of her book she summarizes, "My need for love and acceptance, when coupled with an overwhelming lack of self-esteem, made me a willing victim."

Twice she had to prove her "womanly worth" by submitting to a genital examination: once by police when a person who had tried to rape her reported her to police, and once when an employer was tipped off that she was "really a man."

In her autobiography, *The Woman I Was Not Born to Be: A Transsexual Journey,* she said: "At the time of my surgery, the prevailing professional and personal advice for a transsexual was for her to totally turn her back on the past. As in a witness-protection program, to create a new life, everything and everyone you'd known must cease to exist." She writes, "'Do you have children, Aleshia?' was an invariable first-date question. I didn't always meet it head on. The minute my boyfriend asked about children, I pulled out a tear-stained portrait of my mythical late son, Jason. I carried a picture of a beautiful four-year-old boy in my wallet. 'Jason' was my protection. I shared the lie of his drowning so often that I started to wonder if it wasn't true."

One of the first U.S. professionals openly linked with trans people was endocrinologist Harry Benjamin, who had begun treating what we would now call transgender patients in the 1920s and 1930s (Meyerowitz 2002). He consulted with Dr. Alfred Kinsey on several patients

and met and befriended Christine Jorgensen at a dinner party in 1953. Although Benjamin had published papers and spoken to professional audiences for years, the publishing of his 1966 book, *The Transsexual Phenomenon,* is viewed as seminal. The year 1966 also saw the establishment of John Hopkins Hospital's sex-reassignment surgery program. Other, usually university-based, sex reassignment clinics soon followed. These clinics often had onerous requirements for their applicants. For one thing, all those seeking to move from MTF were required to be attracted to men and FTM had to profess attraction to women, as the surgery was in part viewed as a cure to homosexuality. Applicants were also expected to have similar life histories, which led to trans people counseling each other on "what to say." Interestingly, the professionals drew a different conclusion about what was happening: one wrote, "These patients are simply awful liars. They lie when there is no need for it whatsoever." (Meyerowitz 2002, p. 164). Even with coaching from other trans people, most applicants "failed": of the more than 2000 people who applied to John Hopkins' clinic in its first two and a half years, only 24 got the surgery they sought. (Meyerowitz 2002).

Another major milestone occurred in 1979 when the first professional organization devoted to the subject emerged: the Harry Benjamin International Gender Dysphoria Association (Meyerowitz 2002). One of its first acts was issuance of "Standards of Care" (SOC), which it recommended that all professionals follow. (In 2007, the organization changed its name to the World Professional Association for Transgender Health, or WPATH.) The SOC included such protocols as requiring trans people to have had extensive psychological counseling and a "real life test" of living for a prescribed period of time in their target gender before accessing hormones and/or surgery (WPATH 2015). Although many of the requirements followed what the university clinics had previously mandated, the SOC did permit and encourage independent therapists and health care providers to provide care to trans people, making it easier for trans people to access care.

Not every development could be considered progress. In 1980, the American Psychiatric Association (APA) took its first official notice of trans people with the new mental health diagnosis of Gender Identity Disorder (GID) (APA 1980). Despite the removal of homosexuality from the Diagnostic and Statistical Manual (DSM) in 1973, being transgender remains a mental illness, although the name of the diagnosis was softened in 2013 to Gender Dysphoria (APA, 2013). Trans social and advocacy groups began organizing in the late 1960s and early 1970s, but the '70s was also when many feminist groups split over whether transwomen should be treated like other women (Meyerowitz 2002; Stryker 2008).

Case Study 2: Lou Sullivan

In the 1980s, Louis Sullivan illustrated the possible interrelationships among figuring out one's own identity, matching that with and against the surrounding institutions, and leading social change. Lou originally thought he was a "female transvestite." Later he heard about a female-to-male (FTM) transsexual, and began to believe he, too, could be a man. The sex change clinic at Stanford University disagreed; Lou was attracted to men and, while lesbian transwomen had by then been reported on, the professionals were not yet ready to "create" a gay transman. Lou increased his efforts to find and help other FTMs, in the process publishing "Information for the FTM Crossdresser and Transsexual," the first FTM-specific resource document, in 1980–1981, and in 1986 founding what became FTM International. He also embarked on what was ultimately a successful educational and advocacy campaign to convince the powers-that-be that gender identity and sexual orientation are separate aspects of a person's identity and should not be the basis of discrimination by health care professionals.

Lou ultimately did secure the surgeries he wanted. He also contracted AIDS. Before his death in 1991, Lou said of

himself: "I have never regretted changing my sex, even for a second, despite my AIDS diagnosis, and in some twisted way feel that my condition is proof that I really attained my goal of being a gay man—even to the finish, I am with my gay brothers."

The emergence of the Internet in the late 1980s and 1990s impacted the trans community in ways that cannot be overemphasized. For the first time, people could privately search for and find information on other people who did not feel like the sex everyone told them they were. Being able to find similar others and, more importantly, learn from them that there were social and medical steps they could take to ease their pain, transformed countless lives. The number of open and visible trans people exploded, allowing for the creation of many more conferences and organizations. One of those was the Transgender Aging Network (TAN), which was founded in 1998. Originally designed to network professionals interested in trans aging issues, the listserv was soon swamped by older trans people seeking personal advice. TAN quickly spun off the listserv ElderTG, which has provided peer support and advice to trans people age 50+ (and their close Significant Others, Friends, Family, and Allies [SOFFAs]) ever since.

Both terms referring to the trans community and its size have continued to change rapidly. In the 2000s, more and more people began identifying as neither female nor male, but something else. Until very recently, such individuals were often described as "genderqueer" or "gender non-conforming" and typically used uncommon non-gendered pronouns. In the last few years the term "gender non-binary" has emerged and use of "they" as a personal pronoun has exploded. Although "MTF" and "FTM" used to be extremely common terms used to describe trans people, many now object to them as making the sex-assigned-at-birth seem at least as (if not more) important than the person's true gender identity. Some people abhor the term "transgendered" for grammatical or other reasons, while others defend its continued use. As the number and conceptual sophistication of the community increase even more, more terminology change is inevitable. So is how the community is organized. With growing numbers have come further divisions of the trans community based on other demographics: the first FTM-specific national conference was in 1995, and the Trans People of Color Coalition formed in 2010, for example.

As this chapter goes to press, the new Amazon-sponsored television show *Transparent* is winning awards for its groundbreaking portrayal of a parent and her three adult children as they navigate her gender transition at age 70 (Amazon 2015). Like the Internet, the new availability of public, detailed depictions of trans people's lives may well change the future of the trans community. No longer will trans people of any age be as dependent on finding the trans community to learn "how to be trans": the lessons will be accessible to everyone, right on their television screen or computer monitor.

Diversity Implications for Services, Groups, and Communities

What all these variations—in terms, concepts, timing, demographic-based organizing, etc.—mean for trans elders is that saying anything about them as a group is nearly impossible. Even defining terms is problematic, because what "transsexual" means to one person may well be different from what it means to another person who also uses the label. That is why FORGE Transgender Aging Network teaches that what is most important to know about labels for trans people is the Terms Paradox. The Terms Paradox explains that it is critical for people to learn what term trans persons use for themselves and then reflect that term back to them in conversation. Using the same term affirms respect for trans persons' right to their own identity. The paradox is that the term by itself is not meaningful without further discussion: two individuals who refer to themselves with the same label may have very different experiences and expectations. The

only way to know what those experiences or expectations are is to ask that particular individual (FORGE 2012).

This lack of an agreed-upon history and culture can be problematic. One trans elder may harbor negative prejudices about another "type" of trans elder, and changes made to please some may upset others. At the 2014 Transgender Spectrum conference held in St. Louis, Missouri, the organizers proudly announced that all bathrooms had been made gender neutral. One trans elder, who had transitioned in mid-life, complained to organizers: "I wanted all my life to get out of men's bathrooms, and now you're saying it's progress to have me go to a bathroom with a urinal in it?" (Anonymous, personal communication, November 21, 2014). Another trans elder wrote about an effort in her town, "There is an effort here to make bathrooms gender-neutral. To me that is the epitome of stupidness. I do not want to be in the same bathroom as a male or 'gender-neutral' person!" (Anonymous, personal communication, August 25, 2014).

The tension between trans elders and younger peers may also increase as completely different paths open to the younger population. In 2012, Riki Wilchins, a trans activist and author now in her 60s, published a very controversial essay called "Transgender Dinosaurs and the Rise of the Genderqueers." In it, Wilchins wrote, "My political identity for 30 years has been built on the foundation of my being visibly transgender…. [W]hat if all that were wiped away? Who would I be? What would I have become? With [out] all the activism and writing that identity forced on me during the birth of transgender liberation, would I even be writing this today?"

Discussion Box 1

Elders who need assistance are usually cared for by younger people. Young people are coming out as trans earlier than past generations and are increasingly being supported by parents, school-based groups like Gay/Straight Alliances, and health care providers, who may even supply them with hormone blockers that enable them to skip developing unwanted "other gender" physical features like breasts or a deep voice. Trans elders, on the other hand, often have long, hard histories of being discriminated against and having to fight for respect.

- What kind of conflicts might occur within aging services or in other service settings between younger and older trans people?
- What commonalities exist between the two populations and their disparate histories?
- In what ways can compassion and understanding between the generations be fostered?

Her point is that trans life has changed drastically. Rather than spending decades trying to fight who they are, an increasing number of children are not only publicly declaring their transgender identity, but also finding acceptance and support. Wilchins notes,

> With adolescents increasingly taking androgen blockers [which will save many young transwomen from growing up with larger frames, deeper voices, and Adam's apples and young transmen from growing breasts and menstruating] with the support of a generation of more protective, nurturing parents, public transsexuality is fading out. And I don't mean only that in a generation or two we may become invisible in the public space. I mean rather that in 10 years, the entire experience we understand today as constituting transgender – along with the political advocacy, support groups, literature, theory and books that have come to define it since transgender burst from the closet in the early 1990s to become part of the LGB-and-now-T movement – all that may be vanishing right in front of us. In 50 years it might be as if we never existed. Our memories, our accomplishments, our political movement, will all seem to only be historic. Feeling transgender will not so much become more acceptable, as gayness is now doing, but logically impossible.

Although this view of the "generational" cracks in the trans community is extreme, it does point to a key truth: being a trans elder now is different than it ever was before, or ever will be again.

A Dearth of Research

Research on trans elders is sparse. The first problem is defining who is under the "trans umbrella." Does one include people who identify as the sex they were assigned at birth, but who dress in the "other" gender's clothing? Are "genderqueers" who may present to the world as "typical" men or women but who have a different internal identity included? Or are we just talking about people who are living full-time in a gender not congruent with the sex they were assigned at birth?

Until very recently, there have been no nationally representative studies that have included questions around gender identity, and so no way to draw any conclusions about trans people as a whole. Instead, what research exists has been based on "snowball" or convenience sampling, in which trans elders are identified through organized trans or LGBT groups and/or by one trans elder connecting researchers to another. These research methods have many drawbacks in general, but the problems are intensified because of the unique way trans elders connect (or not!) with other trans people.

Policy Box 1

Trans people are invisible in most research simply because researchers have not asked about gender identity. When advocates began pushing to change this practice, questions arose about what, exactly, to ask. One study of university students found that twice as many trans people were identified when a two-step question was asked compared to one question that gave four response options: female, male, transgender, other (Tate 2012). This occurs in part because many trans people identify themselves simply as female or male and not as transgender.

The Williams Institute convened a panel of experts who now recommend this two-step question for determining whether respondents are trans (Herman 2014). Note that this recommendation would likely NOT pick up people who cross-dress (whose gender identity may still match the sex they were assigned at birth).

Recommended measures for the "two-step" approach:

Assigned sex at birth

What sex were you assigned at birth, on your original birth certificate?
Male
Female

Current gender identity

How do you describe yourself? (check one)
Male
Female
Transgender
Do not identify as female, male, or transgender

We discussed earlier the generational divide between current trans elders and today's generation of trans youth, many of whom will be able to grow up without visible physical traces suggesting they were born a different sex. Another type of "generational" divide is less tied to age than to when a given trans elder "came out" as trans. Some who are now in their 70s and 80s transitioned in their 20s and 30s and have lived most of their lives simply viewing themselves (and being viewed by others) as "male" or "female." Many others struggled to fit into their assigned roles for decades and "came out" only when they learned about trans people from the Internet (or, now, from shows like *Transparent*). Still others "come out" when a major life event occurs. Mid- or late-life transitions can occur when certain people are no longer in the picture due to death, retirement, or an empty nest. They can also occur when an individual has a heart attack or cancer diagnosis and realizes that time for living authentically may be running out. Some reach a point of sacrifice fatigue and decide that they have devoted enough of their life

to being what other people want them to be. Still others remain comfortable with early compromises, such as making a living as a man but socializing as a woman.

How involved any given trans elder is with the larger trans community obviously varies from person to person. In general, however, many try to connect with other trans people in local support groups and/or online in order to "learn the ropes" and find referrals to trans-friendly professionals such as therapists and doctors. Once they have successfully transitioned, however, many prefer to live their lives as any other man or woman would, and so they sever their ties to the trans community. This is one reason why it is so difficult to research trans elders: many are not connected to any trans group or even to other trans individuals.

A vivid example of the results of this "woodworking" or "going stealth" phenomenon comes from the groundbreaking 2011 survey of more than 6400 trans people, *Injustice at Every Turn* (Grant et al. 2011a). Although its authors—the National Center for Transgender Equality and what was then the National Gay and Lesbian Task Force—issued additional analyses of multiple sub-populations, they were reluctant to publish separate findings on trans elders because that data seemed so "off." It took careful cross-walking of the data to understand what had happened: barely 2 % of the *Injustice at Every Turn* respondents age 55+ had been living in their current gender for more than 10 years. In other words, virtually all of them were mid- or late-life transitioners (Grant et al. 2011b). Because nearly 80 % of them were also MTFs, that means that most had likely had successful careers as men and faced anti-trans discrimination only late in life. They therefore had higher incomes, higher educational levels, higher home ownership rates, better health, and fewer discrimination experiences than their younger trans peers.

In contrast, the *Aging and Health Report*, which also published its first wave of data in 2011, recruited trans elders primarily through local LGBT aging groups (Fredriksen-Goldsen et al.). We can imagine that trans elders who connect with such groups do so because they are more isolated and/or have higher social and practical needs that they are trying to fill. The *Aging and Health Report* trans respondents produced data more in line with having experienced decades of discrimination, violence, and stigma.

The third primary source of data on trans elders comes from various FORGE studies, in particular ones focused on sexuality, sexual violence, and elder abuse (Cook-Daniels and Munson 2010). Although these were national, online studies aimed at all ages of trans people, our Transgender Aging Network and ElderTG programs led to much higher than usual elder participation. These three sources provide most of what we now know about current generations of trans elders, which we will review next.

Each of these studies recruited anyone who defined themselves as "transgender", and so may include a wide variety of identities, physical presentations, and histories. FORGE surveys may also include SOFFAs speaking about their trans loved one's experience.

Trans-specific Health Issues

The first health concern many people think of when they think of trans people is, "what are the health effects of long-term hormone use?" Most of the long-term prescription medications that Americans take—including anti-depressants, statins, beta-blockers, and pain-killers as well as hormones—have not been around long enough to show what happens when taking them for 30 years. However, a 2014 Medscape article, "Largest Study to Date: Transgender Hormone Treatment Safe," reported that very few side effects were found among 2000 trans people who had taken hormones for an average of 5.6 years for the MTFs and 4.5 years for the FTMs (Louden 2014). The most common serious side effect was venous thromboembolism, which affected approximately 1 % of those taking estrogen, causing blood clots that can be serious or even fatal. Not all trans people take hormones, and dosages vary based on the prescribing

physician, whether the person's body is still producing its own hormones (which may need to be countered), and, in some cases, how old the person is or what other medical problems they have. Among the *Injustice at Every Turn* respondents, 76 % of the 55–64 year olds and 82 % of the 65+ respondents had had hormone therapy (Grant et al. 2011b).

What is actually a bigger issue for the health of trans elders is their surgical status. Until very recently, virtually no private health insurance company or public health care program would cover gender affirmation surgeries. Consequently, few elders have been able to afford to have genital surgery. *Injustice at Every Turn* found that only 21–23 % of MTFs and *none* of the FTMs age 55+ reported having had genital surgery (Grant et al. 2011b). The reason that this is a health issue is that without genital surgery, FTM and MTF elders cannot hope to "pass" when they are naked on the examination table: their transgender history is literally visible. This may well contribute to the reluctance of many trans elders to access health care. It may also cause trans elders to refuse recommended services such as home health care and nursing home placement.

Field-Based Experiential Assignment Box 1

One of the areas of trans policy that is changing the fastest is health care coverage of trans-related health care. For many years, nearly every health insurance policy contained a "transgender exclusion" that said the company would not cover any costs related to a sex change. Although these provisions were generally intended to exclude coverage of hormones and surgery, in practice they were sometimes used to deny trans people care for injuries and illnesses that were totally unrelated, such as a broken arm. These policies are falling like dominoes. The Affordable Care Act has been interpreted to make such trans exclusions illegal, and at press time, 9 states and the District of Columbia have agreed and required insurers in their states to eliminate all such exclusions. In 2014, one third of Fortune 500 companies offered coverage of trans-related health care (including surgeries).[1] 2014 was also the year in which Medicare reversed its long-standing trans exclusion, permitting enrollees to petition for coverage of their sex-related surgeries.

- Research the current state of health insurance and public programs' trans health exclusions. How much change has there been since this book was written?
- Where did you find updated information? From trans advocacy organizations, the government, or others?
- If you have access to one or more trans elders, ask them about their experiences with trans health care exclusions.

Also contributing to underutilization of health care are discrimination and fear. Although most elders are eligible for Medicare or Medicaid, previous employment discrimination may well leave retirees with insufficient funds for co-pays and the like: 21 % of those 65+ and 35 % of those 55–64 told the *Injustice at Every Turn* researchers they had postponed medical care when they were sick or injured because they could not afford it (Grant et al. 2011b); 22 % of the trans elders in the *Aging and Health Report* said the same (Fredriksen-Goldsen et al. 2011). More importantly, trans people often experience discrimination by health care professionals: 40 % of the trans elders in the *Health and Aging Report* study said they had been denied or provided inferior health care because they were trans (Fredriksen-Goldsen et al. 2011). One trans elder

[1] http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/documents/CEI-2015-rev.pdf#__utma=149406063.688421561.1384098938.1416873933.1422635387.23&__utmb=149406063.2.10.1422635387&__utmc=149406063&__utmx=-&__utmz=149406063.1422635387.23.22.utmcsr=google|utmccn=(organic)|utmcmd=organic|utmctr=(not%20provided)&__utmv=-&__utmk=260347149, p. 6.

told FORGE Transgender Aging Network: "One Navy doctor refused me care when a suture site related to my sex reassignment surgery became infected" (Cook-Daniels and Munson 2010, p. 156). Another said, "I have decided not to have any life-extending surgery because of past mistreatment by nurses at [the Veterans Administration hospital]" (Cook-Daniels and Munson 2010, p. 153).

One of the most important differences between being lesbian, gay, or bisexual and being transgender is that transgender is a status that often can be obtained only through interaction with and even cooperation from professionals. Medical professionals are required to prescribe medications or conduct surgery (unless a person accesses "black market" drugs or silicone injections, for example, with their attendant health and legal risks). However, many medical professionals will not provide gender-related services to transgender individuals unless those individuals have met what is now called the World Professional Association for Transgender Health (WPATH)'s Standards of Care requirements, which many trans people view as "hoop jumping" (Susan's Place 2011). Although more recently many professionals have moved to an "informed consent" model that eliminates many of the previous "gatekeepers," some trans elders remain wary of physical and mental health care providers in general (FORGE 2011).

Identification Documents

Another way trans people differ from their non-trans LGB peers is in their reliance on other types of professionals and bureaucrats to help them change identification documents. These changes may require going to court, producing letters from health care and/or mental health care professionals, paying fees, and tracking down historical documents. In a (thankfully lessening) number of cases, trans people must prove they have had surgery on their genitals before their documents can be reissued. Most people have multiple documents that identify who they are, and so this process can be costly in both time and money. When trans people do not change all of those documents, they run the risk of everything from intrusive questions to outright violence when their normal course of business requires them to produce a document such as a driver's license or health insurance card.

How big of a problem is this? The *Injustice at Every Turn* study found that more than 50 % of their older respondents had either not tried to update the name and/or gender marker on their driver's license or state identification card or had been denied the requested changes (Grant et al. 2011b). More than 60 % had not updated (or were denied the right to update) their Social Security records. Indeed, only 21 % of those aged 55–64 and 28 % of those aged 65+ said that "all" of their identification had been changed. That means nearly 80 % of transgender elders are at risk of being involuntarily outed, depending on which forms of identification are demanded by a service provider, police officer, or even a retail clerk (Grant et al. 2011b).

Field-Based Experiential Assignment Box 2

The next time you have to fill out a personal information form for a health care professional or agency, examine it carefully. Where would a trans person share the information they are trans? Is there a checkbox or question that the trans person can just check or answer? Or would a trans person have to "bring the topic up" by making a note somewhere? If they do need to write a note, under what section could it go? Does the name of that section suggest stigma? Now look around the room and/or examine the way the professional or agency describes themselves in brochures or websites: do they give any indication they know trans people exist? What evidence might a trans client see that would suggest whether or not this professional or agency is likely to be trans-friendly? If you were trans, would you declare your identity or history on this form? If not, why not?

Would you wait until you could talk to someone personally? If so, how would you bring the topic up?

General Physical and Mental Health Issues

The Adverse Childhood Experiences (ACE) study (Centers for Disease Control 2006) has established that early experiences of trauma and discrimination can have life-long negative health effects not just for mental and emotional well-being, but also when it comes to physical illness (U.S. Centers for Disease Control and Prevention 2014). One pathway to these health problems likely develops when trauma survivors engage in risky behaviors to manage post-trauma symptoms such as depression and anxiety. Trans older adults in the *Aging and Health Report* study were more likely than their LGB age peers to smoke (15 % vs. 9 %), drink to excess (12 % vs. 8 %), use drugs ("other than those required for medical reasons") (14 % vs. 11.5 %), and engage in HIV risk behavior (20 % vs. 18 %) (Fredriksen-Goldsen et al. 2011). They were also less likely to regularly engage in moderate physical exercise (74 % vs. 82 %). Consistent with the ACE causation theory, the *Aging and Health Report* also found that transgender older adults were roughly twice as likely to experience suicidal ideation as the non-transgender LGB respondents (71 % vs. 36 %), and were more than twice as likely to experience depression (48 % vs. 29 %) (Fredriksen-Goldsen et al. 2011). Even further down the trauma/health pathway were the *Aging and Health Report* physical health findings: the trans elders had higher rates of congestive heart disease (20 % vs. 12 %), diabetes (33 % vs. 14 %), obesity (40 % vs. 25 %), and asthma (33 % vs. 15 %), despite the fact that the transgender cohort in this study was on average younger than the non-trans sample [The cohorts had roughly the same rates of high blood pressure and arthritis, while the transgender cohort had lower rates of HIV/AIDS (4 % vs. 9 %) and cancer (16 % vs. 19 %).]. Overall, 33 % of the trans elders in this study reported their health as "poor", compared to 22 % of their LGB peers (Fredriksen-Goldsen et al. 2011). Disability rates were also higher: 62 % of the trans respondents said they had a disability, compared to 46 % of the non-transgender LGB sample (Fredriksen-Goldsen et al. 2011).

Also consistent with this trauma-to-health-problem theory is how much violence, discrimination, and trauma that trans elders have experienced. The trans respondents in the *Aging and Health Report* had nearly twice as many lifetime "negative events" (e.g., job loss, housing or health care discrimination, police misconduct, verbal or physical violence, etc.) as did their LGB peers: 11–6. They were more than twice as likely to have experienced domestic violence in the past year (16 % compared to 7 %) (Fredriksen-Goldsen et al. 2011).

Of particular concern is sexual violence, which multiple studies have found is inflicted on roughly half of all trans people (Cook-Daniels and Munson 2010; Kenagy 2005; Kenagy and Bostwick 2005). Fifty-three of the more than 300 respondents to FORGE's 2004 survey of transgender sexual violence survivors were age 50–64. Most of these trans older adults had been assaulted for the first time before they were 19. Twenty-three percent (23 %) were first assaulted between 19 and 40, and 18 % were first assaulted between the ages 41 and 60 (Cook-Daniels and Munson 2010). We emphasize "first" assaulted because only about a third (37 %) experienced only one sexual assault; the rest were victimized multiple times, sometimes by multiple perpetrators on multiple occasions. Sixteen percent (16 %) of the perpetrators were female, and 2 % were themselves trans. About a third of the victims said that at the time of the assault their perpetrator perceived them to be male, a third said they were perceived to be female, and 14 % said they were "visibly transgender" or (7 %) androgynous. Thirteen percent (13 %) did not know how their perpetrator perceived their gender. About half (55 %), however, thought their gender was a contributing factor to why their

perpetrator chose to sexually assault them. Nineteen percent (19 %) said their gender was not a factor in the assault (one said, "*My uncle wasn't picky*"), with the rest saying they did not remember, were unsure, or gave another answer (Cook-Daniels and Munson 2010). Many of these statistics, it should be noted, counter common myths about who is victimized by sexual assault and who does the victimizing.

Few of the victims reported their assaults to anyone. While some of the victims may have been too young at the time to fully understand what had happened or been reluctant to talk to adults, some didn't report for other reasons. One trans older adult said,

> My ex[-wife] had me convinced she could turn everyone against me and take my kids and eventually my grandkids away from me and that no one would want to deal with a queer (of whatever stripe I was) like me (Cook-Daniels and Munson 2010, p. 149).

Another said, "*I was considered a male at the time; no one would have believed I was raped by a female*" (Cook-Daniels and Munson 2010, p. 149).

Transgender sexual assault survivors often bear lifelong scars. One trans older adult survivor noted,

> [I could use] social support, and therapy to help me develop the missing social skills that are a consequence of my childhood abuse, and my years and years of cognitive dissociation…. (Cook-Daniels and Munson 2010, p. 150).

Although many trans survivors worry that therapists and others will (erroneously) think they are trans because they were sexually assaulted, there are survivors who feel the two are connected:

> I understand that my gender dysphoria arises from the childhood abuse. I had researched this area fairly carefully, and if useful, I have literature suggesting abuse as a possible cause of gender dysphoria (Cook-Daniels and Munson 2010, p. 151).

Mental Health Counseling and Therapy

Trans people tend to have extremely high rates of contact with mental health professionals. Eighty-five percent (85 %) of the older respondents in *Injustice at Every Turn* had had counseling, as had 77 % of the respondents to FORGE's 2004 sexual violence survey (Grant et al. 2011b; FORGE 2004). Undoubtedly, some of what drives trans people to counseling is "simply" needing to figure out what to do when what they feel about themselves is different from what everyone else tells them that they should feel. Another large percentage go to therapy only because that's what the Standards of Care have required: in order to access hormones and/or surgery, physicians have often required trans patients to first produce letters from one or even two mental health professionals. Other trans people use counselors to help them cope with "minority stress" (the microaggressions and other daily hassles that come from being part of a stigmatized minority) or the long-term effects of trauma.

For those counseling a transgender person through a gender transition, the most-recommended guide is Arlene Istar Lev's 2004 *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families.* In it, she sets out a 6-stage "States of Emergence" that trans people go through:

1. *Awareness*—In the first stage, gender-variant people are often in great distress. The therapeutic task is the normalization of the experiences involved in emerging transgendered.
2. *Seeking information/reaching out*—In the second stage, gender-variant people seek to gain education and support about transgenderism. The therapeutic task is to facilitate linkages and encourage outreach.
3. *Disclosure to significant others*—The third stage involves the disclosure of

transgenderism to significant others—spouses, partners, family members, and friends. The therapeutic task involves supporting the transgendered person's integration in the family system.
4. *Exploration*: *Identity and self-labeling*—The fourth stage involves the exploration of various (transgender) identities. The therapeutic task is to support the articulation and comfort with one's gendered identity.
5. *Exploration*: *Transition issues/possible body modification*—The fifth stage involves exploring options for transition regarding identity, presentation, and body modification. The therapeutic task is the resolution of the decisions and advocacy toward their manifestation.
6. *Integration*: *Acceptance and post-transition issues*—In the sixth stage the gender-variant person is able to integrate and synthesize (transgender) identity. The therapeutic task is to support adaptation to transition-related issues (Lev 2004, p. 235).

Because of therapists' role as "gatekeepers" to hormones and surgery for those professionals who follow the Standards of Care, many trans people do not reveal other issues such as mental health problems or past trauma to the therapists they are seeing in order to sidestep the possibility the therapist will use this information as a reason not to recommend transition-related health care (FORGE 2004). Not surprisingly, this conundrum leads many in the trans community to have ambivalent feelings about accessing professional counseling.

Identification Documents

In addition to health care professionals, many trans people must rely on other types of professionals and bureaucrats to help them change identification documents. These changes may require going to court, producing letters from health care and/or mental health care professionals, paying fees, and tracking down historical documents. In a (thankfully lessening) number of cases, trans people must prove that they have had surgery on their genitals before their documents can be reissued. Most people have multiple documents that identify who they are, so this process can be costly in both time and money. When trans people do not change all of those documents, they run the risk of everything from intrusive questions to outright violence when their normal course of business requires them to produce a document such as a driver's license or health insurance card.

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Family and Social Relationships

In the western world, family and social relationships are completely bound up with gender. It is even hard to describe your family relationships with words that don't reveal the person's gender (ex: wife, father, sister, uncle, grandmother). When someone transitions from one gender to another, they typically change their name and what pronoun they prefer. Changing long-standing mental habits like a person's name can be surprisingly difficult, a process that is made even more painful if the trans person sees errors as evidence of disrespect or non-acceptance. But it is not just words that must be changed: if your mother becomes your father, do you treat him differently? If grandpa puts on a

dress, are you supposed to open the door for him when the two of you are out in public? If a store clerk mistakenly calls your older companion "he" when she's really a "she," does not correcting the clerk mean you are disrespecting your companion, or protecting both of you? How are you supposed to tell your favorite stories if the person you are talking about is no longer the gender they were then?

Field-Based Experiential Assignment Box 3

Tell someone about a recent experience you had with another person, but avoid all mention of your companion's gender. That will likely mean avoiding their name, gendered pronouns, and gender-related relationship words like wife, grandfather, and daughter.

How easy or hard was it to do? If it was relatively easy, what do you think made it easier for you?

Ask someone who is much older than you to do the same exercise. How easy or hard was it for them?

For partners, the challenge is much greater. Everyone assumes everyone else's sexual orientation based on with whom they partner. (This is one of the reasons bisexuals are so "invisible": unless they are known to have both a female partner and a male partner, most observers "forget" they are bisexual and therefore label them according to whether their current partner is same- or "opposite"-sex.) A spouse's or partner's transition from one gender to another may help the world recognize their gender identity, but it will obscure their partner's sexual orientation. Thus, a long-term lesbian may lose her community and be treated as heterosexual when her partner transitions female-to-male, and the wife of a MTF may find herself being treated like a lesbian when she's out with her spouse. Although the ongoing reduction of anti-LGBT discrimination, stigma, and stereotyping will continue to make transition easier for partners, they will still have to cope with one of the central questions the trans person has likely been grappling with for years or even decades: is it ok for the world to see me differently than I know myself to be?

Discussion Box 2

Although "LGBT" is a common acronym, in practice many people think about this population only in terms of people with same-sex attractions. In addition, many "LGBT" organizations and events are—unconsciously or deliberately—built around an oppositional model: what makes them LGBT is that heterosexuals are not present. Many trans people, however, are partnered with people who appear to be the "opposite" sex, and some partners still identify as heterosexual even if their partner has transitioned and they now appear to be a same-sex couple.

- What are the ways in which individuals or an organization may (perhaps unconsciously) send a message that they do not welcome heterosexuals?
- If a group is used to thinking of heterosexual people as "the others," what might need to happen to make that group safe and welcoming for heterosexual trans elders and their partners?
- What language would you use in publicity materials to ensure heterosexual trans elders and their partners know they are welcome?
- What might need to happen to ensure other LGBT participants do not discriminate against or accidentally offend heterosexual-identified participants?

Depending on their predilections, the significant others, friends, family, and allies (SOFFAs) of a transitioning trans person may also struggle with much deeper questions. If they believed what society has said—that sex and gender are the same thing, binary, and unchangeable—they

may wonder if other things they believe are actually false. Facing new evidence that people can change something as seemingly permanent as their sex or gender, they may wonder if what they have personally accepted as permanent is, in fact, changeable. Their minds may play "what if" games with them: Did they do anything that might have caused their loved one to be trans? Could they have changed the outcome? More personally, what would their life be like now if they had not abandoned their dream because of their parents' opposition? (Boenke 2003).

Unfortunately, many trans people and professionals believe that what SOFFAs need to do is "understand what being trans is." All too often people respond to SOFFAs' concerns with explanations and books instead of listening to them and partnering with them as they work through the various issues. Some SOFFAs do not get that far: facing just the first layer of adjustments, they make a cut-and-run decision. This seems particularly likely to happen when there are young grandchildren involved: the adult child may say they do not want the grandchild "exposed" to the trans person, and so cut all family ties. One trans elder told FORGE Transgender Aging Network:

> My son and daughter-in-law will not let me see my grandson. They think I will do something to him. I don't even know him now. It breaks my heart not to see him (Cook-Daniels and Munson 2010, p. 156).

Ironically, young children are likely to be unfazed by a gender change. Although children learn the difference between males and females early on, it is only in later childhood that people learn that people are not supposed to change from one to the other. As long as the grandparent (or other older person) still loves and plays with them, most young children adapt to a gender change quickly and easily (Haines et al. 2014).

Some SOFFAs even fight back against their trans loved one—literally. The wife of one trans elder used to throw the windows open and yell to the neighbors about the "titted freak" she lived with. Another elder reported that her wife had always been abusive:

> My ex would get drunk and demand sex, starting with our 'wedding night.' She required me to do stuff outside, in the pool, on the deck, and sometimes in the kitchen with the children or grandchildren out and about in the next room…. My ex liked to try to rip my penis off or cut it off with her nails, and verbally abused me while we had sex (FORGE 2004).

A service provider reported what happened to one trans elder she was working with: "I am currently working with a trans victim who was assaulted and threatened at the church she has belonged to for more than 35 years. She was told, 'I will beat you like the man you are,' and as the perpetrator was saying this, he was hitting her and telling her to leave the church" (Cook-Daniels and Munson 2010, p. 155).

Whether it is easier or harder for SOFFAs to cope when a trans person transitions at mid-life or later is still to be determined. The *Injustice at Every Turn* study does give us some preliminary data, however. For example, 56–59 % of the older respondents had lost their partnership because of their transgender identity, compared to 45 % of the whole sample. The older group was slightly less likely to agree that their family was as "strong today as before I came out," but slightly more likely to say their family relationships are improving over time. They were also slightly less likely to have their relationship with their children blocked by their ex-partner, although that happened to 22 % of those ages 55–64 and 27 % of those 65+ (compared to 29 % of the full sample). Their children, however, were far more likely to choose not to speak to or spend time with them: 40–41 % of the older cohort said they had experienced this, as compared to 30 % of the whole sample (Grant et al. 2011b).

Older trans people also reported a great deal of friend loss, with 64 % of those age 55–64 and 60 % of those 65+ (compared to 58 % of the overall sample) reporting in the *Injustice at Every Turn* study that they had lost close friends due to their trans status or history (Grant et al. 2011b). One trans elder told FORGE, "*My closest friend of over 30 years finally said, 'I just can't handle this [trans stuff].' No contact in years*" (Cook-Daniels and Munson, p. 156).

In some cases, SOFFAs do not know they have a trans person in their life. This usually happens because a trans person has taken no steps to change their gender presentation and has not told anyone their actual gender identity. In rare cases, post-transition elders have succeeded in keeping their trans history a secret even from children and partners. In one such case, hospital personnel successfully treated a woman for prostate cancer without her husband ever learning the specific type of cancer she had (Hopwood, personal communication 2012).

Sexuality

In 2007–2008, FORGE conducted a national, online survey about sexuality issues of trans people and their partners Nearly 300 of the respondents were age 50 and over; only their answers are reflected here.

Respondents had a wide variety of thoughts about how their transness affected their sexuality. Twenty-two percent (22 %) said their transness "completely" shaped their (or their partner's) sexuality, while 48 % said it "somewhat" shaped it. Only 29 % said their transness had "no affect" on their sexuality (Cook-Daniels and Munson 2010). Here is how some respondents explained the connection:

> Before T[estosterone], I couldn't see myself being with a man in the context of being female. Once I began to see myself as physically masculinized, the context changed.
>
> I've had [sexual reassignment surgery] and my sexuality changed from one based on sensuality to an emotions based one.
>
> Before I admitted to myself that I was trans, I was almost convinced I was asexual, because the thought of sex was disgusting, even though I found myself attracted to people.
>
> I am not physically capable of any sexual activity I would really want to do. I am a eunuch. I have no desire to display that particular deformity to another human being. All attempts to work around it have thus far been miserable humiliating failures.
>
> Well, it has meant I'm a lifelong virgin.
>
> Laughing…it doesn't. Trans is an umbrella term that goes, and goes, and goes…on for ever, ever, ever, ever, ever, ever, ever. Who I am is not a medical condition. Does your root canal affect your sexuality and identity? (Cook-Daniels and Munson 2010, pp. 160–161, 169).

Partners of older trans adults also commented on how their sexuality had changed:

> I had no idea how much change there would be for me (non-trans) and how difficult it would be to find what works for us [sexually] over the long term.
>
> I was femme and queer identified before I began to seriously date transmen, but my experience dating FTM(s) has created new particularities of my desire and identification (Cook-Daniels and Munson 2010, p. 161).

Asked if their sexual orientation had changed over time, 54 % said yes (9 % didn't know) (Cook-Daniels and Munson 2010). Their narrative responses indicated that the primary reasons for the change included becoming more comfortable in their body, finally discovering their "true" orientation, hormones changing their feelings, and curiosity about other genders' bodies and sexualities. Eighty percent (80 %) said their libido had been affected by being trans, with 57 % saying it had increased and 22 % saying it had decreased. Testosterone use tended to increase libido, but both MTFs and FTMs reported an increase in libido due to an increased comfort with their body and/or less shame. Estrogen use tended to decrease libido, but respondents of all genders also reported an unwillingness to expose their body to another person and/or disappointment or shame about their body (Cook-Daniels and Munson 2010). One respondent illustrated the complex interplay that can happen within couples that are together before and after transition:

> My cisgender [non-transgender] partner's libido has diminished due in part to menopause but prior to that, it was because she had 'shut it down' prior to my getting surgery because I had denied her sex back when I had a lot of shame and lack of comfort in my body. Now that I'm in a very good place about my sexuality and physical state, she is having a hard time thinking of herself as a sexual being again. I feel very badly about this and take much of the responsibility for where we currently find ourselves. (Cook-Daniels and Munson 2010, p. 166).

Only a few respondents had body parts that were sexually "off-limits," but some of those

who did have no-touch zones noted they had them for gender related as well as trauma related reasons:

> Vaginal penetration is painful and not something a man wants done to him.
>
> It is off limits to play with trans-person's boobs because he does not enjoy admitting that he has them (Cook-Daniels and Munson 2010, p. 162).

Many people renamed their "gendered" body parts. Created names included bonus hole, chesticles, and trannycock.

One dilemma trans people face when dating—particularly if they have not had genital reconstruction surgery—is if, when, and how to disclose their trans status. Four percent (4 %) of survey respondents *never* told their sexual partners they were trans. One transmasculine person said, "*I have casual sex with men at an adult bookstore once in a while and don't reveal I'm trans and for the most part hide that I have a female body.*" Another 3 % told only when they were in bed: one person said she told, "*When he asks, 'What's THAT?'*" (Cook-Daniels and Munson 2010, p. 166). Most—41 %—said they discussed it "only at the point when we might become sexually involved." Twenty percent (20 %) told on the first date, and 32 % wouldn't set up a date until they had come out to the person. Disclosure did cause the potential partner to back out a third of the time, but 40 % of the time disclosure did not change the interaction and in 27 % of the cases, it actually increased the person's interest or attraction (Cook-Daniels and Munson 2010, p. 167).

A particular concern for trans older adults is HIV and other sexually transmitted infections. Even now HIV-related safer sex materials have largely been marketed to gay men, leaving many heterosexuals and those in the lesbian community feeling like they do not need to be concerned with safer sex issues. That means that because even coupled mid- or late-life transitioners may want to "try out" their new bodies or appearances with new sexual partners, they may enter the dating pool with little awareness of how to manage risks. Ironically, both surgically constructed vaginas and vaginas exposed to testosterone are thought to be more fragile and susceptible to tears, increasing risk (Kenagy 2002). Of additional concern is the fact that most safer sex materials focus only on condom use, which does not adequately address the body parts, sexuality, or psychology of trans people.

FORGE found that 33 % of the older trans adults it surveyed were practicing safer sex, 25 % were celibate or not in a relationship, and 19 % were "fluid bonded." Another 13 % "sometimes" practiced safer sex, and 10 % "never" did (Cook-Daniels and Munson 2010). Some respondents appeared unclear on what safer sex is: "*I'm sterile and my spouse also is*" (Cook-Daniels and Munson 2010, p. 165). Some noted that their gender role beliefs precluded safer sex: "*Mostly I do what my partner wants (he is the man, I am the woman).*" "*I am a sex slave to my male partners, doing whatever they want to please them*" (Cook-Daniels and Munson 2010, p. 164).

One gave more detail:

> I only negotiate for BDSM play in the beginning to find someone who will allow me to serve and submit myself to them. I negotiate safer sex opposite maybe what I should but actually I want a man to cum in me and not use condoms as I feel a great need and desire for the seed of a man I guess much like a woman desiring to get pregnant. Once I have a partner I do whatever pleases Him (Cook-Daniels and Munson 2010, p. 164).

Some trans older adults' sexuality was affected by their religious beliefs:

> I am a born again Christian. God gives me the power not to do anything that causes me to act as a transgendered person. My faith is on Jesus Christ.
>
> All sexual activities are off limits. Prior to transitioning I believed I was a heterosexual male. Now I am a lesbian and I am having conflicts with my walk with Christ and homosexuality (Cook-Daniels and Munson 2010, p. 163).

In the Public World

Although public perceptions about trans people are changing rapidly—*Time* magazine put trans actress Laverne Cox on its cover in 2014 with the

headline "The Transgender Tipping Point"—most trans people have experienced a lot of stigma and discrimination. The *Injustice at Every Turn* report starts this way:

> Transgender and gender non-conforming people face injustice at every turn: in childhood homes, in school systems that promise to shelter and educate, in harsh and exclusionary workplaces, at the grocery store, the hotel front desk, in doctors' offices and emergency rooms, before judges and at the hands of landlords, police officers, health care workers and other service providers (Grant et al. 2011a, p. 2).

Ninety percent of respondents had experienced harassment, mistreatment, or discrimination on the job, with 26 % losing a job because they were trans. Fifty-three percent (53 %) reported being verbally harassed or disrespected in a place of public accommodation, and (19 %) had experienced homelessness at some point due to being trans. Those who had interacted with police said that 22 % of the time, they were harassed rather than helped. On nearly all questions, trans people of color reported experiencing more discrimination, disrespect, and violence than did trans people who were perceived to be white (Grant et al. 2011a).

Policy Advances

Many recent public policy advances are trying to address these issues. The spread of legal same-sex marriage has eliminated some of the problems trans couples have faced when courts were asked to determine the trans person's sex in order to rule on whether their marriage was valid (opposite-sex) or not (same-sex). Even so, this battle is still being fought. In 2014, 92-year-old World War II veteran Robina Asti had to get legal help to force Social Security to give her the survivors' benefits her husband had earned. Social Security has since issued a memo clarifying how it makes decisions involving such marriages (see policy resources box).

Discussion Box 3

Advocacy for trans elders can require a delicate balancing act. Many times advocates seek to literally put a face on the issue by presenting how it affects one individual. This approach requires sensitivity. How do you present what needs to be changed without making the person look like a victim? How do you explain what makes the trans person different while still promoting within the audience a sense of identification and shared humanity?

A well-done example of such an advocacy piece around trans aging issues is the 7:40-min video Lambda Legal did for their 92-year-old client Robina Asti. Watch the video at http://www.lambdalegal.org/blog/20140129_robina-asti-92-year-old-transgender-widow and consider the following questions.

1. What was the primary image and fact about Asti that the video was built around?
2. What techniques were used to "humanize" Asti's story?
3. How did Asti tie what she had learned from her profession into her decision to transition?
4. Which typical questions about trans people did Asti's video address?

Studies have consistently found that trans people are more likely to be military veterans than are their lesbian, gay, and bisexual peers or even non-trans heterosexuals, even though open transgender people are still not allowed to be active military. Thirteen percent of Americans of all ages are military veterans (Newport 2012). *Injustice at Every Turn* found that 20 % of all trans people are veterans, but that rate rises to 40 % of 55–64 year olds and 54 % of those 65+ (Grant et al. 2011b). The *Aging and Health Report* found that while 26 % of their LGB older

adults were veterans, 41 % of the trans elders were (Fredriksen-Goldsen et al. 2011). The Veterans Administration has responded to the large number of trans vets by issuing two national directives on how they should be cared for (see policy resources box).

Employment discrimination against transgender people has been widespread, leading to overall low incomes. *Injustice at Every Turn* found that 27 % of trans respondents had annual incomes below $20,000 (Grant et al. 2011a). Because of discrimination, many trans people are forced into sex work or other forms of the underground economy. This issue affects older trans people as well as younger ones. One older adult told FORGE:

> I prostitute myself at age 55 because even though I'm a [post-operative transsexual] and passable [as a woman], no one passes 100 % of the time. NO ONE. Job discrimination is bad because you're stuck with fellow employees 8 hours a day, 40 hours a week. That much harassment is bad for one's mental health (Cook-Daniels and Munson 2010, p. 159).

Low-income workers (especially if they have been working outside the Social Security system) obviously have lower retirement incomes, as well, which suggests financial precariousness for many trans elders. However, the *Injustice at Every Turn* study also demonstrated that when in life a person transitions has a lot to do with income. Only 2 % of people age 55 + in that study had transitioned more than 10 years earlier, so overall incomes were relatively high: half made $50,000 a year or above (Grant et al. 2011b).

Employment discrimination against trans people is being actively addressed at the federal and many state levels. In 2012 the Department of Justice issued a memo officially declaring that employment discrimination against trans workers is illegal under Title VII's ban on sex discrimination (see policy resources box). The Obama Administration has issued multiple Executive Orders and other guidance protecting trans people who are federal workers or who work for federal contractors (see policy resources box).

Housing discrimination is also a problem. Even the mid- to late-transitioners in the *Injustice at Every Turn* study reported having become homeless as a result of their trans identity or history, with 10 % of those age 55–64 having experienced that, and 8 % of those 65+ (Grant et al. 2011b). In 2012 the U.S. Department of Housing and Urban Development (HUD) issued final rules specifying that any federally-funded or federally-insured housing could no longer discriminate against anyone on the basis of gender identity or sexual orientation (see policy resources box).

The HUD rule covers many congregate living facilities for elders, but a remaining area of need is around long-term care. At press time the most that had been done for trans residents of nursing homes and other long-term care facilities was the Administration on Community Living's 2014 issuance of an online training tool for personnel of such facilities on how to appropriately and respectfully treat LGBT residents (see policy resources box). Further guidance on behalf of trans residents of long-term care facilities is still needed, although the federally-funded National Resource Center on LGBT Aging has issued some useful documents, such as "I Have a New Trans Client…Now What?" (see policy resources box A).

One last recent policy improvement deserves mention here. In 2013, Congress passed the Violence Against Women Reauthorization Act (VAWA) with a non-discrimination provision that, for the first time in any federal program, explicitly protected beneficiaries from being discriminated against on the basis of both gender identity and sexual orientation. Since trans people experience such high rates of sexual assault and domestic violence (the Act also provides services for victims of stalking and dating violence), this protection may well affect many trans elders (see policy resources box).

Summary

Deep down, every elder—indeed, every human—wishes for the same thing: see me for who I am and love me for who I am. That wish cannot be

fulfilled by people who bring stereotypes of any kind to the table, as those stereotypes will obscure who is really sitting before them. That insight may be especially true of trans elders, who by definition spent at least part of their lives struggling to make the world see something very basic about them that was NOT being seen: their gender identity. Our task as service providers, caregivers, and advocates is two-fold: 1) to counter stereotypes and prejudices wherever we find them, particularly when they fuel the denial of rights and/or respect; and 2) to bring to each trans elder we work with a clean slate so that together, we can write and affirm their unique journey.

Learning Exercises

Multiple Choice Questions

1. What is the Terms Paradox?
   (a) It is critical to know the definitions of all trans-related terms.
   (b) It is critical to use the same terms the trans elder you are working with uses.
   (c) Trans-related terms tell you nothing about someone's experiences or expectations.
   (d) Answers (b) and (c).
2. Why is Christine Jorgensen important to many trans elders?
   (a) The publicity around her was when they first realized changing your sex was possible.
   (b) She was an early organizer of trans support groups.
   (c) She was the surgeon many trans elders went to for genital reconstruction surgery.
3. Which of the following might affect what words trans elders use to label themselves?
   (a) Their age
   (b) The years in which they transitioned
   (c) Their beliefs about whether they deserve stigmatization
   (d) All of the above
   (e) None of the above
4. Which of the following is NOT a reason many trans people transition in mid- to late-life?
   (a) A health scare makes them realize they have limited time left
   (b) They lose their youthful attractiveness and decide it would be better to be the other sex
   (c) Family members die or move out
   (d) They retire
   (e) They experience sacrifice fatigue
5. To "transition" and live as another gender a transgender person MUST:
   (a) Use hormones
   (b) Have surgery
   (c) Change their identification papers
   (d) All of the above
   (e) None of the above
6. Trans people have the following sexual orientations:
   (a) Lesbian/gay
   (b) Bisexual or pansexual
   (c) Transgender
   (d) Heterosexual
   (e) All of the above
   (f) (a), (b), and (d)
7. Which of the following is used as an alternative to the WPATH Standards of Care?
   (a) Informed consent model
   (b) The American Psychiatric Association's Diagnostic and Statistical Manual (DSM)
   (c) Christine Jorgensen's biography
   (d) All of the above
   (e) None of the above
8. Which of the following have been proven to be side effects of long-term hormone use?
   (a) Hot flashes
   (b) Heart disease
   (c) Dementia
   (d) All of the above
   (e) None of the above
9. A person who was assigned female at birth has a male gender identity and lives as a man. Which term would he NOT use to describe himself?
   (a) FTM
   (b) Transsexual

(c) Trans woman
(d) Male

10. Federal policies have recently been improved for transgender people in what areas?
    (a) Employment
    (b) Housing
    (c) Social Security
    (d) Marriage
    (e) Services for victims of domestic violence and sexual assault
    (f) All of the above
    (g) None of the above

Key

1-d
2-a
3-d
4-b
5-e
6-e
7-a
8-e
9-c
10-f

Self-check Questions

1. How do trans people "learn to be trans"? How have historical and cultural changes impacted how people "learn to be trans"?
2. What are some of the conflicts within the trans community?
3. In what ways might discrimination and violence affect a trans elder's health?
4. Trans elders may feel dependent on non-trans professionals in ways LGB elders are not. What are some of those ways?
5. What are some of the issues SOFFAs of trans people may face as the result of having a trans person in their life?
6. What are some of the ways in which transgender people say their gender identity and/or transition have impacted their sexuality?
7. What are some of the public policies affecting trans people that have changed in recent years?

Resources

Key Policy Resources for Trans Elders Box A

U.S. DOJ memo specifying that Title VII (employment non-discrimination law) covers transgender employees http://www.justice.gov/opa/pr/attorney-general-holder-directs-department-include-gender-identity-under-sex-discrimination
Executive Order protecting LGBT employees of federal contractors http://big.assets.huffingtonpost.com/LGBTEO.pdf
Guidance Regarding the Employment of Transgender Individuals in the Federal Workplace http://www.opm.gov/policy-data-oversight/diversity-and-inclusion/reference-materials/gender-identity-guidance/
Veterans Administration memo on providing healthcare to transgender and intersex veterans http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2863
Equal Access to Housing in HUD programs—final rule covering sexual orientation and gender identity http://portal.hud.gov/hudportal/documents/huddoc?id=12lgbtfinalrule.pdf
Social Security memo on determining legality of marriages involving trans people https://secure.ssa.gov/poms.nsf/lnx/0200305005
Social Security memo on changing the gender marker on Social Security records https://secure.ssa.gov/poms.nsf/lnx/0110212200
Frequently Asked Questions about the nondiscrimination grant condition in the Violence Against Women Act Reauthorization Act of 2013 http://ojp.gov/about/ocr/pdfs/vawafaqs.pdf

Organization Resources Box B

FORGE Transgender Aging Network and ElderTG http://forge-forward.org/aging
National Resource Center on LGBT Aging http://lgbtagingcenter.org
National Center for Transgender Equality http://transequality.org/

World Professional Association for Transgender Health http://www.wpath.org/
Transgender American Veterans Association http://tavausa.org/

Document Resources Box C

Hot, Safe Sex for Transmasculine Folks and Partners http://forge-forward.org/wp-content/docs/HIV-FTM-web1.pdf
Hot, Safe Sex for Transfeminine Folks and Partners http://forge-forward.org/wp-content/docs/HIV-MTF-web1.pdf
Professional organization statements supporting transgender health care http://www.lambdalegal.org/sites/default/files/publications/downloads/fs_professional-org-statements-supporting-trans-health_4.pdf
Building Respect for LGBT Older Adults (online training for long-term care facility staff) http://lgbtagingcenter.org/training/buildingRespect.cfm
Creating End-of-Life Documents for Trans Individuals: An Advocate's Guide http://www.lgbtagingcenter.org/resources/pdfs/End-of-Life%20PlanningArticle.pdf
Improving the Lives of Transgender Older Adults: Recommendations for Policy and Practice http://www.lgbtagingcenter.org/resources/pdfs/TransAgingPolicyReportFull.pdf
I Have a New Transgender Client…Now What? http://www.lgbtagingcenter.org/resources/pdfs/newTransClientFactSheet.pdf

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