

Spring 2013

# Trans women and aging: A qualitative study

Martha B. Leighton

*University of New Hampshire, Durham*

Follow this and additional works at: <https://scholars.unh.edu/thesis>

---

## Recommended Citation

Leighton, Martha B., "Trans women and aging: A qualitative study" (2013). *Master's Theses and Capstones*. 791.  
<https://scholars.unh.edu/thesis/791>

This Thesis is brought to you for free and open access by the Student Scholarship at University of New Hampshire Scholars' Repository. It has been accepted for inclusion in Master's Theses and Capstones by an authorized administrator of University of New Hampshire Scholars' Repository. For more information, please contact [nicole.hentz@unh.edu](mailto:nicole.hentz@unh.edu).

**TRANS WOMEN AND AGING: A QUALITATIVE STUDY**

**BY**

**Martha B. Leighton**

**B.A., English, University of New Hampshire, 1984**

**THESIS**

**Submitted to the University of New Hampshire**

**In Partial Fulfillment of**

**The Requirements for the Degree of**

**Master of Science**

**In**

**Family Studies**

**May, 2013**

UMI Number: 1523796

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 1523796

Published by ProQuest LLC 2013. Copyright in the Dissertation held by the Author.

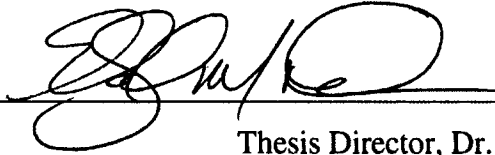
Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code.



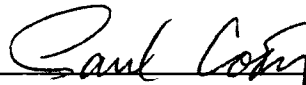
ProQuest LLC  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106-1346

This thesis has been examined and approved.



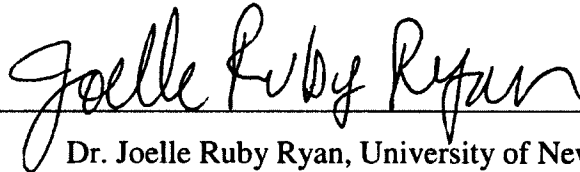
---

Thesis Director, Dr. Elizabeth M. Dolan  
Associate Professor of Family Studies



---

Dr. Paul Cody, University of New Hampshire  
Staff Psychologist, Counseling Center  
Instructor, Department of Social Work



---

Dr. Joelle Ruby Ryan, University of New Hampshire  
Lecturer, Women's Studies Program

19 APRIL 2013

---

Date

## DEDICATION

This thesis is dedicated  
to the memories of my mother,  
Janice E. Effenberger,  
and my father,  
Charles H. Leighton, Ph.D.

Thank you for teaching me to love learning.

## ACKNOWLEDGEMENTS

I would like to thank my advisor, Dr. Elizabeth M. Dolan, and my thesis committee, Dr. Paul Cody and Dr. Joelle Ruby Ryan. Your support, advice, and feedback have been invaluable throughout this process, and I would never have come to the end of this journey without you.

I would also like to thank the members of the Department of Family Studies, especially Dr. Corinna Tucker and Dr. Erin Sharp, for continuing to encourage me as a student as well as a colleague.

I owe a great debt to my two internship supervisors, NH Representative Jim Splaine and Sherry Wilkins of SAGE of the Rockies. Supervising an intern takes a significant amount of time and energy, and I appreciate your efforts on my behalf.

This acknowledgements section would not be complete without recognizing my husband's very significant contribution. Much of the time he took on a majority of the work at home so I could concentrate on my studies, and for that I say a heartfelt "thank you."

Finally, and most importantly, I wish to acknowledge the eleven trans women whose participation made this thesis possible. You are the heart and soul of this work. Thank you for sharing your stories with me.

## ABSTRACT

### TRANS WOMEN AND AGING: A QUALITATIVE STUDY

By

Martha B. Leighton

University of New Hampshire, May 2013

Data from interviews with 11 transgender women ages 55 to 77 were used to examine the experiences of gender-diverse individuals throughout the lifespan. Specifically, qualitative methods were used to examine how participants had experienced discrimination, developed strengths and resiliencies as a response to discrimination, and employed strategies predicted by Hobfoll's Conservation of Resources Theory. Focused coding of the data revealed significant and pervasive discrimination in multiple settings and throughout the participants' lives. The data also, however, revealed a wide range of strengths and resiliencies and indicated that participants employed a variety of strategies that allowed them to amass, maintain, and conserve resources as predicted by Hobfoll's theory.

## TABLE OF CONTENTS

DEDICATION.....	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES.....	x
ABSTRACT .....	v

CHAPTER	PAGE
1. CHAPTER 1 – INTRODUCTION AND THEORY .....	1
Introduction.....	1
Sex and Gender.....	1
Transgender .....	3
Discrimination .....	5
Trans Women and Aging.....	5
Theory.....	7
Feminist Theory.....	7
Queer Theory .....	10
Hobfoll’s Conservation of Resources Theory .....	12
2. CHAPTER 2 – REVIEW OF LITERATURE.....	16
Risk Factors for Trans Youth .....	17
Education .....	17
Familial Rejection.....	18
Juvenile Justice and Foster Care.....	20



Risk Factors for Trans Adults.....	21
Housing.....	21
Employment.....	22
Medical Care.....	23
Mental Health Issues.....	25
Violence.....	26
Legal Issues.....	27
Trans Elders.....	29
Health.....	30
Mental Health.....	31
Social Supports.....	32
Housing.....	33
Finances.....	34
Strengths and Resiliencies.....	34
Summary.....	35
Research Questions.....	35
<b>CHAPTER 3 – METHODOLOGY.....</b>	<b>37</b>
Research Design.....	37
Sample.....	37
Ethics.....	38
Interviews.....	39
Analysis.....	40

CHAPTER 4 – FINDINGS .....	42
Sample .....	42
Qualitative Findings.....	46
Discrimination .....	46
Discrimination within the Family .....	47
Discrimination in Intimate Relationships .....	50
Discrimination in Employment or Military Service .....	52
Discrimination in Medical or Mental Health Care .....	56
Discrimination in Housing.....	58
Discrimination in Education .....	60
Discrimination in the Community .....	61
Summary.....	62
Strengths and Resiliencies .....	64
Self-Identified Strengths .....	64
Self-Advocacy .....	67
Summary.....	73
Conservation of Resources .....	74
Suppressing Female Gender Identity .....	74
Overcompensating/Engaging in Hypermasculinity .....	75
Seeking Activities where Masculinity not Expected .....	76
Allying with a Supportive Female Partner .....	76
Finding Alternative Forms of Financial Support/Changing Careers/ Retiring .....	78

<b>Maintaining Connections with Families</b> .....	80
<b>Developing the Ability to Reframe Negative Experiences</b> .....	82
<b>Summary</b> .....	84
<b>CHAPTER 5 – CONCLUSIONS AND IMPLICATIONS</b> .....	86
<b>Implications</b> .....	89
<b>Limitations</b> .....	89
<b>Suggestions for Future Research</b> .....	91
<b>Suggestions for Policy and Legal Advocacy</b> .....	93
<b>Suggestions for Fostering Strength and Resiliency</b> .....	94
<b>Conclusion</b> .....	96
<b>LIST OF REFERENCES</b> .....	98
<b>APPENDICES</b> .....	104
<b>APPENDIX A – IRB APPROVAL</b> .....	105
<b>APPENDIX B – INTERVIEW SCRIPT</b> .....	106

## LIST OF TABLES

TABLE #		PAGE
TABLE 1	Participant Demographics – Part 1 .....	44
TABLE 2	Participant Demographics – Part 2 .....	45

## CHAPTER 1

### INTRODUCTION AND THEORY

#### **Introduction**

Transgender women face significant challenges throughout the life cycle in comparison to their cisgendered sisters (individuals who are assigned female at birth and self-identify as women). Because older trans women are at the intersection of three marginalized groups – the aging, the female, and the gender dissonant – the challenges they face are multiplied. This study explored the lived experiences of older transgender women and the strengths and resiliencies they may have developed in coping with the cumulative effects of expressing non-conforming gender identities over a lifetime.

#### **Sex and Gender**

Any discussion of transgender must first define the concepts of sex, gender roles, and gender identity. The term *sex* refers to biological and anatomical characteristics such as chromosomal karyotype, the presence of a vagina and ovaries or a penis and testes, the sex hormones estrogen or testosterone, and secondary sexual characteristics such as breasts or facial hair (Davis, 2008). While sexual characteristics have traditionally been cited as objective and measurable (Persson, 2009) and therefore have been considered reliable indicators of whether an individual is male or female, recent research has revealed that no single physical marker definitively denotes sex. Variations can and do occur in genital structures, gonads (ovaries and testes), chromosomal karyotypes, and hormone levels (Hermer, 2002). This ultimately gives determination of sex an element of

subjectivity, despite longstanding beliefs to the contrary. Nevertheless, sex is still hailed as absolute by the majority of the world and continues to be codified by legal documents such as birth certificates, driver's licenses, and passports. This legal reification of "biological sex" has significant repercussions for individuals who are transgender.

While sex is a biological and anatomical concept, *gender* is a cultural construct which dictates how a person's sex is manifested in society (Hermer, 2002; Lev, 2006). The simplest example of a social expectation about gender is the persistent identification of pink clothing with baby girls and blue clothing with baby boys. Every society has differing expectations about which behaviors, attitudes, and personality traits are considered masculine or feminine (Davis, 2008; Persson, 2009). A related term, *gender role*, refers to the sum of behaviors, attitudes, and personality traits as they define an individual's sex in social situations. The ideas that girls play with dolls and boys play with trucks, or that women are best suited to become nurses while men make better doctors, are both examples of gender role expectations. Gender roles and the segregation of activities based upon a person's gender are dependent on cultural norms (Vanderburgh, 2009) and are not the result of intrinsic physical, intellectual, or emotional differences between men and women.

Both sex and gender are external concepts that convey how an individual is perceived by others. *Gender identity*, on the other hand, is an internal experience. The term gender identity refers to an individual's internal sense of whether that individual is male or female, both male and female, or another gender that is neither male nor female (Langley, 2006; Menvielle, 2009; Mottet & Ohle, 2006). Because it is internal, an individual's gender identity may not always be evident. What is evident, however, is

gender expression, i.e., the manner in which individuals project or represent their gender identity to others. Sex assignment at birth, gender identity, and gender expression are not always congruent. In fact, it is possible for all three to differ from one another. When sex assignment at birth and gender identity are not in agreement, a condition known as gender dissonance, an individual may identify as transgender.

### **Transgender**

The word *transgender* came into use in the latter half of the 20<sup>th</sup> century (Davis, 2008; Carroll, Gilroy, & Ryan, 2002) and is derived from the term *transgenderist*, originally coined by Virginia Prince to describe individuals who live full-time in their preferred gender, sometimes also taking hormones, but who do not have surgery (Lev, 2006). The term transgender as it is used today is an umbrella term that includes heterosexual cross-dressers, drag queens and drag kings, transsexuals, and individuals who reject traditional constructions of gender and identify as androgynous, bi-gender, third gender, or gender queer (Lev, 2006; Mottet & Ohle, 2006; Langley, 2006). Individuals who identify as transgender may experience gender dissonance – the feeling that their birth-assigned gender is inaccurate or incomplete (Yu, 2010). They often resist traditional identifications of gender (Feldblum, 2006) and challenge ideas about how men and women should look and act (Langley, 2006).

Although transgender is the generally-accepted terminology in academia, the term *trans* will be used throughout this study when referring to individuals who experience gender dissonance. Many members of the gender community now prefer the term *trans* to *transgender*. Because transgender is an umbrella term that includes those who may not feel discomfort with the sex they were assigned at birth (such as gay male cross

dressers), individuals who experience gender dissonance have sought a term that more clearly reflects their experience. To increase specificity, some writers and activists, most notably Julia Serano (2007), now use the term *trans* to denote individuals who feel there is something wrong with the sex they were assigned at birth.

This study focuses on transsexual women, who will be referred to as *trans women*, or MTF (male to female) individuals. Again, the choice of *trans women* versus *transwomen* is deliberate and akin to the move away from using the term *autistic child* in favor of *child with autism*. In this construction, *trans* becomes an adjective that describes a single aspect of these women's experience – gender identity – rather than making gender identity their sole defining aspect.

Trans women are individuals who are assigned as males at birth but whose gender identity is female. They identify psychologically and emotionally as women (Mottet & Ohle, 2006). Trans women may or may not undergo transition, which is the process of identifying and living in a different gender. This study will concentrate on trans women who have transitioned. Transition occurs on multiple levels, ranging from social changes to hormonal and surgical interventions (Mottet & Ohle, 2006; Feldblum, 2006). Individuals who undergo social transition usually change their names and describe themselves using pronouns that denote their self-identified gender. They may also change their clothing and hairstyle in ways that are consistent with their female gender identity. Individuals who desire more permanent changes may use hormones or have surgery to change their secondary sexual characteristics and genitals.



## **Discrimination**

Individuals who are trans face widespread, pervasive discrimination and hostility in multiple areas of their lives and across the lifespan (Lombardi, 2010; Yu, 2010; Langley, 2006). The challenges begin early. At school, trans youth are often subject to bullying, harassment, and assault to the extent that in some cases they do not complete their education (Goldbum, et al., 2012). Trans youth who come out to their families may be rejected, and some are even thrown out of their family homes or run away to escape abuse resulting from disclosure of their gender identity. Youth who become homeless or end up in foster care as a result of familial rejection face systems that almost universally fail to affirm their self-identified gender. As a result, many end up on the streets, where they may engage in survival behaviors such as stealing or sex work to support themselves. Subsequently, trans youth are overrepresented in the juvenile justice system (Marksamer, 2008). Rates of substance abuse and suicide attempts for these youth are also high.

The challenges trans youth face continue into adulthood. Discrimination against individuals who are trans has been documented in employment, housing, and health care. Like trans youth, adults who are trans have a sharply increased risk of substance abuse and high rates of suicidality. They are often the target of violence and hate crimes. Legal protections are, in most cases, nonexistent.

## **Trans Women and Aging**

Trans individuals carry the effects of the discrimination they face in youth and adulthood with them into older age. Because trans activism and visibility has lagged behind that of lesbians, gays, and bisexuals, most members of today's aging trans

community have spent a majority of their lives unable to express their gender identity freely and have endured hostile social and work environments throughout their lifetimes (Grant, Koskovich, Somjen Frazer, & Bjerck, 2010). These individuals experience the effects of cumulative disadvantage that include economic handicaps due to interrupted educational opportunities and lifetimes of un- or under-employment; difficulty accessing health care and mental health services due to lack of insurance and lack of trans-sensitive services and providers; trans-specific health care concerns resulting from the long-term use of hormone replacement therapy and from surgical sex reassignment; self-isolation or self-neglect in later years stemming from the cumulative trauma of victimization earlier in life; exclusion from housing and care facilities based on trans status; non-recognition of partners, spouses, or family-of-choice members; and alienation from family and friends due to issues around the elders' status as trans.

As females in a patriarchal society, trans women must deal with sexism as well as discrimination based on their gender expression. Despite three waves of feminist activism, women's status in the United States still lags behind that of men. Women's wages for equivalent work stand at 77 cents per dollar earned by men and progress in narrowing the gap has slowed over the past 10 years (Hegewisch, Williams, & Henderson, 2011). Women still have not fully penetrated the "glass ceiling" and entered the highest levels of management in the business world in significant numbers, and although women now make up the majority of college students, women continue to be underrepresented in many academic fields and in the highest ranks of academia (Hill, Corbett, & St. Rose, 2010). We have yet to have a female president. Most importantly, women are more likely than men to live in poverty (Cawthorne, 2008).

Finally, in addition to the cumulative effects of discrimination related to their non-conforming gender identity and their status as women, older trans women face the same discrimination all aging individuals face in our society. According to *Ageism in America* (ILC - USA, 2006), ageist attitudes in the United States are deeply embedded in our society and are reflected in discrimination in the workplace, the media, the family and in our healthcare system. Elders in our society are more vulnerable to poverty, mistreatment, and abuse than are those under age 65.

The intersection of these three identities in older trans women – non-conforming gender identity, woman, and aging person – and the resulting cumulative disadvantage, as well as any coping strategies or resiliencies that these individuals develop, are the crux of this study.

### **Theory**

This study applied three separate theoretical constructs in the course of examining the experiences of older trans women – feminist theory, queer theory, and Hobfoll’s Conservation of Resources (COR) theory.

#### **Feminist Theory**

There are many variations of feminist thought – liberal, radical, cultural, lesbian, environmental, and so forth. As a whole, feminist theory is based on certain common assumptions, all of which are relevant to trans women and to the aims of this study.

Gender is a socially constructed concept. In “Unpacking the Gender System: A Theoretical Perspective on Gender Beliefs and Social Relations,” Ridgeway and Correll (2004) noted, “male or female is usually the first category that people sort self and other into in social relational contexts” (p. 514). This immediate and constant recognition of

biological difference carries with it an enormous social, economic, and political meaning that permeates and structures every aspect of individuals' experiences throughout their lives. For trans women, this immediate and constant recognition of gender presents a lifelong challenge, and their ability or inability to "pass" convincingly as female has far-reaching implications for their well-being throughout their lifespan and continuing into older age.

Women's experiences are central. Feminist theory seeks to reveal and legitimize the experiences of women, which have been ignored or marginalized by traditional epistemologies. In "Feminist Theories: The Social Construction of Gender in Families and Society," Osmond and Thorne (1993, p. 592) summarized this tenet succinctly in quoting Kathryn Ferguson: "feminist theory is not simply about women, although it is that; it is about the world, but seen from the usually ignored and devalued vantage point of women's experience." In addition to focusing attention on the complexity and richness of female experience, feminist theory implicitly rejects the canon of traditional scholarship. To feminist thinkers, "old ways of knowing," including positivism and other "scientific" approaches, are exclusive of women and focus narrowly on the experiences of white, class-privileged, heterosexual, Eurocentric males (White & Klein, 2008). This study sought to reveal a facet of female experience that has long been ignored and devalued – the lived experiences of trans women.

Feminist theory has many voices. Feminists challenge traditional, empirical approaches to understanding the world (Smith, Hamon, Ingoldsby, & Miller, 2009). Rather than basing ideas about women and the family on collections of "facts," they value the experiences of a wide variety of individuals from differing backgrounds. They

also reject the monolithic notion of the family as bounded by class, cultural, and heterosexual biases (Osmond & Thorne, 1993), instead seeking to parse out the individual experiences of family members who have been excluded from by traditional practices of social science. Therefore feminist research often includes qualitative data sources such as case and ethnographic studies (Smith et al., 2009). This study adopted feminist research techniques, using a qualitative, grounded approach that is intended to value the individual experience of participants who have too often been ignored, even by scholars within the lesbian, gay, bisexual, and trans (LGBT) community.

Social and historical contexts are important. Feminist theory recognizes that observation is influenced by social realities. Therefore, feminist scholarship examines women's issues by focusing on the larger social forces that influence them, such as politics, religion, economics, and social mores. Because these forces change over time, it is important to consider the historical context as well. Because participants in this study are from a generation that came of age before the trans rights movement, being sensitive to the historical context of their experiences was particularly relevant. It was also important to consider how social realities were different for different waves of aging trans women when discussing how this research applied to the larger population.

There are many forms of families. Feminist theory rejects the narrow, nuclear concept of the family as limiting women's opportunities, restricting women to subordinate roles, and discounting the experience of women in differing family forms. Instead, feminist thought recognizes non-traditional family forms such as long-term cohabiting couples, same-sex families, single parents and their children, multigenerational families, and families of choice (Smith et al., 2009). Recognizing

diverse family forms helps emancipate women by doing away with the fixed gender roles and other vestiges of patriarchy that reproduce oppression from generation to generation. Because so many trans individuals experience familial rejection and create “families of choice,” recognizing and including alternative family forms was an important part of this research. Alternative family members did prove to be one source of resiliency and strength in the lives of older trans women.

### **Queer Theory**

Queer theory is more narrowly focused than feminist theory and is mainly concerned with the meaning of identities. While most theories of human development and sexuality outline linear, sequential stages of development that ultimately reach a static goal, queer theory proposes that gender and sexuality are unstable and constantly changing (Abes & Kasch, 2007).

Queer theory has three main concepts – heteronormativity, performativity, and liminality. *Heteronormativity* refers to the enforced use of heterosexuality as the standard of normal sexual identity and behavior. Heteronormativity is binary, and perceives sexuality as an either/or proposition, i.e., either an individual is heterosexual, or an individual is “abnormal.” Heteronormativity also lumps all non-heterosexual individuals together as a single, abnormal “other.” While it is important to remember that sexual orientation and gender identity are separate and unrelated facets of an individual’s personality, the idea of compulsive heteronormativity is analogous to the enforced adherence to traditional gender roles that is the standard for normal gender expression in our society. For an individual who is trans, living in a society that rigidly enforces binary

gender roles and punishes those who transgress them is to experience compulsory gender-normativity.

*Performativity*, the second main tenet of queer theory, conceptualizes identity as created by actions. The concept of performativity maintains that sexual and gender identities do not exist until they are created through the repetition of everyday behaviors. This is especially true for individuals who are trans, because the expression of a gender identity other than that assigned at birth requires not only the purposive repetition of everyday behaviors, but often the alteration of personal appearance, name, and even one's body. Transitioning from one gender to another and maintaining that transition is the ultimate in performativity.

The third main concept of queer theory is *liminality*. Queer theorists believe that because no two actions are the same, an individual's identity changes constantly. The constant change results in liminality, a state of becoming, an essential fluidity of identity that is resistant to categorization. In queer theory, all identities are liminal.

The three main concepts of queer theory are linked by two additional ideas – resistance and multiple dimensions of identity, also known as intersection. *Resistance* can be seen as a way of “pushing back” against the constraints of heteronormativity. Individuals may resist through performatives that create a non-heteronormative or non-gender-conforming identity. Through the lens of queer theory, the existence of trans individuals who express their true gender identity may be viewed as an act of resistance against compulsory normativity.

*Intersectionality*, the concept that all individuals combine a multiplicity of identities, including age, race, biological sex, religion, health and ability, educational

level, and socioeconomic status, has become a touchstone for adherents of queer theory and feminist theory alike. Implicit in the idea of intersectionality is the idea that no person interacts with society from a single identity. Instead, the advantages or oppressions inherent in an individual's many identities combine and interact uniquely to position that individual uniquely in relation to society as a whole. Individuals who occupy the intersection of more than one oppressed identity may thus experience multiplied social injustices, while individuals such as white, well-educated, upper-class males, who occupy the intersection of more than one privileged identity, may experience enhanced power and prestige.

To extent that older trans women occupy the intersection of oppressed identities such as non-gender-binary, female, and aging, they may be seen as experiencing intensified oppression and discrimination. It is possible, however, that this intersection may also confer some advantages upon older trans women. Their experience in dealing with multiple oppressions over time, their potential gender-role flexibility, their accrued wisdom, and the fact that they have lived some portion of their lives as male, may interact to contribute to resiliency and give some aging trans women an enhanced ability to cope with the challenges of older age.

### **Hobfoll's Conservation of Resources Theory**

Hobfoll's (1989) Conservation of Resources (COR) theory focuses on explaining the coping mechanisms individuals use in response to stress. Stress is a common term, originally borrowed from the field of physics and the study of force upon objects, that in its current usage refers to the effect of external forces upon human beings. Like objects, human beings are able to resist the impact of moderate forces, but at some point greater



pressure from external forces (often called stressors) causes a loss of resiliency. Today, stress is acknowledged as major risk factor with implications for both mental and physical health.

The underlying premise of Hobfoll's theory is the assumption that individuals are highly motivated to keep, protect, and amass resources. Because the potential or actual loss of resources is threatening, individuals may behave in ways that increase their chances of acquiring and maintaining objects, personal characteristics, or conditions that are seen as positive or valuable. To gain resources or to offset losses, individuals may employ resources they have on hand or use resources they can recruit from the environment. When individuals are able to obtain and stockpile resources, they experience positive well-being. When resources are lost or threatened, or when an investment of resources fails to result in additional gain, psychological stress ensues and the individuals become vulnerable.

Hobfoll identifies four types of resources: objects, conditions, personal characteristics, and energies. *Objects* are considered resources because of their instrumental potential, or because they are difficult to acquire or have monetary value, and are closely linked with socioeconomic status. *Conditions* are resources only if they are culturally valued. The condition of being female in a Western society that devalues women is not a resource, but being a woman in a matriarchal society would be. Likewise being a person of size in the United States, where thinness is the standard of beauty, is not a resource, but in other cultures where size is equated with power and wealth, being large would be a conditional resource. The third type of resource, *personal characteristics*, does not refer to attributes such as appearance or intelligence. Instead,

Hobfoll uses the term specifically to describe an individual's state of mind. In the COR model, personal characteristic refers to an optimistic outlook. An optimistic outlook that conceives of the world as predictable, orderly, and benign is a key resource and aids in resisting stress. The fourth type of resource, *energies*, refers to a variety of intangibles such as time, money, and knowledge. The main utility of energies is in allowing individuals to obtain resources of other types. A related stress mitigator, *social support*, is not relegated to the four resource categories above, but it may be viewed in the same manner when it provides other resources and/or facilitates their preservation.

One of the main features of Hobfoll's theory is that it is predictive. When individuals lose resources, the model predicts they will experience stress and take steps to counteract the loss by employing coping strategies. Coping strategies can include both deploying other resources to counteract the loss or finding ways to conserve resources, easing the pain and anxiety associated with loss. The model also predicts that individuals who employ successful coping or conservation strategies will experience better outcomes than those whose strategies fail and who experience additional depletion of resources.

When individuals deploy resources to counteract loss, they often replace the original resource with an equivalent or with a symbolic substitute, or indirectly replace the resource with something different that fills the same need. Conservation strategies, on the other hand, do not involve deploying or replacing resources. Instead, individuals conserve resources by reinterpreting the loss as a challenge or a benefit, or reevaluating the resource that has been lost and lowering its value so they no longer experience a feeling of loss.

Because resources are not distributed equally, Hobfoll theorizes that individuals with fewer resources will be the most vulnerable to additional losses. Individuals who are able to stockpile resources are protected by those stockpiles, allowing them to evaluate situations where their resources are threatened and apply resources in an effective manner. Well-resourced individuals have the luxury of examining all options to determine how to apply resources to obtain the best return on their “investment.” Individuals who start with depleted resources, however, have fewer options and may apply strategies that have a low chance of success and a high cost. They may experience a short-term benefit, but usually the long-term result is a net loss. Over time, individuals who start with fewer resources may apply resources ineffectively and experience multiple net losses, entering what Hobfoll terms a “loss spiral.” As their resources become depleted, they lack the ability to offset additional loss, and depletion continues until their well-being is severely affected (Hobfoll, 1989).

Using Hobfoll’s COR theory has important implications for the trans community. Because many trans people face challenges throughout the lifespan that make it difficult to acquire and accumulate resources, COR theory appears to predict that at least some individuals who are trans will experience a loss spiral, meaning they may enter older age with depleted resources. Trans individuals, however, may develop and employ adaptive COR strategies such as replacement and reevaluation that make them more resilient as they grow older.

## CHAPTER 2

### REVIEW OF LITERATURE

Research on gender-diverse individuals is small, but growing. Only one large-scale study has been undertaken, the National Transgender Discrimination Survey (NTDS), the results of which were released in February 2011 in a report entitled *Injustice at Every Turn* (Grant et al., 2011). Very little research is available that specifically examines trans aging. Although considerable research is emerging on LGBT aging, the majority of that work fails to illuminate the experiences of trans people, instead focusing on the concerns of aging lesbians, gay men, and to a lesser extent, bisexuals.

Existing research on the gender-diverse community has consistently shown that trans individuals of all ages are vulnerable to violence and face multiple victimizations and oppressions. Trans individuals are subject to hate-motivated harassment and violence, discrimination in housing and employment, and an increased risk of poverty and homelessness, and experience unusually high rates of substance abuse and suicide attempts. Trans individuals are rarely able to turn the law for protection because federal anti-discrimination laws do not include gender identity, and state and local protections are scarce.

Because this study was designed to evaluate the effect of a lifetime of victimization and oppression upon older trans women, this literature review will first consider research that examines issues facing gender-diverse individuals of all ages and then move to research that focuses specifically on aging.

## **Risk Factors for Trans Youth**

### **Education**

Virtually no social supports exist for gender-variant children in the educational system (Mallon & DeCrescenzo, 2006). Parents of trans children who advocate for tolerance and accommodation at school often encounter intense resistance and even hostility. The prevailing attitude is that parents and children are to blame for their children's inability to adopt appropriate behaviors that conform to traditional gender norms. Rejection, bullying and violence are the norm for children who exhibit cross-sex behavior.

The recently released results of the National Transgender Discrimination Survey (NTDS), conducted in the United States by the National Center for Transgender Equality and the National Gay and Lesbian Task force, revealed that 61% of respondents reported "considerable" abuse in school because of their non-conforming gender identity (Grant et. al., 2011). The 2009 National School Climate Survey conducted by the Gay, Lesbian, and Straight Education Network (GLSEN), reported that 27.2% of participants had been physically harassed, 63.7% had been verbally harassed, and 39.9% felt unsafe in school because of their gender expression (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010).

The abuse comes not just from peers, but from teachers and staff as well. In a subsample of 290 transgender participants from the 2005-2006 Virginia Transgender Health Initiative Survey (THIS), 44.8% of respondents reported having experienced hostility or insensitivity from other students, teachers, or school administrators as a result of their gender identity or expression (Goldblum, et al., 2012).

In some cases, the abuse is so extreme that children abandon their education entirely. Just under 15% of the 290 THIS participants indicated they did not complete high school either solely or in part due to severe gender-based victimization (Goldblum, et al., 2012). Giordano (2008) cited figures from the United Kingdom that indicated gender-variant children who experienced bullying were five times more likely than other students to quit school and twice as likely to terminate their education after secondary school. Forcible removal from school is also a possibility: 6% of the respondents in the NTDS reported being expelled from K-12 schools solely on the basis of their gender identity (Grant et al., 2011).

### **Familial Rejection**

While some parents accept their children's non-conforming gender expression and act as protectors and advocates in school and in other settings, others are not so supportive. According to Turner (2009), trans youth commonly experience disapproval and rejection from their parents. Parents may refuse to allow youth to transition, enforcing that refusal with harassment and punishment that penalizes them for dressing and acting in a way that is perceived as "inappropriate." In one study of familial responses to trans youth, 40% of participants described family reactions to their gender identity that were aggressively hostile, including verbal abuse and physical violence (Koken, Bimbi, & Parsons, 2009).

Research indicates that when trans youth are forced to conform to traditional gender stereotypes in this manner, they are at risk for serious negative health and social consequences that include clinical depression, suicide attempts, and future problems with relationships, school, and work (Goldblum, et al., 2012; Marksamer, 2008). In some

cases, youth are subjected to conversion therapies intended to eliminate their “deviant” gender identities (Dispenza, Watson, Barry Chung, & Brack, 2012). Ultimately, many become runaways or are thrown out of their homes (Koken, et al., 2009) and end up on the streets or in the juvenile justice or foster care systems (Marksamer, 2008; Yu, 2010).

Parental rejection has long-lasting consequences for trans youth, putting them at risk for substance abuse, homelessness, incarceration, suicide, and survival crime such as sex work. Grant et al. (2011) cited figures from the NTDS showing trans individuals who experienced familial rejection were three times more likely to be homeless than individuals whose families were accepting, and nearly twice as likely to become incarcerated or engage in substance abuse as those with accepting families. They also found rejection increased suicidality dramatically. Fifty-one percent of participants in the NTDS who had experienced familial rejection reported attempting suicide versus 38% of those whose families were affirming.

Nuttbrock et al. (2010) corroborated the NTDS findings; their life-course study of nearly 600 trans women found a dose-response association between gender-related abuse suffered in adolescence and suicidality in later life. In a dose-response relationship, increasing exposure to a harmful agent results in a proportional increase in the incidence and severity of an adverse outcome. According to the authors, the existence of a dose-response relationship suggests that gender-related abuse causes depression and suicidality later in life. Results of this study indicated that gender-related abuse suffered in adolescence was most often perpetrated by parents and other rejecting family members.

## **Juvenile Justice and Foster Care**

Trans youth are at high risk for involvement in the juvenile justice system and are over-represented in juvenile justice settings as well as in the foster care population (Marksamer, 2008; Turner, 2009). A disproportionate number of trans youth are also homeless (Yu, 2010). Parental rejection, discrimination and harassment in schools, high rates of substance abuse, unsafe shelter housing, and subsequent involvement in illegal survival activities such as theft and sex work all increase the likelihood that trans children and adolescents will enter the juvenile justice system or receive out-of-home placement (Thaler, Bermudez, & Sommer, 2009).

Once trans children are in the juvenile justice and foster care systems, they face substantial challenges. Trans youth who are detained are more likely to be held in locked facilities than their cisgendered peers, and some facilities automatically classify trans youth as sex offenders or routinely place them in isolation (Marksamer, 2008; Thaler et al., 2009). Trans youth in residential facilities, particularly trans girls (biological boys who identify as female), are at higher risk of harassment, physical violence, and sexual assault from staff and other residents. Trans youth are also at risk of having their medical and mental health needs ignored or receiving treatments, such as “conversion therapy,” that are harmful (Thaler et al., 2009).

When trans youth seek assistance from adult employees or volunteers in the juvenile justice and foster care systems, they are likely to find the adults uninformed and unsupportive. Lawyers, judges, parole and probation officers, and other court personnel do not receive education about gender identity issues in their academic careers or as part of their job training (Marksamer, 2008). Nor do foster families and administrators



receive specific training relating to gender identity. Even professional counselors who work with children and adolescents typically receive little or no coursework or training in the area of gender identity and gender expression (Chen-Hayes, 2001).

The consequences of this lack of support for trans youth in the juvenile justice and foster care systems are profound. Trans children and adolescents who are drawn deeper into the justice system due to conflict over gender expression issues may ultimately face enduring consequences such as required sex offender registration, exclusion from public housing, ineligibility for student loans and military service, and limited educational and employment opportunities (Marksamer, 2008).

Lack of access to appropriate medical and mental health care also has dire consequences for trans children in the system. When gender-affirming medical care for trans children is interrupted or denied, the results can be devastating to physical and mental health. Interrupting hormone therapy suddenly can have immediate painful and even life-threatening consequences, while youth who do not receive affirming care often continue to face harassment and discrimination that results in depression and isolation. The long-term effects of interrupted or absent medical and mental health care can include homelessness, involvement in sex work, exposure to HIV, and even an increased risk of rape and murder (Turner, 2009).

### **Risk Factors for Trans Adults**

#### **Housing**

Housing is a lifelong problem for individuals who are trans. A disproportionate number of trans people are homeless, and finding stable housing is difficult (Dispenza, et al., 2006). The high rate of homelessness and housing insecurity for individuals who are

trans has multiple, interrelated causes, including interrupted education that limits earning power, job discrimination that results in chronic unemployment or under-employment, and discrimination on the part of housing providers such as landlords and municipal housing authorities. Among respondents to the NTDS, 19% reported they had been denied housing based on their gender identity, 40% said they had been forced to move into less expensive housing because of trans-related discrimination, and 11% reported being evicted from housing at some point in their lives solely on the basis of their gender expression (Grant et al., 2011).

### **Employment**

The literature is in agreement that trans individuals face enormous discrimination in the workplace. Trans employees routinely face demotions, unfair treatment, and even termination for reasons completely unrelated to their abilities or job performance (Taylor, 2007). A majority of participants in one qualitative study conducted in four different geographical regions of the United States reported multiple “microaggressions” in interactions with coworkers – “subtle and sometimes emotionally charged experiences,” often non-verbal, that made trans employees feel unsupported and unwelcome in the workplace (Dispenza, et al., 2012, p. 71). NTDS results reiterated how widespread and pervasive gender identity-based discrimination is. Nearly one-half of respondents (47%) reported they had been fired from a job, denied promotion, or demoted because of their gender identity (Grant et al., 2011).

Rates of unemployment are high in the trans community, which puts individuals at risk for poverty and lack of medical insurance (Conron, Scott, Sterling Stowell, & Landers, 2012; Xavier et al., 2004). In addition, 44% of respondents reported being

underemployed. At the time the NTDS was conducted, the unemployment rate for trans respondents was 14%, which was twice the national average (Grant et al., 2011).

Trans men and trans women may also be treated differentially in the workplace. In a study of 43 trans individuals, 16 MTFs and 27 FTMs (female-to-male transsexuals), Schilt and Wiswall (2008) found that MTFs experienced a substantial and statistically significant decrease in earnings after transition, while the earnings of FTMs remained the same or increased slightly. They also reported MTFs experienced greater obstacles to remaining in the same jobs while transitioning. This suggests there is a greater workplace discrimination against trans women than against trans men.

### **Medical Care**

Individuals who are trans face multiple barriers to health care. One major barrier to care is lack of medical insurance. Data from the NTDS revealed that participants were less likely than the general population to have medical insurance and more likely to be covered by public programs such as Medicaid and Medicare if they did have insurance. Nineteen percent of NTDS participants reported having no insurance at all (Grant et al., 2011). Even when trans individuals are insured, most insurers exclude treatment related to gender transition from coverage, and many insurers also use this exclusion to deny coverage for non-transition related conditions as well (Williams & Freeman, 2005). Trans individuals who lack insurance may postpone care or forego it altogether. Nearly 50% of NTDS participants reported postponing health care of all kinds (not just trans-related care) because they were unable to afford it.

Another barrier to care is fear of discrimination, harassment, and violence. This fear is not unfounded. Some health care providers refuse to treat individuals who are

trans (Lombardi & Davis, 2006; Sperber, Stewart Landers, and Lawrence, 2006; Williams & Freeman, 2005); 19% of NTDS respondents reported being denied service altogether (Grant et al., 2011). When care is provided, it may not be provided equitably or in a safe environment. Twenty-four percent of NTDS respondents reported being denied equal treatment in doctor's offices and hospitals and 13% reported discrimination in emergency departments, while 28% reported verbal harassment in a medical setting and 2% reported being physically attacked.

A third barrier to care may be fear of revealing trans status, being outed as trans, or receiving care from a provider who is uneducated about individuals who are trans (Persson, 2009). Statistics from the NTDS indicated that a significant proportion of trans individuals were not comfortable revealing their gender identity in a health care setting; only 28% of NTDS respondents reported being out to all their medical providers. Likewise, many doctors and other healthcare providers remain uneducated about trans care. Fully 50% of NTDS respondents reported having to educate their medical providers about trans health care (Grant et al., 2011).

The presence of multiple barriers to health care may have serious health implications for the trans population. As a result of these barriers, many individuals who are trans may not receive regular healthcare, including preventative care. Persson (2009) reported that 30 to 40% of trans people did not have a regular physician, some of whom were probably living with chronic, untreated conditions such as diabetes, hypertension, and HIV that can result in long-term adverse health consequences, including disability and death. In addition, some individuals who are uninsured resort to purchasing hormones and injectable silicone on the street as a cheap alternative to medically

supervised transition. They may also use shared needles in administering these substances, greatly increasing risk for diseases such as hepatitis and HIV (Williams & Freeman, 2005). The NTDS reported an HIV infection rate of 2.64% among respondents, four times the rate of HIV infection in the general population (Grant et al., 2011). While use of street drugs for transition by the uninsured cannot be cited as the sole reason for this increased risk, it is probably a contributing factor.

### **Mental Health Issues**

Gender dissonance has been and continues to be pathologized, as evidenced by the continued listing of gender identity disorder (GID) and transvestic fetish disorder in the *Diagnostic and Statistical Manual of Mental Disorders IV* (1994), published by the American Psychiatric Association. This view of people with non-conforming gender identities as “abnormal” or “deviant” may be linked to prejudice, harassment, and violence against the trans community and may also cause stress for trans individuals who feel stigmatized and rejected by the mental health profession. It may also serve to reinforce and legitimize societal prejudices against trans people (Lombardi & Davis, 2006).

Persson (2009) cited higher rates of mental health problems among individuals who are trans, including adjustment disorders, anxiety disorders, and depression. Recent data also indicate that trans individuals exhibit higher rates of alcohol and drug use, and are more likely to be dependent upon tobacco. Eighteen percent of NTDS respondents reported abusing alcohol or drugs specifically to deal with the effects of trans-related bias, twice the 9% rate of drug and alcohol abuse in the general population. In addition,

30% of the NTDS sample reported a dependence on cigarettes, about 1.5 times the rate of United States adults in general (Grant et al., 2011).

Both trans women and trans men have been found to have unusually high rates of suicidality. Fifty-one percent of NTDS respondents reported at least one suicide attempt during their lifetime. This is an astronomical figure, especially when compared to government estimates that 1.6% of individuals in the general population have attempted suicide over their lifetimes (Grant et al., 2011).

Recent studies have explicitly examined the relationship between the victimization of trans people and adverse outcomes such as substance abuse, depression, and suicidality. Nuttbrock et al. (2010) interviewed 571 trans women in the New York City Metropolitan Area and found a dose-response relationship between gender-related abuse and lifetime prevalence of depression and suicidality. Two separate studies using data from the Virginia Transgender Health Initiative Survey found that gender-based abuse, including physical and sexual violence, was linked to higher rates of depression, suicidal ideation and suicide attempts, and substance abuse among the trans community (Testa et al., 2012; Goldblum et al., 2012).

### **Violence**

Violence is one of the most common challenges reported for trans people in the literature. Cook-Daniels and munson (sic) (2010) reported that individuals who are trans are nearly twice as likely as cisgendered people to suffer physical attack, while Witten (2009) has called the high rates of violence against the trans population “global trans genocide” (p. 43).

Multiple studies cited by Persson (2009) reported rates of lifetime experience with some type of harassment or violence as high as 60%. The problem of bias-related violence against individuals who are trans is so pressing that in 2004 a collaboration of national health experts named violence and murder prevention the single most important health issue for people who are trans (Cook-Daniels & munson, 2010). In an online study conducted in 2010 with 36 respondents over the age of 50, 42% reported they were survivors of sexual assault. Of those respondents who reported surviving sexual assault, 25% indicated they had been assaulted “several times” and an additional 25% indicated they had been assaulted “multiple times.” Assaults were reported in all age groups, beginning with ages 0-12 and continuing through ages 41-60 (Cook-Daniels & munson, 2010).

### **Legal Issues**

Legal protections for individuals who are trans are limited. In 2010, the National Center for Lesbian Rights (NCLR, 2010) reported that only 15 states and the District of Columbia offered legal protection against discrimination based on gender identity, and the scope of those protections offered varied widely from state to state. Since then three more states, Connecticut, Massachusetts, and Nevada, have passed laws prohibiting discrimination based on gender identity (Pike, 2011; Human Rights Campaign, 2011; GLAD, 2011) and the New Hampshire Superior Court has ruled that transgender individuals can pursue an anti-discrimination claim under the law’s disability discrimination category.

There is still no federal law prohibiting discrimination based on gender identity in areas such as employment, housing, and health care, although advocates have argued that

the *Glenn v. Brumby* decision in the Eleventh Circuit court has set a precedent that extends protection from sex-based discrimination under the Equal Protection Clause to transsexuals (Barber, 2012). The federal laws that provide protection against discrimination based upon disability, the Rehabilitation Act and the Americans with Disabilities Act (ADA) explicitly exclude “transsexualism” and “gender identity disorders not resulting from physical impairments” from the list of protected disabilities. Only one federal law offers protection for trans people. The Matthew Shepherd and James Byrd, Jr. Hate Crimes Protection Act, enacted in 2010, includes crimes based on gender identity (NCLR, 2010).

The lack of a national civil rights law banning discrimination based on gender identity leaves the piecemeal protection provided by state anti-discrimination statutes vulnerable to repeal efforts. Just such an effort occurred in June 2011 when opponents attempted to amend the Maine Human Rights Act. Their actions put Maine’s protections against gender identity-based discrimination at risk and demonstrated just how vulnerable state-based protections are to repeal (Sharon, 2011).

Individuals who are trans face other legal challenges beyond the lack of statutory protection against discrimination. Because individuals who transition usually choose new names that are appropriate to their gender identity, identification that matches the chosen name may become an issue. Discrepancies between a chosen name and the name that appears on identity documents, job applications, government records, and paychecks may inadvertently alert others to an individual’s trans status, with the attending risk of embarrassment, discrimination, or even, in some cases, physical danger (Thaler, et al., 2009). Discrepancies between gender markers on identity documents may also become a



barrier to employment, since those documents are often used to proceed with paperwork and conduct background checks during the hiring process (Dispenza, et al., 2012).

In most cases individuals who have transitioned may change their names legally without significant difficulty, as all states allow name changes as long as there is no intent to defraud. Achieving sex designation changes on state and federal documents, however, may be more difficult. Regulations for sex designation changes on state-issued identification documents such as driver's licenses and birth certificates vary by state. Changes to birth certificates typically require medical evidence of sexual reassignment surgery (SRS), and some states require a court order confirming an individual's sex has changed. Some states still refuse to change sex designation on birth certificates under any circumstances. Federal documents, most notably passports and Social Security cards, require medical evidence of SRS (Thaler, et al., 2009).

In addition to the challenges trans people face due to lack of legal protections, there is evidence they may also face a higher risk of incarceration due to their gender identity. According to the National Center for Transgender Equality (2012), 21% of trans women reported having been incarcerated at some point during their lives, a rate that was far higher than that of the general population. Evidence further suggests that once they are incarcerated, they are often denied access to transition-related or trans-related health care and are subjected to gender identity-related abuse by staff and other prisoners (NCTE, 2012).

### **Trans Elders**

Comprehensive, large-scale studies dealing specifically with trans aging do not exist, and only a few studies address the subject at all. Some smaller studies have been

conducted on specific areas of concern to older trans individuals, such as nursing home care and elder housing, health and healthcare issues, legal protections, and elder abuse. Because no large-scale survey instrument, such as the United States Census, contains a question designed to collect information about gender identity or gender expression, the scientific community is unable to definitively determine the number of gender-variant individuals who live in the United States. Researchers in the field of transgender and trans aging, however, have made what amounts to educated guesses. Persson (2009) cited figures indicating an overall population of three to nine million transsexuals of all ages in the United States, and as many as 20 million trans-identified individuals if cross-dressers and intersex individuals are included. Witten (2009) estimated there may as many as 1 million trans individuals in the United States over the age of 65.

### **Health**

Little is known about the health status of older trans individuals, but factors specific to transition may affect health outcomes for older trans women. Witten and Whittle (2004) stated that little research is available on the impact of long-term, cross-sex hormone therapy, and no research on those who have received hormone therapy for a majority of their lives, as may be true of elders today. Possible adverse effects for natal males who use estrogen to maintain transition, however, include increased risk of Type II diabetes, high cholesterol levels, blood clots, osteoporosis, neo-vaginal cancer, and drug interactions, as well as the exacerbation of the cardiac and pulmonary problems commonly associated with aging (Williams & Freeman, 2005).

A second factor affecting the health of older trans women is related to the availability of healthcare that appropriately addresses the realities of older trans bodies.

Witten and Whittle (2004) observed that attitudes have changed about the necessity of sexual reassignment surgery (SRS) to achieve transition, and at least some segment of the trans population today does not pursue SRS. The expense of SRS and the refusal of insurance companies to cover procedures related to gender therapy may also deter trans women from pursuing surgical transition. This makes it likely that at least some trans women are now entering older age with physically male attributes such as penises and prostate glands (Witten & Whittle, 2004). If healthcare providers fail to recognize the fact that some of their female-identified trans patients require care traditionally considered appropriate for males (such as prostate exams or Prostate-Specific Antigen testing), or if trans elders are not out to their providers, serious health conditions such as prostate cancer may remain undetected and untreated.

### **Mental Health**

The current literature indicates that a significant number of trans individuals experience mental, physical, and sexual abuse during their lifetimes, meaning some older trans people may have unique mental health concerns related to the long-term effects of surviving bias-motivated violence. In their 2010 article on trans abuse, Cook-Daniels and munson reported participants in their study who were survivors of violence and abuse often waited years before accessing support. If trans individuals who have been victims of violence enter older age without having accessed formal or informal supports, their mental health may be impacted.

Cook-Daniels and munson (2010) addressed the lasting and persistent the effects of abuse related to gender identity, citing one study that indicated recovery from bias-related violence may take much longer than recovery from random violence, and another

that indicated survivors of bias crimes are more anxious and angry than others and experience higher levels of depression and PTSD. The recent research of Nuttbrock et al. (2010) demonstrated a connection between negative life events relating to gender identity and depression later in the lifecourse, while Smith, McCaslin, Chang, Martinez, and McGrew (2010) cited gerontological literature documenting late-life reactivation of earlier trauma as a form of PTSD.

### **Social Supports**

Social support from partners, family, and social institutions such as formal religion are important to older people because these supports can impact many facets of life, including health, perceived quality of life, and cognitive abilities (Witten, 2009). For older trans people, these supports may be jeopardized or diminished. Cook-Daniels and munson (2010) suggested that many older trans individuals do not have access to the usual family and friend supports relied on by cisgendered elders because of the alienating effects of transphobia. Spousal support may be particularly at risk if an individual who was in a heterosexual relationship prior to a transition later in life is unable to maintain a spousal relationship after changing gender due to her partner's inability to accept her new identity. Losing a long-term spouse can leave a trans individual without a partner's support at particularly vulnerable times. Witten and Whitley (2004) noted that in some cases, transition may have an effect on relationships with children as well. Children may feel abandoned and angry when a parent transitions, straining intergenerational relationships and further decreasing overall support from family.

For individuals who are currently members of the older trans community, historical context may have a particularly important effect on social support from the

community. Because many trans elders today came of age in an era before trans activism, they may not have identified with the homosexual community and developed support systems within the lesbian, gay, and bisexual community. If these individuals feel their non-conforming gender identity also sets them apart from the heterosexual community as well, they may be at risk for increasing isolation as they age. (Persson, 2009).

Trans elders with diminished family and community supports may experience lower overall well-being and may be more likely to engage in what Witten and Whittler (2004) term “self-care abuse.” Preliminary studies appear show support for this effect, such as Cook-Daniels and munson’s (2010) report that midlife and older trans respondents in their study showed very high levels of self-neglect.

### **Housing**

As trans individuals age, housing may become problematic. If older trans people have experienced diminishing social supports, their ability to age in place may be compromised (Witten, 2009). The employment discrimination that trans people experience throughout the lifespan may result in lower socioeconomic status and increase their reliance on public assistance programs and social services, limiting their options for housing and increasing dependence on institutions that are not trans-sensitive (Williams & Freeman, 2005).

According to Levi and Monnin-Browder (2012), trans elders are significantly more likely than their non-trans peers to encounter discrimination in seeking housing in retirement communities, assisted care facilities, or nursing homes. Once in those environments, they may encounter staff who are uneducated about gender diversity, and

may experience discrimination or abuse related to their gender identity (Persson, 2009; Witten 2009). Individuals who are not openly trans may risk exposure of their trans status, and those who experience cognitive decline and are unable to advocate for themselves may experience forced detransition if staff refuse to recognize their self-identified gender (Witten, 2009).

### **Finances**

Individuals who are trans are at greater risk for financial insecurity in older age due to a number of factors. Because trans men and women suffer from under-employment and unemployment throughout their lives, they are less likely to amass financial resources for retirement or have access to employer-sponsored pensions in older age. Under- and unemployment may also mean that individuals who are trans lack access to employer-sponsored health plans at all ages; when combined with the fact that trans-related health care is rarely covered by insurance plans, this may mean that the cost of health care may deplete resources and have an adverse effect on economic stability in older age. Finally, trans men or women who have same-sex partners are excluded from federal-level financial benefits and supports, such as inheritance tax advantages, Social Security survivor benefits, spousal military pensions, and protection of their home under Medicaid long-term benefits policy (Grant et al., 2011).

### **Strengths and Resiliencies**

Persson (2009) has suggested that individuals who are trans may exhibit unique strengths and resiliencies in older age related to the gender identity. These strengths and resiliencies include coping skills developed during the coming-out process and throughout a life of dealing with discrimination and oppression, lessened sensitivity to

ageism since gender-related oppression is perceived as the dominant “ism”, strong support from family-of-choice networks, and flexible gender role perceptions.

### **Summary**

Trans research is in its infancy. Only one large-scale, national, quantitative study of the trans population has been completed. The limited amount of literature that is available is focused mainly on the multiple challenges the trans population faces and does not address whether individuals who are trans have unique strengths or advantages related to their gender identity and gender expression. Virtually no research exists on the aging trans population, and no research to date has focused exclusively on female-identified trans elders. This study takes the first step towards broadening the scope of the literature on trans aging by examining the experiences of older trans women.

### **Research Questions**

The literature indicates that discrimination against trans individuals is pervasive and occurs at all stages of life. The first area of inquiry for this study, therefore, was focused on how older trans women experienced discrimination from youth through older age and how that discrimination affected them. This study explored the specific types of discrimination participants experienced and whether participants identified cumulative disadvantage. It also examined how disadvantages participants experienced in one area affected disadvantages in another.

A second area of inquiry, suggested by feminist theory and queer theory and supported by Persson’s (2009) research, was whether trans women as a group exhibit strengths or resiliencies related to their gender expression. Feminist theory recognizes non-traditional family forms as contributing to the reduced oppression of women. It is

possible that the families of choice often formed by trans women in the face of rejection by their families of origin may be a potent source of strength in older age. The fluidity of identity (or liminality), resistance, and multiple dimensions of identity conceptualized by queer theory also suggest sources of resiliency and strength. This study explored whether participants identified specific strengths or resiliencies relating to their trans identity and gender expression.

Hobfoll's COR theory suggested a third area of inquiry related to strengths and resiliencies. COR theory predicts that individuals who are better-resourced and employ successful coping strategies that allow them to conserve those resources will experience enhanced well-being. Conversely it predicts that individuals who lack resources may employ ineffective coping strategies and experience loss spirals that adversely affect their well-being. This study examined trans women's access to resources over the lifespan. The conservation strategies trans women employed were explored, as well as whether specific resource conservation strategies contributed to strength and resiliency in older age.



## CHAPTER 3

### METHODOLOGY

#### **Research Design**

The research design for this study was exploratory and qualitative. The study consisted of a series of interviews which were analyzed using grounded theory techniques. Grounded theory techniques were chosen because they are particularly well-suited as a methodology when little is known about the research topic (Parker & Myrick, 2011). Grounded theory techniques aim to identify themes within the data rather than test specific hypotheses. It was the intent of this study to identify themes and topics that will inform future research and theorizing in the area of trans aging.

#### **Sample**

Because older trans women constitute a hidden population that is very difficult, if not impossible, to identify using probability sampling techniques, and because this was an exploratory study intended to reveal the experiences of older trans women across the lifespan rather than a large-scale quantitative study, non-probability sampling techniques were used. The population for this study was trans individuals who were over the age of 55, lived in the United States, identified as women, and were living as women full-time. Individuals who were female-identified but who had not transitioned were eliminated from the sample frame. The target sample size was 10 to 12 individuals.

To identify trans women over 55, a combination of convenience sampling and respondent-driven sampling (Icard, 2008) was used, starting with contacts recruited from

transgender organizations and organizations that provide services to individuals who are trans. Organizations who participated in recruiting included Transgender NH, SAGE of the Rockies in Denver, and the FORGE Transgender Aging Network, a nationwide online community. Referrals from other researchers and advocates in the field of transgender and trans aging were also requested, and flyers were distributed at the Philadelphia Trans Health Conference in June 2012. Finally, older trans individuals who participated in interviews were asked to identify additional appropriate participants and provide introductions.

### **Ethics**

Ethical issues related to this study needed to be addressed in the areas of informed consent, privacy, compensation, and IRB approval. Because trans status is a sensitive issue with the potential to cause harm to participants if confidentiality is breached, the interests of study participants were best served by observing strict confidentiality during data collection and analysis. To ensure that confidentiality was maintained, participants were identified in transcriptions and in all other documents using pseudonyms. Participants were given the opportunity to suggest a pseudonym if they desired, but only two participants made any suggestions. A master list of participants' actual names and their assigned pseudonym is being kept in a locked file cabinet in the UNH Family Studies office and will be destroyed by shredding when the appropriate documentation retention period has passed.

To insure informed consent, each participant was required to complete a consent form meeting the requirements of the UNH Institutional Review Board (IRB). Each interview participant received a consent form that listed the purpose of the interview, the

activities involved in participating, the potential risks and benefits of participating, the measures that were undertaken to maintain the participant's confidentiality, whether the participant would be compensated (the participants received no compensation), the participant's rights during the interview, and contact information in case the participant wished to discuss the interview at a later date or had any questions. A copy of this form is attached as part of the IRB application in Appendix A.

The consent form was reviewed with each participant and her signature was obtained before the interview began. Participants received a copy of the consent form for their records. During review of the consent form, the interviewer emphasized that participants were under no obligation to answer any question and/or might decline to answer without providing any explanation or terminate the interview at any point, for any reason. The interviewer explained that the participant might remain silent if she was uncomfortable articulating that she wished to decline to answer a question. In instances where a participant did not appear to reply to a question, a brief period of silence was maintained to allow for a reply before moving on to the next question.

### **Interviews**

Due to the sensitive nature of discussions involving gender identity, face-to-face interviews took place in non-public locations negotiated with each participant. Preferred locations included the participant's home, the participant's office at work (if she had one), or a private area in a public location with a door that could be closed, such as a conference room in a municipal library. When interviews took place via telephone or Skype, the interviewer conducted the interview session from a private location such as an

office in the Family Studies Department or from the interviewer's home, with no one else present.

The interview format was semi-structured and was flexible enough to allow for probing questions and elaboration of topics or specific points that arose as the structured questions were answered. An interview script is attached as part of the IRB application in Appendix A. Interviews were recorded using a microcassette record and transcribed for analysis.

### **Analysis**

Data were analyzed and reported in two ways: 1) descriptive demographic analysis of the sample; 2) grounded analysis of themes identified from the interviews. The unit of analysis was the individual. Descriptive demographic analysis of the sample included information on current age, age at realization of gender identity, age at transition, race/ethnicity, sexual orientation, educational level, employment/retirement status, income level, insurance status, and partnership/marital status.

To perform a grounded analysis of the data, the interviews were transcribed by the interviewer and coded using an open coding scheme that allowed themes to develop from the data. Once initial coding had been completed, a second stage of focused coding was performed to identify core concepts and categories to facilitate analysis. Analysis took into account four general categories of phenomena – conditions or causes, interactions among people, strategies and tactics, and consequences (Monette, Sullivan, & DeJong, 2008). Once open coding was completed and focused coding was applied to identify data categories and key concepts, the data were further analyzed to determine how the concepts and categories that emerged related to the research questions.

Reliability of the coding scheme was assessed by an associate professor in the Department of Family Studies, who reviewed and double-coded the data. Results of the double coding were analyzed, and interrator reliability was determined to be acceptable.

## CHAPTER IV

### FINDINGS

This study used open-ended research questions in an attempt to explore the experiences of trans women throughout the lifespan and in older age. Specifically, the three main research questions were:

- How have older trans women experienced discrimination from youth through older age and how has that discrimination affected them?
- Do trans women exhibit strengths or resiliencies related to their gender expression?
- What access do trans women have to resources over the lifespan, what resource conservation strategies do they employ, and how does resource conservation appear to contribute to strength and resiliency in older age?

This study used qualitative research methods to address these three research questions as described in Chapter III. After a general discussion of demographics, findings will be reported and discussed as they relate to each of the three research questions.

#### **Sample**

The small sample size and the qualitative nature of the data that were gathered from participants preclude the application of statistical analyses. Demographic information was gathered from the participants, however, that can be helpful in understanding whose stories were heard (Tables 1 and 2).

A total of 11 trans women completed interviews as part of this study. One trans woman's wife also offered comments during her interview. Of the 11 trans women who participated, seven were interviewed in person and four were interviewed using Skype. Skype interviews were necessary when the participants were geographically remote from the researcher. While four participants were from the New England States (one from New Hampshire, two from Massachusetts, and one from Rhode Island), seven were from states outside New England: Virginia, Pennsylvania, Indiana, Colorado, Minnesota, Oregon, and Washington. The researcher was able to interview some participants from remote locations in person during the 2012 Philadelphia Trans Health Conference and during a 2011 internship in Colorado. The remainder participated via Skype.

The women who participated in the study ranged in age from 55 to 77, with four participants aged 55 to 64, five aged 65 to 74, and two aged 75 or older (Table 1). The participants were racially and ethnically homogenous, with 10 of the 11 participants identifying themselves as white and one participant identifying herself as Native American. Four of the women identified their sexual orientation as bisexual, four as lesbian, three as asexual/none, and one as "bisexual/queer/ pansexual."

The study participants were generally well educated; all had graduated from high school and completed some form of post-secondary education or training, and nine of the 11 had received a college degree, either an associate's degree or a bachelor's degree (Table 2). Four of the participants held post-graduate degrees.

Table 1. Participant Demographics – Part 1

<b>Pseudonym</b>	<b>Age</b>	<b>Age Realized Trans</b>	<b>Age at Transition</b>	<b>Race/ Ethnicity</b>	<b>Sexual Orientation</b>	<b>Relationship Status</b>
<b>Isabelle</b>	74	4	25-Late 40s	White	Bisexual	Divorced (living w/ ex-wife)
<b>Mary</b>	55	40	46-48	White	Asexual	Married (to female)
<b>Beth</b>	74	7	40	White	Asexual	Widowed (female partner)
<b>Anna</b>	56	Teens	36 & 55/Ongoing	Jewish	Bi/Queer/Pan	Cohabiting (with female)
<b>Dora</b>	62	10	45	White	Lesbian	Single
<b>Wendy</b>	77	5	58-60	White	Bisexual	Married (to female)
<b>Julie</b>	77	40	64	White	Bisexual	Divorced (from female)
<b>Kelly</b>	66	9	41	White	Lesbian	Civil Union (with female)
<b>Amanda</b>	70	2	49	White	None	Widowed (female partner)
<b>Heather</b>	58	5	48-50	Native American	Bisexual	Married (to male)
<b>Georgette</b>	65	54	57-63	White	Lesbian	Dating (female partner)



Table 2. Participant Demographics – Part 2

<b>Pseudonym</b>	<b>Education</b>	<b>Income</b>	<b>Health Insurance</b>	<b>Rx Insurance</b>	<b>Dental Insurance</b>	<b>Mental Health Ins.</b>	<b>Veteran</b>	<b>Disability</b>
<b>Isabelle</b>	H.S. diploma Vocational	\$20-40K	Y	Y	N	Y	Y	N
<b>Mary</b>	Master's	Over \$100K	Y	Y	N	N	N	N
<b>Beth</b>	Master's	\$20-40K	Y	Y	Y	Y	Y	N
<b>Anna</b>	H.S. diploma Some college	\$0-20K	N	N	N	N	N	N
<b>Dora</b>	Bachelor's	\$20-40K	Y	Y	Y	Y	Y	Y
<b>Wendy</b>	Bachelor's	\$40-60K	Y	Y	N	Y	N	N
<b>Julie</b>	Master's	\$20-40K	Y	Y	N	Y	N	N
<b>Kelly</b>	Associate's	\$40-60K	Y	Y	Y	Y	Y	N
<b>Amanda</b>	Bachelor's	\$0-20K	Y	Y	N	Y	Y	N
<b>Heather</b>	J.D.	\$20-40K	Y	Y	Y	Y	Y	Y
<b>Georgette</b>	B.S. Some grad	\$60-80K	Y	Y	Y	N	N	Y

All of the participants had been partnered at some point in their lives – the majority of them with women (Table 1). Six of the 11 study participants reported they were partnered at the time of the interview, five with women and one with a man. Of the five participants who were not currently partnered, two were widowed after being married to women and three were divorced from women. One of the participants who reported her status as divorced was living platonically with her ex-wife.

Many of the participants reported they became aware of their gender identity early in life (Table 1). Seven participants reported they were aware of being trans at age 10 or younger, while one reported she was first aware of being trans “in her teens.” Of the remaining three participants who did not identify during their childhood or teens, two reported they first realized they were trans at age 40 and one reported she first became aware of being trans at age 54.

Transition generally took place later in life (Table 1). One participant reported transitioning at age 25, but the majority of participants transitioned after age 40. Six participants transitioned in their 40s, three in their 50s, and one reported transitioning at age 64.

## **Qualitative Findings**

### **Discrimination**

Participants identified differential treatment, discrimination, or harassment throughout the lifespan and in many settings. Based on their lifelong experiences as trans women, participants also expressed a variety of concerns about the potential for discrimination or harassment during older age.

During focused coding, which was performed to identify core concepts and categories, seven categories emerged out of the participants' interview responses relating to discrimination. Those categories were family life, intimate relationships, employment or military service, health or mental health care, housing, education, and community settings.

Although as a group participants identified differential treatment, discrimination, or harassment in all categories, no single participant identified issues in every category. Participants most frequently identified differential treatment, discrimination, or harassment from their families, in the workplace, in receiving medical and mental health care, and at school. Reports of issues with intimate partners were less frequent, and participants were least likely to identify differential treatment, discrimination, or harassment in regards to housing.

Discrimination within the Family. Two main concepts arose relating to discrimination within the participants' family of origin – correction and rejection. The first concept, correction, was a childhood phenomenon. Parents' actions, reactions, and words clearly educated participants about the unacceptable nature of gender variant behavior.

In some cases, the correction was overt. Mary<sup>1</sup>, a 55-year-old scientist who transitioned in her 40s, related one such incident where her “stash” of female clothing was discovered and her parents made their expectations that she not engage in feminine behavior clear: “. . . At one point my stash got found and I kind of, you know, got sat down and, well, you know, ‘Boys do this and girls do that.’ You know, ‘We’d like you

---

<sup>1</sup> Note: All participants' names are pseudonyms.

to do that.” Later on this correction was reinforced when Mary expressed an interest in figure skating and her father insisted that she play a more appropriately “masculine” sport, ice hockey.

Like Mary, Georgette, a 65-year-old former engineer who went on disability to facilitate transition in her late 50s, was caught with female clothing and received a verbal correction from a parent. Georgette interpreted a correction from her mother as a warning to hide her gender-variant behavior if she could not change it. “There was a coded message that you’ve just been busted and you shouldn’t be doing this. And if you are going to do this, then here’s the protocol. I didn’t know what sense to make out of that other than to hide things more carefully.”

In other cases, corrections were subtle and unspoken. Yet participants still got the message – gender variance is wrong and you should not express it, you should hide it. As Wendy, a 77-year-old activist who transitioned in her late 50s, put it, “It wasn’t what the rest of my boy friends were doing . . . and I knew that my family probably didn’t want to have to deal with it.” Amanda, a 70-year-old retiree who transitioned at age 49, expressed a similar sentiment: “I came from a retired military family who saw there was a certain difference. Plus my father, when I was young, physically abused me, so telling them was really not an option.” Kelly, a 66-year-old retired electronics technician who transitioned at age 41, took the covert message to hide her difference to heart: “The invisible child, that’s what I tried to be as much as possible. I stayed away from home as often as I could, I didn’t have many friends, basically I’d go away and hide or go to the mall or something like that.”

The second concept relating to discrimination within the family, rejection, was tied to transition and/or coming out to the family and could occur at any time during a participant's life. Participants spoke about rejection by parents, siblings, and children, as well as more distant relatives such as aunts and uncles.

Rejection as described by participants could take the form of distancing or termination of a relationship, or it might entail refusing to affirm the participant's gender identity. Most of the participants told of family members who did not affirm their trans identity, although a few spoke of outright relationship termination. Heather, a 58-year-old lawyer on disability who transitioned in her late 40s, noted, "I was banned from coming home" due to rejection on the part of her mother. Isabelle, a 74-year-old former engraver who started transitioning at age 25, spoke of being rejected by her son due to his concerns that her gender identity would confuse his children or jeopardize custody of his stepson:

I got on the phone and I was, I was asked not to come back any more. That uh, they thought that I was just going to be confusing the [grand]children. But then, ah, then there's the ah, the [grandchild's biological father] that's in the mix as well, and ah they were afraid that if he found out, that he would find some way to use it. Yeah, that some way he'd find a way to cause trouble with it. So that part of it, OK, I understand your issue. One the other side, come on, can't you stand up for me?

Julie, a 77-year-old retiree who transitioned at age 64, also experienced rejection by her son and was estranged from her grandchildren. She said, "My oldest son shut everything off. I am not allowed to come to his house. His children for sixteen years did not know their grandfather was a woman."

Georgette told of a more distant relative who terminated their relationship:

I have an aunt who lives on the East Coast who is near the end of her life and she was my godmother . . . and we've corresponded at birthdays and

Christmas for years and occasionally talked on the phone, and when I sent her a letter about my transition I've never heard from her since. And I sent her a couple more cards and no response and they didn't come back as undeliverable. Just no response.

Family members who did not affirm a participant's gender identity responded in a variety of ways. Some did not understand the difference between sexual orientation and gender identity, while others thought it would be easier if the participant were gay. As Amanda said of her parents, "They thought I was gay. They had no understanding. They just wanted it to go away. My mother was mostly concerned about what other people would think. And my father just wanted to be left alone." Anna, a 56-year-old musician who was transitioning for a second time, noted, "I had already come out as [gay], so when there was more coming out I think there was stuff like, 'Oh, it would have been easier if you were gay.'"

Others refused to accept the changes that occurred during transition. Isabelle's father told her, "I will tolerate it, but I won't accept it." She said, "He made it known for the rest of his life that I wasn't really his daughter. I was really his son." Beth, a 74-year-old retired engineer who began to transition at age 40, described her children's reaction: "They still love me, but they still want their dad. And I can understand that. They haven't lost me. I'm still here. I still love them as much. But, you know, they want their dad."

Discrimination in Intimate Relationships. All of the participants who spoke of discrimination in intimate relationships described rejection by female spouses. In most cases spousal rejection ended in divorce, and in some cases the participant's gender identity was used as leverage during the divorce proceedings.

Isabelle described trying to save her marriage by going to counseling: “. . . (W)e went to a family counselor. But . . . my spouse walked out on it. She said, ‘I’m not dealing with this guy any more. I don’t like this guy at all.’” They were subsequently divorced.

Wendy, who is still married, described her wife’s reaction: “During the course of our marriage I tried to sort of express some of this to her and quickly got the message, ‘I don’t want this as part of my life.’ So it just helped to sort of reinforce the fact that I had to hide and keep all this undercover.” Eventually she separated from her wife, although they have not divorced. She says, “I needed to express who I was in a positive way. And so shortly after that I left my marriage, because I had to figure out who I was in a positive way.” They maintain separate households, and Wendy, who has not had SRS, presents as male when she spends time with her wife. As her wife’s health has declined, she has had to partially detransition to spend greater amounts of time caring for her ailing spouse.

Julie and her wife were highly visible members of the Catholic church in their community. Julie moved out after her transition resulted in social pressures that caused mental anguish for her wife:

It started to be like, ‘Oh, the spouse must be a lesbian then.’ And it was hurting her mentally, so I moved out. I transitioned alone in a totally different area . . . she divorced me two years ago . . . it was very painful. It renewed a bunch of things I thought I had worked out.

Georgette experienced rejection from two spouses. She had divulged her gender identity to her first wife before they married, but their union collapsed after a year and her wife “used cross-dressing as an emotional weapon” during the divorce. She did not come out to her second wife prior to their marriage; after one year “that old devil [the desire to present as female] came back” and her wife was “livid.” Nonetheless, Georgette

persevered in the second marriage for 19 years, although her wife's reaction "forced my cross-dressing/trans behavior underground." Ultimately Georgette moved out to pursue living as female full-time and they divorced.

In addition to rejecting and divorcing her, Kelly's ex-wife used her gender identity as an excuse to keep her away from their daughter, an extremely painful experience. As a result, Kelly does not have a relationship with her only child. Kelly said:

I have one daughter; she'd be 32 now, I think. But I haven't seen her since she was three. The divorce decree gave me reasonable visitation rights but didn't specify what that meant . . . [the ex-wife] played games, like we'd set up an appointment and I'd come up there . . . and no one was there. And that broke my heart.

Discrimination in Employment or Military Service. Five main concepts arose during the focused coding relating to employment or military service – denial of employment, harassment, demotion or diversion, termination, and bathroom issues. Many of the issues participants encountered in the workplace were driven by the perception that they were gay.

Outright denial of employment was reported by several participants. Dora, a 62-year-old veteran and former postal worker who transitioned at age 45, had supplemented her disability income by working as a substitute teacher prior to transition. After transitioning, however, she was no longer able to find work as a teacher because her gender marker on her Social Security records identified her as male:

After I had completed the surgery, I tried to go back to teaching in another town. They wouldn't let me, because they track Social Security cards . . . with substitute teachers they do a complete background check . . . one school committee member or superintendent, I forget what his title was, he said flat out, "I ain't gonna let any homosexual near any of my kids."



Julie found that she was unable to continue as a teacher after she transitioned, even though she had a master's degree. She said, "When I transitioned, I was on my own, earning my own living . . . I was not able to use the skills of the male profession as a woman . . . I ended up selling books, having dishwasher jobs, things that women were accepted as."

Another participant, Anna, reported a situation where she did not have an annual contract renewed; she characterized this as "being fired for being trans," although it might also be construed as denial of employment:

I was employed at a summer [camp] which I have been on the faculty of for over 25 years now . . . so in April or May I wrote a letter to the director and said I am going through transition . . . and I hear back and they're going "we love you, you're a great teacher, you know, come as you are." So I came as I was. And I got there and basically that was when the shit basically hit the fan.

First, the employer attempted to alter her gender presentation:

Within about a day or two I was called into the director's office and asked, you know, basically to continue the rest of my time there in male attire . . . so I went to wearing shorts and t-shirt because it was summer. But I was wearing nail polish back then . . . It was like "I'm sorry but you're going to have to lose the nail polish and the toenail polish."

Ultimately her contract was not renewed:

The following year did not . . . they tend to send out contracts in January or February, and January, February, and March comes and goes, and no contract appeared. And nobody cared to write and say "Sorry we're not hiring you back this year." It's like nothing appeared and I was clearly not hired.

Later the employer agreed to rehire her if she would present as male:

I [got] a phone call from probably the same person that asked me to stop with the nail polish and [she] says hi and talks with me for a second and [asks] "What are you wearing?" I said, "It's winter. I'm wearing jeans and a flannel shirt." Or, "I'm wearing jeans and a flannel shirt." And she said, "Well, we miss you. You are excellent faculty and we would like to have

you back. Can you, you know, wear that?" . . . and so I was hired back. And I have been back every summer for a week or two.

Harassment was the concept that emerged most frequently in relation to work.

Participants described being called names and otherwise being verbally harassed, being pressured to appear "male enough," being questioned or warned about their perceived sexual orientation, and even being subjected to physical or sexual violence.

Heather, a lawyer, described her work experience:

"I've only tried to work one time, and I was harassed. They sat there and ran to management and complained about everything I did that they didn't like. I was terminated because the harassment got so bad I was excessively absent. So they terminated me."

Heather chose to go on disability through the Veteran's Administration rather than subjecting herself to additional harassment in the workplace.

Again, harassment was frequently driven by the perception that participants were gay. "There was a lot of harassment," said Dora, who worked for the United States Postal Service, "A lot of verbal harassment. Mostly from management . . . different supervisors would openly call me 'faggot.'"

Management and coworkers also harassed Isabelle because they thought she was gay, "One evening I was working the night shift and my lead person pulled me over and said . . . "I've been asked to tell you that management doesn't like homosexuals." This warning was followed by a period of harassment and she was ultimately terminated from her job in a print shop:

Shortly after that became, um, a period of you could call it harassment, inasmuch as I was asked to do tasks that were not provided properly, I was provided with insufficient materials, etc. And with the hope that I wouldn't be able to do the job and that would give them cause to let me go . . . finally, when it was so-called accepted, it went out to be put on the press, and then I was told that the pressman had rejected it because he didn't like the black plate. It was a four-color job, and he didn't like the

black plate. And then interestingly that was the one part of this whole job that never changed.

And then one day they just, they just uh pulled me aside, they wouldn't even let me go in the department there, my time card was missing, and I was told "Well you just don't fit the program." And I was let go.

Mary experienced a different type of discrimination; she was diverted from a track that led to promotion in a government agency. As her wife described it, Mary "went from being the . . . golden boy sort of person to, uh, disappearing from sight . . . they intentionally took [her] off the visible, high-profile track." In addition, Mary spoke of continuing to experience issues around bathroom use:

I got told, in Building A that I was in, that none of the women wanted to meet me in the bathroom, 'cause they, well, they didn't want to see me in there. And so actually what happened was there was another building where they had, um, a single stall, and so the women in that building said it was OK for me to, you know, leave my building, walk across the parking lot, enter another building, and use that bathroom when I needed to. . .

Now I have still scared a lot of people in the bathroom. Even to this day. You know, because, like, I ended up in a new building and they didn't know my history and because I tend to be, you know, pretty blasé, pretty, you know, in the middle [androgynous], I kind of like, after the fact, I find out there were a lot of questions about what I was doing in the women's room.

Participants who served in the military experienced pressure to appear appropriately masculine. Dora, who served in the army in Viet Nam, said, "I was trying to be as apparently masculine as I could . . . I was supposed to carry an M-16 when were on the road, and I kept on losing them. Prostitutes wouldn't have sex. It got to the point where I was so petrified that people were starting to say things."

Isabelle felt similar pressure in the navy:

I was faced with a situation in the military where I was called upon to behave like the typical sailor on leave, you know, go out and drink like

crazy and find some girls, you know, um, to the point where I was being pestered about that but I didn't want to participate.

In some cases participants who served in the military were sexually assaulted. As Dora put it, "If you're a small, friendly man, which I was . . . someone wearing women's clothes and feeling effeminate . . . you're really subject to rape and abuse. I was cornered." Participants who were sexually assaulted in the military had little opportunity for recourse. Heather stated bluntly, "I was raped." She did not report the sexual assault because "I was trying to stay in. Not get booted out with nothing."

Harassment could be an obstacle to transition for participants. Georgette described how her work environment became more hostile as she attempted to transition. A co-worker, who had previously described a gay colleague as a "fudgepacker" repeatedly harassed her verbally. When she shaved her beard and began wearing earrings, he said to her, "Oh, a single earring. What is it, left is right and right is wrong," implying that she was gay. Later he stepped into her path, physically blocking her progress, and asked, "You know, you got divorced, you shaved your beard, you got your ears pierced, and some people have noticed some gestures. Has your orientation changed?" At the suggestion of her primary care provider, who was aware of these distressing developments, she left work and went on disability for a pre-existing condition, making it possible for her to complete her transition.

Discrimination in Medical and Mental Health Care. Four main concepts emerged from the focused coding in relation to medical and mental health care - denial of care or delayed care, incompetent care or uneducated providers, violation of privacy, and refusal of payment by insurers.

Only one outright case of denied care emerged during the interviews, but it significantly affected the participant's ability to transition. Anna described her experience in seeking hormone replacement therapy (HRT):

I got the letter saying, "Okay you're approved for HRT . . . and so I called that office to make an appointment and was doing the phone intake thing. And they asked for the name of my insurance. And I said I have none. And they said well we can't treat you then. And I said well I don't have insurance. Insurance doesn't matter. I am paying out of pocket for everything now and I have the money . . . so I definitely had that denial of care . . . I didn't have too many resources to find somebody else. It had many repercussions in my life.

Another participant, Julie, described an experience where badly needed mental health care was delayed due to her gender identity:

I went through a very bad period of depression, I'm talking about suicidal depression, and I went to the VA hospital . . . and I explained to the guy . . . about my depression and the other factors that [were] going on, things going on, and as soon as I said I was transsexual, the shutters came down. I was suicidal, I was sitting there doing things like sitting home running X-Acto knife over my veins wishing I had the guts to push it in. And I had tried it with a bunch of Vicodin or Percocet, something like that . . . They made an appointment for me a month on, almost a month down the road, and I needed help then . . . I was transsexual, and so he didn't want anything to do with me.

More frequently providers were uneducated or unable to provide competent care.

Julie described her experience with a mental health provider who was unable to be honest about her diagnosis:

I started checking with psychologists. And I ended up with one in the Philadelphia area at \$25/hour who was not honest with me. I only learned thirty years afterward that she knew I was transsexual and she told me she thought I was. But she didn't want me to know this because it would ruin my marriage, with my family and three children.

Later she found herself in the position of educating her medical providers, saying, "After my surgery, I had to educate every doctor I've spoken with, basically." Heather described similar issues in seeking gynecological care:

I set up the appointment, and went into the waiting room to have this exam [a pap smear] done . . . the nurse started questioning me, and there's my records right there that say "transsexual" across it in big, bold letters, and she starts asking, "When's your last period?" . . . And it went on, and I said "I don't think I've ever had a period." And she went on to say, "When did you have your hysterectomy?" And it says at the top of the page right there, "transsexual." I don't think she noticed.

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

Violation of privacy was another concern. If medical and mental health providers failed to use appropriate names and pronouns in dealing with participants, their gender identity might be revealed to other patients, putting them at risk. One participant, Beth, described an experience where an employee in her doctor's office inadvertently outed her as trans by calling out her male name, "One of the doctors I saw today I hadn't seen before and his assistant came out and called for John instead of Beth."

Finally, whether or not insurance paid for trans-related care was a concern for a number of the participants. Margaret stated flatly, "Well, course my experience with insurance is that it didn't. It didn't pay for anything." And while some participants received coverage for trans-related care such as hormones through the VA, sexual reassignment surgery was not covered. Dora stated, "I've been fighting with them for years, trying to get them to reimburse me for my surgery. Through appeals and appeals."

Discrimination in Housing. Discrimination in housing less common than some other types of discrimination, although it still presented a problem for those who experienced it. Three concepts arose during focused coding relating to housing – denial, harassment, and violation of privacy. Denial was reported by just one participant, Kelly, and she was unsure whether the denial was directly related to her gender identity. "There

was one apartment I wanted to get; they gave it to someone else. And I think I had my application in first, but I don't know that for a fact and of course no one's gonna tell you."

Harassment was reported by one participant as well. Dora described her experience in an apartment complex in New Hampshire in which harassment forced her to move:

I had a problem...one guy, um, was following me around and harassing me. He lived in the same building. It was a big complex. Then, um, then I complained but I didn't know how it was going to end up. I was planning on going to Florida anyway. I told them if they didn't move him out I was leaving at the end of my lease. [The manager] said, "If you want to, break your lease" – [the harasser] was on a Section 8 or something. I told [the manager] he couldn't press the rule and he let me out of my lease. Even if I hadn't have gone to Florida, I would have had to move into another building.

Violation of privacy was more common. Mary and her wife, who both have security clearances for their jobs with the federal government, reported that their neighbor outed Mary to the FBI during a background check, potentially jeopardizing her job. "One of our neighbors told the FBI guy that, yeah," said Mary's wife, Judy, "That my husband was a cross-dresser." Dora reported a different type of privacy violation in which her confidential status as a trans woman was revealed to other tenants where she lived:

What was in my record was supposed to have been classified for the person I talked to in the leasing office, and it made the rounds within 30 days. That I was a transsexual. No one else was supposed to know. So it made these people say something to me and my closest neighbor moved out. And I had issues with them over that. I worried about that when I moved to other places . . .

Discrimination in Education. Three concepts emerged during focused coding relating to education – correction, harassment, and bullying. Julie recalled being corrected after she identified as female by sitting with the girls:

In first grade I walked into the classroom and it was a Catholic institution. I sat down in the front of the classroom with all the girls of my age, [which I] knew, I felt, I was, and promptly the nun picked me up by the collar and dragged me to the back of the room and told me I belonged in the back with the boys.

As reported in other categories such as employment, harassment was often rooted in the concept that the participants were gay. Harassment included what Dora characterized as “basic non-conform [verbal] harassment” being called “faggot” by peers, and being ostracized.

Bullying, however, was the dominant concept and incidents were related by multiple participants. Anna reported, “I was definitely identified by others as ‘sissy,’ ‘gay,’ ‘critter,’ etc.”

Margaret said:

Yes, I was bullied in school . . . It had great influence, especially in junior high, and it carried over into high school . . . I would be spending more time picking my route to get home, to be safe. Rather than paying attention to the studies.

Anna had a similar experience in elementary school: “(T)here was definitely bullying from other kids so the whole experience of going to school (was) pretty distasteful.”

Georgette was distressed enough by the hostile environment she experienced in high school that she developed physical symptoms that required medical attention:

I would develop abdominal pain which was probably psychosomatic or PTSD related. And I think I was maybe oh probably 15 years old when my pediatrician at that time said let's rule out everything else and let's see if we can find the cause. And at that time going into the hospital for couple of days was very expensive and I was in the hospital for a couple of days



and they ran all sorts of tests. And they didn't find anything that was attributable to organic causes.

Kelly also missed school due to the hostile environment: "I had all that stuff [bullying and harassment]. I skipped [school] a lot."

When gender identity-related bullying occurred, teachers and administrators did not always protect the youth who were targeted. Dora reported that she was beaten up twice in her senior year because of her gender identity and the perpetrators were not identified or punished.

Discrimination in the Community. The final category that emerged from focused coding, discrimination in the community, refers to instances of differential treatment, discrimination, or harassment in a community setting that did not fall into any of the other categories. Although no single discrete concept emerged from coding in this category, nonetheless these experiences were significant in demonstrating the hostile environment trans women experienced in community settings.

Mary and her wife Judy were the targets of a petition drive seeking to bar them from a church they tried to join. Judy said, "We had people going around door-to-door with a petition to get us to leave. They were afraid for their children." Mary also experienced religious-based pressure to conform to gender expectations. She said, "I certainly ran into enough resistance at the churches . . . 'This against God's will, this is, you know, not what he meant you to do with your body.'"

Instance of verbal harassment and threatening behaviors were also reported. Incidents were related that took place on the street, in the grocery store, and in bars and restaurants. Dora was verbally harassed on the street as a teenager:

I was walking by a bar. There was a bunch of guys hanging out in front of where I was living at the time. And some of them yelled out "Faggot!" and

I felt this great pain. I didn't see it coming. It was the beginning of the way I looked at life. It was something that bothered me.

Judy described Mary's experience in her early 40s, shortly after transition, "She [was] stalked in the store and at the mall and she's been threatened in a bar once and things like that. It was young guys with lots of testosterone and really feeling threatened because she was there being very overtly feminine and being read."

Heather related an instance in which she was followed by the police while she was presenting as female, "I was gradually learning to accept who I was and I went out dressed down to Fort Worth Beach, and while I was driving along the strip I picked up a tail from the police department. I wondered, 'Why are they doing that?'"

Summary. Participants' experiences demonstrated that differential treatment, discrimination, and harassment were present in many settings and across the lifespan. Their stories also showed that discrimination had serious consequences, including mental anguish, depression, substance abuse, and suicidality; suppression of their authentic selves, including delayed transition or forced detransition; avoidance of school; loss of livelihood; loss of supportive systems and alienation from family of origin; and fear of discrimination in older age.

Discrimination and harassment in employment was the most frequent form of discrimination and harassment that participants reported; almost every participant had experienced some sort of differential treatment in the workplace or had experienced fears that they would be treated poorly if their gender identity were revealed. Participants whose gender identity was known or suspected in the workplace reported being terminated from jobs, diverted from promotion, or harassed to the point where they went on disability or retired.

Losing intimate partners as a result of transition also had a high cost for participants. More than half of the participants were divorced as a result of their gender identity and/or transition. Participants usually had to find new housing and re-establish themselves after divorce. As Margaret put it, “we separated, and in doing so we sold our home, and, uh, of course I was [already] out of a job and I had to find a place to stay.”

Depression and suicidality were common responses to the challenges of living as trans women. Many of the participants reported that they had sought treatment for depression and/or contemplated or attempted suicide. One woman was permanently disabled when she unsuccessfully attempted suicide by jumping off a bridge, and many participants sought mental health care for depression and suicidal ideation.

Amanda was keenly aware of the ways in which the cumulative effects of discrimination and economic disadvantage left her isolated in older age:

As Social Security goes, so do I. I have a very small government pension from the military. Not having any money leaves me stranded, no place to go, no way to get there, no money to get there with. No transportation. If I had, could afford it and had the means to get there, I'd still be attending all my functions [with the trans community].

Julie expressed frustration at the time she lost when she was unable to express her true identity: “I have had a great life experiences and great family and all that. But there was something that I lost by having to hide who I was and I will never be able to recover that.”

Sadly, the expectation of discrimination became part of some women’s lives as they navigated older age. As Anna put it, “I have a past that has discrimination, so I’m not like somebody who is going in for the first time to say I’m going to transition. And they’re not ready for the discrimination they’ll get. If anything I’m all too ready for it.”

## **Strengths and Resiliencies**

Strengths and resiliencies relating to the participants' gender expression were identified in two ways. First, two interview questions specifically asked participants to name strengths and resiliencies they had developed as a result of their gender identity. Second, focused coding was employed to identify strengths and resiliencies that emerged from participants' responses to other interview questions.

**Self-Identified Strengths.** The first question to which participants responded regarding strengths and resiliencies was: "It has been suggested that dealing with the challenges of being transgender over a lifetime may encourage some people to develop the ability to rebound in times of difficulty or persevere through hard times. Can you think of any abilities you may have developed as a result of your experiences as a trans woman that allow you to deal with difficulties effectively?" The second question participants responded to regarding strengths and resiliencies was: "What strengths do you believe you have that result from your experiences as a trans woman?"

Participants identified numerous strengths and resiliencies they had developed as a result of their experiences as trans women, including honesty, authenticity, positivity, perseverance, self-confidence, resourcefulness, self-sufficiency, decisiveness, self-awareness, giving up gendered expectations in dealing with others, not caring what others thought, seeing both male and female perspectives, combining male and female skill sets, and letting go of male personality attributes such as aggression.

Many of the participants saw being true to themselves instead of trying to meet the expectations of other people (authenticity) as a strength. Isabelle described this experience as:

. . . Finally being able to look at yourself and know yourself and be yourself. Ahh, the freedom of casting away a façade and a load of baggage from things that you've been carrying for many, many years, trying to live a life that is acceptable to the population but, uh, certainly not to yourself.

Wendy also saw authenticity as a positive attribute. She said, "You have to be true to who you really are. And in this day and age when you have more opportunity to be who you really are, you need to do that." Mary characterized her increasing authenticity in the years after transition as, ". . . finally getting to the point of being more WSIWYG [what you see is what you get]. 'Cause I always felt that the previous 40 years I was spending most of the time trying to figure out what people wanted me to be." Anna stated simply, "Well I'm me. Anna. Whatever that is. And right now it's clear I need to be that, and not present as one thing and, you know, be the other part time."

Beth was proud of the fact that she no longer cared what people thought about her. "If you don't like me as I am, that is your problem, not mine," she said, "I'm 75 now. I'm 75 in August. And I guess I've got about, um, ten years of life left. And I'm going to live those ten years my way. To hell with anyone else, thanks."

Isabelle cited her "ability to see two sides of problems between the genders" as a positive. She said, "I can sit and see and understand and sympathize or criticize both sides . . . it is just something that develops." Kelly felt she combined male and female qualities in a way that was an asset. She said, "Like a lot of trans people and MTFs, I bring a lot of male skills as well as the female skills, particularly those I learned living as a man, and I think that's a plus. It's nice when someone needs a square knot . . . to tie down the cargo or whatever . . ."

Anna felt one of her strengths lay in giving up gendered expectations altogether and "breaking down gender in interacting with people":

I think [it has been] the greatest gift to just learn to see that things we see in our society as being gender attributes aren't gender attributes at all, but social attributes. The more that I live in a way that I just am open and receptive to each person as who they are, regardless of what gender they appear to be – it has deepened the quality of [my] relationships.

The participants often saw strengths such as self-sufficiency, positivity, self-reliance, perseverance, resourcefulness, and decision-making as related to one another.

Dora linked self-reliance to decision-making:

I want to be incredibly self-reliant . . . I just don't want to impose on people. I think in a way it's a good quality. But it's just a side of me. One character of strength I got out of this is to a certain level being very, very self-sufficient. Making decisions.

Mary correlated decision-making with resourcefulness and self-reliance: "I did have to figure out something for the first time on my own [during transition]. It was actually a good thing to learn self-reliance, resourcefulness . . ." Isabelle saw a relationship between positivity and resiliency: "Resiliency . . . I can get over it pretty quickly . . . I try to find a way around [problems] with a positive resolution rather than just [finding] ways to fight back."

Georgette saw resilience and persistence/perseverance as interrelated:

I've definitely been told that I had a lot of resilience. The neurosurgeon who did the back surgery that did not go well in 1995, I continued to see him after the surgery for years. And some years later he said to me, "Most people do not bounce back like you did." And in 2009, when my spinal cord specialist said, "You know I think you should stop working and go on disability," I saw my family doctor shortly thereafter and his comment was, "Most people would've quit long before you did." So I have resilience, I have persistence, yeah.

Two participants identified strengths that were not reported by others.

Nonetheless these perceived strengths merit inclusion. Julie felt letting go of testosterone-linked behavior traits was a strong point for her. "I am avoiding making problems for myself by the aggressiveness that I used to have. Now I've slowed down

and I think more about what I am doing other than just doing it.” Regarding the lack of sexual compulsions after SRS, she said, “It is something you don’t want to do. It’s no fun . . . I’m rid of that.” Amanda identified the ability to rebound from situations such as failed relationships, which she felt stemmed from her own acceptance of her gender identity: “I think that I been [sic] in several relationships that didn't work out and I rebounded. You know prior to [self] acceptance, my mental health status was notable for the number of suicide attempts. But I haven't done so since then and I won't do so . . .”

Self-Advocacy. An additional strength, self-advocacy, was identified through focused coding. Self-advocacy was employed by a majority of the participants and took place in a variety of contexts throughout the lifespan. When participant reports of self-advocacy efforts were coded, three distinct type of advocacy emerged: self-protection, educating others, and activism.

The first type of self-advocacy, self-protection, was a response to, or an attempt to prevent, bullying, harassment, or discrimination. Participants described looking out for their own interests, standing up to bullies, and asking (or demanding) that they be treated equitably. Isabelle’s self-protection, for instance, stopped an employer’s efforts to deny her unemployment benefits:

They protested the, um, with the labor department . . . my getting unemployment benefits, but fortunately for myself I was a record keeper and uh I’d kept, I’d kept kind of a diary of all these things that were going on, and so I just said, “Let’s go to a referee, I’m more than happy to, ‘cause I’ve got all this evidence.” And they dropped the protest, and I got my unemployment.

Isabelle protected herself in another context by proactively disclosing information about her gender identity with healthcare providers and making sure they were trans-friendly before becoming a patient. “I’ve had a good experience with health care

providers . . . I say ‘Well, you and I have to come to an understanding here, or a conclusion, and I want to ask you if you have any problems working with a transgender person.’” She reported that this protective action was successful, “It was never bad. I didn’t get any turnaways.”

Beth employed self-protection in a health care setting where she was already a client, taking action when a staff member outed her by using her male name and noting that she was not afraid of confrontation: “I got up and walked toward her and said, ‘Would you mind checking the file for John Watson and notice that the preferred name is Beth.’ So I’m quite in your face about it.” She also described taking protective action when she was subjected to harassing attention in a restaurant: “A couple of weeks ago I was out at a restaurant and having dinner with a friend and a man and a woman at a table nearby were pointing and giggling. And I just stared straight at them and kind of looked through them and carried on with my meal.”

Kelly protected her right to transition when coworkers “tried to talk her out of it” before she left for her surgery. “I explained the situation very briefly,” she said. “Come on, this is something I’ve waited for more than four decades, you’re not going to hold me back.”

Heather protected herself by fighting back against serious verbal and physical bullying at school when she was in her early teens:

Some gal had been annoying and picking on me intensely [in junior high], and during lunch break I’d finally had enough, and I bitch slapped her . . . we got back in the classroom, a bunch of the girls were ganging up to come beat me up, and I grabbed a hold of a desk in the room and held it up and said, “move on!”



Georgette, who is disabled and uses a walker, combined humor with a physical response when she took on a harasser in the workplace who challenged her about whether she was gay because she was wearing two earrings:

And I said, “An earring in your right ear means you’re gay and an earring in your left ear means you’re a pirate, so I’m a gay pirate.” And I made a big growl “RRRRRRRRRRRR” and lunged at him with my walker.

Participants also educated themselves about relevant rules and legislation and were willing to employ tactics such as legal action to help protect themselves. As a former lawyer, Heather felt her legal knowledge gave her an advantage:

It helps having a law degree and having practiced law for a few years. If someone gives me trouble at the VA I say, “We can do it this way, or we can go down to New York and you can explain to a federal judge why you can’t.” Yes, I’m probably better acquainted with the legal, trans legal, issues than most licensed attorneys in the area.

She also reported using her knowledge of state regulations to protect her rights when obtaining a driver’s license with the correct gender marker:

I also just got my driver’s license changed yesterday to have an “F” on it. First off, when I went to the check-in desk, they said, “Where’s your court order?” And I said, “I don’t need one. Your website says all I need is a signed letter from my doctor.” And [the clerk] says, “OK.” And then when I got a seat at parking and DMV, he got a supervisor and said, “OK, we can do it.”

Like Heather, Kelly recognized the value of legal knowledge. She retained a lawyer in an insurance dispute and succeeded in getting her SRS paid for by her employer:

The plan I had in California . . . actually did not have a sex change exclusion. They were insisting that I get the surgery and then send them the bill and they’d decide if they’re going to pay it. So I had to get a lawyer, and once I got a lawyer they were reasonable . . . I got a check for the actual surgery.

Dora knew the rules at her apartment complex and put that knowledge to use when she refused to be maneuvered into breaking her lease: When the apartment manager was unwilling to evict a harassing neighbor and told her she would have to break her lease to get away from the abuse, she cited the rules and was allowed to move out early without incurring a penalty. She was also allowed to take a disability retirement when she threatened to sue over harassment she endured at work. “By the time I was in my early 40s I got a disability tag from the Post Office. And a lot of that was over harassment, that I was going to strike them with harassment suits.”

The second type of self-advocacy, educating others, involved efforts on the part of participants to help others understand gender diversity. Participants described their efforts to educate family members, health care providers, congregations, employers, educators, and the community at large.

Many of the efforts were focused on medical and mental health care providers. Beth described helping her primary care provider understand her health care needs as a trans woman: “My primary care guy had never come across it before but to his credit I sent him a website. He looked it up and read the information there and he’s much more switched on now.” For Kelly, educating medical providers was a lifelong effort:

I had to educate every doctor I've spoken with, basically. Someone told me once that when psychologists are in medical school and all the psychiatric training and all the other stuff they go through, they had one morning on transgender people. That was basically it, they had no other reference. I mean you can't teach everything there is about this community in a couple hours. Especially in school people are going to remember 30-40% of it, maybe. I'm getting my medical care through the VA now. And they have been very positive, my physician, I had three or four primary care physicians over most of a decade, and they've all been very reasonable and understanding and listen to me.

Wendy described a personal action project where she set out to educate a proctologist about an important trans health issue – women with prostates:

I decided it was important for the surgeon that I had to do follow up work with for him to understand; because he didn't know when he did the surgery that I was transgender . . . so when I went back I decided it was important for him to understand that in the future he is going to run into trans women who are going to be presenting to him prostate issues. So I called his office and I said, "I am going to come in for an examination, but I am coming in as Wendy Bullfinch. And I am fully presenting as a woman . . . because this is an issue that you as one of the major prostate surgeons are going to run across." And so I walked in and I was treated very well when I called in and made the appointment. I identified myself as Wendy and they used all the right pronouns. I came into the waiting room and was treated well and all that. The only problem was all the guys in the waiting room, "What is she doing here?" "Are you in the wrong room?"

Others participated in more formal educational efforts. Amanda and her partner attended the American Psychological Association's conferences and gave lectures on providing services to trans women, while Isabelle and Julie worked with programs administered by local LGBT organizations or community centers.

Wendy hoped that the educational work she was doing would pave the way to her own safer and healthier aging as a trans person: "I'm also on the board of an organization called Training to Serve, which is doing work with senior care providers in [my state] around appropriate, respectful care for LGBT seniors. So I'm hoping by the time I need care, the work that I've been doing will make a difference."

Participants were aware that educating the public was a complex process and continuing efforts would be required. As Julie put it:

Oftentimes when people have gone through a GLBT/gender aging training, they think they now understand the transgender community, and they haven't a clue. Ah, and I worry about that because I have worked very hard to get the news out. There is much more to this. It is much more complex than I am a man, I have been taking hormones and sexual reassignment and now I'm a woman.

The third type of self-advocacy, activism, involved efforts to promote political and social change that was beneficial to trans women. Participants who engaged in activism generally founded or joined LGBT groups or groups dedicated to trans issues and took pride in the fact that they were “out” in their communities.

Identifying as an activist was vitally important to some participants. For Wendy, being an activist was an integral part of her character: “Wendy is outgoing. She is an activist. She likes to see and be seen by people.” Activist was also a primary personality trait for Georgette, who described herself as, “. . . an out, transsexual activist. And I'm out at school, I'm out at my condo . . . if it's appropriate, I come out.”

For Amanda, creating an activist persona was the key to survival in a cisgender world: “I wanted to live. To do that, I needed to create the person, the persona, that would enable me to do that. To present myself to the world in the most natural way. And to enable the world, empower the world, to treat me accordingly. So it was just a way to be.”

Some activist participants, such as Wendy, Beth, and Georgette, worked with existing organizations. Wendy worked with a national-level LGBT group:

I work part time for the National Gay/Lesbian Task Force around aging issues and around faith issues. I have developed a curriculum called Trans Action . . . and one of the things that we do as a starting point of Trans Action is we get people to . . . start out with the fact that they can be welcoming and affirming of gay and lesbian people. But they don't know how [to do it with trans people] so Trans Action is designed to do that.

Georgette's work was more local: “I've been involved with an organization that used to call itself the Northwest LGBT senior providers care network and is now an affiliate of SAGE. I also joined OLAC [Old Lesbians Advocating for Change].”

Other activists started grassroots community groups. Amanda was a tireless organizer and used her own finances in her efforts:

I was a community builder. It's not a very good retirement plan. But then again I knew that. So I used my own inheritance to build the [club], build the support group, and buy a facility . . . create [the publication] and so on.

Summary. Participants exhibited numerous strengths and resiliencies, both those that they identified themselves and those that were identified through focused coding. Strengths that were self-identified included honesty, authenticity, positivity, perseverance, self-confidence, resourcefulness, self-sufficiency, decisiveness, self-awareness, giving up gendered expectations in dealing with others, not caring what others thought, seeing both male and female perspectives, combining male and female skill sets, and letting go of male personality attributes such as aggression. Strengths that were identified through focused coding included three forms of self-advocacy – self-protection, educating others, and activism.

These strengths and resiliencies were often interrelated and helped the participants deal with the challenges of living as trans women, including harassment, discrimination, and bullying. While all the strengths and abilities that were identified appeared to help participants navigate the challenges of daily living, the ability to engage in self-advocacy also appeared to increase participants' optimism about their ability to enjoy older age as trans women.

One participant, Isabelle, noted that she no longer feared aging as a trans person, "because of what we're doing here at the [LGBT community center]. . . working to bring more awareness and knowledge to the caregivers and our society that [trans people] are

here.” Another participant, Wendy, was hopeful that her work with Training to Serve would facilitate her own aging as a trans person, and she was also confident in her ability to advocate for herself in older age, if necessary, saying, “I think I’m vocal enough and compelling enough to make a case for myself.”

### **Conservation of Resources**

Seven categories of behavior emerged from focused coding relating to conservation of resources. Three of the categories, suppressing female gender identity, overcompensating/engaging in hypermasculinity, and seeking activities where masculinity was not expected, did not affirm participants’ gender identity or facilitate transition. Nor did those behaviors appear to deliver net resource accumulation over participants’ lifetimes. Four of the categories, allying with a supportive female partner; finding alternative forms of financial support, changing careers, or retiring; maintaining connections with families of origin and/or creating families of choice; and developing the ability to reframe negative experiences, affirmed participants’ gender identities and facilitated transition. Those four behaviors also appeared to foster net resource accumulation.

**Suppressing Female Gender Identity.** Most participants yielded to pressure to conform to gender norms and suppressed their female gender identities for at least part of their lives. Isabelle summed up the ways in which societal expectations framed her experience and encouraged her conformity: “I was so naïve and so set into doing what I was expected to do. Being what I was supposed to be. You know you’re supposed to get married and you’re supposed have a family and a good job and the house and two cars blah blah. And I was, I was just totally into that.” Julie described her conformity as a

purposeful strategy: “I identified myself as an individual who was different from what was going on around me and learned that if I wished to survive in society I had to conform to what was considered the norm.”

Participants were clearly aware that conformity was a strategy that could increase their chances of acquiring and maintaining resources. Julie delayed transition because of the negative effect she believed it would have on her employment as a teacher: “I knew in 1976 when I went back to teaching after the sabbatical what I needed to do. But I had three children all at a very young age and I knew that if I came out in a public school in 1976 I wouldn’t be there very long.” Wendy articulated how her conformity enabled the accumulation of economic and social resources as a successful businessman, as well as how coming out would have put those resources at risk:

That is part of the reason why I was able to be so successful. I worked very hard at, you know, trying to let the rest of the world see a very successful guy . . . So throughout my life I have had a very, very successful business career, very involved in my community, was asked to run for mayor. And all of it I knew could come tumbling down at any moment like if someone was to discover that transvestite, cross dresser, transsexual. All the good stuff would disappear. All of the stereotype would come forward and all of the humiliation . . .

Overcompensating/Engaging in Hypermasculinity. Some participants felt conformity alone was not enough. Because they feared their gender identity would be discovered and would be accompanied by resource loss, they avoided being “outed” by seeking out experiences or professions that were paradigms of masculinity or engaging in hypermasculine pursuits.

As Wendy put it: “You tried as hard as you could to be the stereotypical boy. Either good or bad. Getting into trouble or, you know, engaging in good youthful things like athletics and such . . . so many of us tried so desperately to hide ourselves from the

rest of the world by being as masculine, as macho, as we could be.” Heather also described this phenomenon: “It’s a pattern that I’ve seen myself that we tend to do a lot of macho stuff before we accept [our gender identity], and sometimes [we] put ourselves in dangerous positions. Yeah. My best friend is a former [Navy] Seal.”

Others felt that engaging in traditionally masculine activities might somehow change their gender identity and eliminate the need for conformity entirely. Dora said, “I subconsciously was thinking, ‘If I go into the military they will make a man out of me. And this stuff will go away.’ So I enlisted to get into the medical corps.”

Seeking Activities where Masculinity not Expected. One participant, Georgette, described a strategy in which she did not conform to traditional gender norms but also avoided the loss of resources related to being identified as gender diverse. She employed what she termed “the geek defense.” As she described it, “I became a geek. I became a geek in early grade school as a defense. Probably because I was really smart, but it also gave me a good excuse to get out of the way of bullying.”

She continued to employ this strategy through high school and into adulthood: “I think I got a Christmas or birthday present of a chemistry set and I set that up in the basement, at about age 8. By the time I was in high school I had a very well equipped electronics lab in the basement and I spent a lot of time there . . . so I ended up working in the field of medical electronics for a long time.”

Allying with a Supportive Female Partner. Allying with a supportive female partner was a successful strategy used by many participants to increase their chances of acquiring and maintaining resources. When asked to identify their strongest support(s), most of the participants named their partners. Ten of the eleven participants were



currently partnered with women or had been partnered with women in the past; only one was partnered with a man. Female partners helped provide economic stability by increasing overall income and assets, and they also provided significant social support.

Isabelle explained how she and her ex-wife decided to move in together to conserve financial resources:

We [decided we could] cast away half of all of our expenses, practically, all of the utilities that we were paying double, etc. etc. . . . I had purchased a townhome and uh, I had room for two, where we would each have our own living spaces and share the common, you know, living room, dining room, uh kitchen, so forth. We'd each have our own suite, basically.

Isabelle acknowledged that entering into a shared living arrangement with her ex-wife made it possible for the two of them to live independently as they aged and avoid the cost of assisted living or nursing home care: "That was part of the original idea, so that we wouldn't be living alone and uh getting older as we are, that accidents can happen, falls can happen, but having someone there was an assurance, it was necessary."

Dora also described a shared living arrangement with an ex-partner that combined elements of economic and social support:

I'm moving in with an old friend. I'm moving out this weekend. Actually a woman that I had a sexual relationship with years ago. It's more of a friendship relationship, but it may change. We both gone through things. She was married twice and I was married once - we go back years and years. She owns a house and her daughter and boyfriend live upstairs. The whole first floor is ours. I have my own bedroom and a big living room.

Participants who were doing well financially were clear about the ways in which their female partners contributed to their economic status. Citing her relative financial stability in retirement, Beth said, "I had a good job and my wife had a good job at Harvard . . . we had some savings, not a lot." Judy and Mary, who have been partnered

since high school and work as government scientists, said they have been “very lucky” to have two incomes, characterizing their financial situation as “very stable.”

Participants were also clear about the ways in which social support from their partners was important to their overall well-being in older age. Mary said bluntly, “I wouldn’t be here without her.” Beth said of her partner, “She was magnificent support. She had a wonderful heart and she died of lung cancer but you know she was my true soul mate. We had twenty years together.” Kelly described how her partner protected her in a way that others had not:

I’ll give you an example. We were renting at the time, Jeannie’s been very protective of me, and the landlord where we were renting was very rude and abrupt to me one day and I mentioned it and she stormed off and gave him what for. Jeannie’s a big woman. And she’s very outgoing, I’m not. I tend to be on the reserved side. Definitely the reserved side. And she’s very outgoing. I think honestly if anyone tried to mess with me and she was around, she’d deck them . . . it wasn’t like that most of my life.

Anna’s partner specifically affirmed her gender identity:

All along in the household I am “A” and she is “D.” Regardless of how I was presenting outside the house. Actually, that is a huge thing. I know some people who won’t tell their spouse or something like that because . . . they are sure that that is the end of the relationship and . . . I am in a relationship where my partner knows and affirms who I am. And that is awesome. It’s just awesome.

#### Finding Alternative Forms of Financial Support/Changing Careers/Retiring.

Because coming out as trans would often have entailed placing employment at risk or enduring harassment and discrimination in the workplace, many of the participants replaced existing resources by pursuing alternative forms of financial support, changing careers, or retiring before or during transition. Alternative forms of financial support described by participants included disability benefits and unemployment insurance benefits.

Isabelle was fired from her job because her employer perceived that she was gay and then successfully advocated for herself when her former employer attempted to deny her unemployment claim. Her strategy was to use unemployment benefits to replace the income from her job, allowing her to complete her transition. “I had been far enough in my working towards transition . . . but after being let go I, I thought ‘Hey, I’ve got free time.’ So I was on unemployment . . . that was the time that I used to really transition, finish.”

As she began to transition, Georgette experienced significant harassment in a workplace that she described as “hostile.” A coworker approached her and asked about her “orientation,” noting that she had shaved her beard and pierced her ears. As she put it, “I was afraid of losing my job.” At the suggestion of her primary care provider, Georgette employed a replacement strategy by going on partial disability (made possible by injuries she sustained in a suicide attempt in her 20s). Working just one day per week and using disability benefits to meet the rest of her financial needs allowed her to transition with minimal economic risk and also drastically reduced time spent in a non-affirming environment.

Other participants left the workplace entirely or changed careers to find a more affirming work environment. Beth protected her resources by waiting until after she retired to transition, when she could rely on her retirement savings rather than face discrimination or job loss. She said of her choice:

I [was] an electrical engineer. It is a very masculine trade. So you had to keep all that strictly out of the way. Otherwise you had absolutely no authority whatsoever. You would be undermined. It was all very closeted . . . from 1990 onwards I was working for the US State Department. I had a high level security, and I was traveling all around the world, to the

embassies around the world, and having that level of security you kept things like transgenderism to yourself.

Julie was proud of what she characterized as a “creative” replacement strategy – finding a new career where gender roles were more flexible:

I was kind of sneaky. I went and got a professional license in cosmetology. So I am able to work in the area of beauty and be with women and sort of get away with certain things I was doing as a result of being a beautician. And I opened my own beauty school even. So I was able to circumvent that kind of thinking in the public’s eye. Are you following what I am saying? I consider myself rather imaginative personally.

Maintaining Connections with Families. All of the participants increased their chances of acquiring and preserving access to social support resources (Hobfoll’s “conditions”) by maintaining some level of connection with families of origin and/or creating families of choice. Family of choice relationships were often forged with members of the lesbian and gay communities.

Participants maintained connections with family of origin members such as parents, siblings, children, as well as more remote relations such as cousins, aunts or uncles, and nieces or nephews. Mary’s wife, Judy, said, “I think in terms of biological family the big thing in Mary’s family is maintaining, it’s a very supportive, very loving family . . . it’s an excellent relationship. We’re both lucky with good families.” Wendy identified her connection with her children as a source of social support: “I think my kids; they are part of my best support system.”

Sometimes maintaining a connection with a more remote family of origin member provided support when closer members were rejecting, as Amanda found: “My brother went and had fits and threatened to kill me and all kinds of stuff . . . but, his daughter

turned out to be one of my best friends and she's still one of my best friends." Georgette also found a relationship with more distant family of origin members was affirming:

So I grew up in the Midwest and I had cousins who grew up in the Midwest and a whole branch of that cousin group moved here to the Seattle area so I told them about Georgette and a couple months later I got a call from one of them and they said "We're having Thanksgiving at my place and I'm inviting you and you can come as George or Georgette, it's your choice." So I went as Georgette and it was wonderful. And the younger generation was the second cousins and they were in their late 30s and they got the pronouns like that (snaps fingers) . . . And then after the dinner, I drove his wife, who is five years older than I am, and one of the daughters back to their place and we had, in the 20 minutes on the road, a really good woman-to-woman conversation.

Georgette cites the continuing cultivation of this relationship as a strategy aimed at ensuring she has adequate social support as she ages in place in the Seattle area.

For many of the participants, connections with family of choice were as important as, or more important than, connections with family of origin. Beth declined to return to her native England after the death of her wife because her family of choice was so important to her:

After my wife died I was suspected of having bone cancer which turned out to be a false alarm. And at the time I asked a woman if she would be my medical proxy that was a public health nurse. Just to know she is a director of public health. And her family . . . she and her family took me under their wing. And they become part of my surrogate family here. All the rest of my family is over in England. When my wife died, a number of people said "Well, now you'll be going back to England to be with your family." And I said, "No, my life is here, my home is here, my social structure is here. This is where I belong."

Dora explained how important the social support was that she gained from her family of choice: "I played in the women's softball league. If I hadn't done that at that particular point in time to get away and just find myself . . . I would not have had as good of a turnout. I found a new family. I found a new circle. It allowed me to grow into the person I wanted."

Many participants connected with alternative family members through the lesbian and gay community. Isabelle said of her family of choice:

Most of them have developed from the gay community. Some of my oldest friends that I still am close to were people that I met early on in my search . . . looking for like minds and people who I could talk to and people who could understand what I am thinking and feeling. So, outside of the gay community I haven't got too many because, well, most people have just moved on anyway.

Mary's wife, Judy, identified their family of choice as a gay male couple: "We did have Bill and Donald when Donald was still alive. That was a definite second family of choice, a gay couple that we knew, that Donald was my best friend. He died of cancer a few years ago. I ended up moving in with Bill and Donald to help take care of Donald when he was sick . . . we were all very, very close." Kelly identified her family of choice as a lesbian couple she and her partner were close to: "We have one lesbian couple, Rene and Cissy. I had known Rene from before she met me and Cissy had been a schoolteacher in New Jersey until they found out she was a lesbian and she was fired. No protections back then."

Developing the Ability to Reframe Negative Experiences. Participants demonstrated the ability to reinterpret, or reframe, negative experiences as benefits. In a resource conservation framework, the ability to reframe negative experiences is important. Since COR holds that resource loss has a greater impact on individuals than resource accumulation, employing a conservation of resources strategy such as reframing negative experiences may keep individuals from experiencing net resource loss without putting additional resources at risk through strategies like deployment.

Participants frequently reframed negative experiences, particularly in regards to employment experiences. Isabelle deployed conservation of resources through reframing

when she portrayed her termination for being “gay” as “a blessing in disguise” because it allowed her to transition. Dora used a similar conservation strategy when she characterized her combat experience and subsequent military disability as a positive: “I was lucky enough to get screwed up in Viet Nam and get a disability. I can joke about it now but . . . at this point in my life and looking at all that I’ve done, for whatever reason I am a lot more stable than a lot of people that are still working and have no pensions.”

Mary reframed the fact that she was steered off the “fast-track” in her career as a positive because she did not endure the scrutiny to which higher profile employees were subjected and she had an ability to work on things that interested her:

By the end of it all, you know, I ended up at the top of where I’m going to end up anyway. Probably just a little bit different path than I might have otherwise, and uh, at this point in my career I’m just as happy to not be noticed, because then I get to pick and choose my work as opposed to being, you know, picked for high-profile stuff that is higher pressure and higher stress.

Sometimes participants were assisted in reframing. Georgette told how a perceptive gym teacher helped her reframe the pain of being unathletic and frequently chosen last for team activities at school by giving her a position of responsibility and authority:

I was also no good at sports. And I was always the last intra, or just intraclass, when gym class goes out on the field and gets divided in half and the two halves play each other, you know whenever anything like that happened I was almost always the last to get picked. And I don’t remember how it happened but the gym teacher steered me in the good weather when we play baseball outside I ended up being the umpire. And during the winter when we were playing basketball I ended up being the referee.

A therapist helped Wendy reframe her religion-based rejection of her true gender identity. Eventually she was able to see her identity as a positive rather than a curse:

It was basically a turning point in my life in that I went and told somebody after sixty years all the stuff that had been in my head but had never been expressed to anybody. And including the feeling of what I am is wrong and secretive? And sinful. "I have been cursed by God." And her response to me was very simple "I can understand what you are saying but keep in mind, this is the way God made you and it is up to you to decide is it a curse. Do you want it to continue to be a curse you have to deal with? Or, um, can you work toward seeing that it is a blessing?" And I decided, "Well, you know having it as a curse has not worked well for me..."

Summary. Hobfoll's Conservation of Resources (COR) theory states that individuals may behave in ways that increase their chances of acquiring and maintaining objects, personal characteristics, or conditions that are seen as positive or valuable, and replacing or reevaluating resources that are lost. It also predicts that individuals may conserve resources by reinterpreting loss as a challenge or a benefit, or reevaluating a resource that has been lost and lowering its value so they no longer experience a feeling of loss (Hobfoll, 1989).

Participants in this study demonstrated all types of behaviors predicted by Hobfoll's COR theory. They suppressed their true gender identities and timed their transitions to increase their chances of acquiring and maintaining objects (shelter, materials goods) and energies (money). They allied with female partners and maintained family connections to increase their chances of acquiring and increasing conditions (social support) and personal resources (self-esteem). They found alternative means of support, changed careers, or retired to replace lost energies (income). And they conserved resources by reevaluating (reframing) negative experiences.

Not all behaviors resulted in net resource gain over time. Participants reported that the strain of suppressing their true gender identity, overcompensating or engaging in hypermasculinity, and seeking activities that didn't require a masculine identity, rather



than expressing their true female identity, resulted in net losses that ultimately rendered these strategies ineffective.

As Wendy said, “I was successful at hiding it, but I also knew that while I was hiding it I knew what was underneath that. And so the difficulty always was knowing that I really put up a façade. And you’re sort of living this façade rather than being able to live as who you truly are . . .” She said, “[After transition] psychologically I think I’m probably in a better place than that because I don’t have the stressors that hide who I am.” Beth, who postponed transition until after retirement rather risk loss of resources, reported that the relief once the stress of hiding her gender identity was removed was enormous: “Now that I’m fully out and on hormones and other medication, I feel on top of the world.”

## CHAPTER V

### CONCLUSIONS AND IMPLICATIONS

This study examined the experiences of trans women aged 55 and older using qualitative research techniques to address three areas of inquiry: 1) How older trans women have experienced discrimination and how discrimination has affected them; 2) Whether trans women exhibit strengths or resiliencies related to their gender expression; and, 3) What resources are available to trans women, what resource conservation strategies they employ, and how resource conservation affects them in older age.

The feminist theoretical perspective of this study suggested its qualitative research techniques and informed its focus on revealing and legitimizing the individual experiences of older trans women, a group which has been ignored or marginalized by traditional scholarship, even within the LGBT community. Feminist theory also guided the study's attempts to gather information about differing family forms such as same-sex families and families of choice. A second theoretical perspective, queer theory, suggested a concurrent focus on how the intersection of multiple oppressed identities (trans, aging, and female) affected the participants' experiences. The study's examination of participants' access to and conservation of resources grew out of a third theoretical perspective, Hobfall's Conservation of Resources theory.

Results of the study indicated that discrimination and harassment posed lifelong challenges for the participants. This is consistent with current literature showing individuals who are trans face severe and persistent discrimination, harassment, and

violence throughout their lives (Cook-Daniels & munson, 2010; Persson, 2009). The eleven interviewees reported experiences of discrimination and harassment in family life, intimate relationships, employment or military service, health or mental health care, housing, education, and community settings. This discrimination had serious consequences, including mental anguish, depression, substance abuse, and suicidality; suppression of their authentic selves; delayed transition or forced detransition; avoidance of school; loss of livelihood; loss of supportive systems and alienation from family of origin; cumulative financial instability; and fear of discrimination in older age.

Results of the study also indicated that participants developed strengths and resiliencies relating to the challenges they faced as a result of their gender diversity. These strengths and resiliencies included self advocacy, honesty, authenticity, positivity, perseverance, self-confidence, resourcefulness, self-sufficiency, decisiveness, self-awareness, giving up gendered expectations in dealing with others, not caring what others thought about them, seeing both male and female perspectives, combining male and female skill sets, and letting go of undesirable male personality attributes. All the strengths and abilities that were identified appeared to help participants navigate the challenges of daily living, and the ability to engage in self-advocacy appeared to increase participants' optimism about their ability to enjoy older age as trans women.

Finally, results of the study indicated that the participants demonstrated all types of behaviors predicted by Hobfoll's Conservation of Resources theory. Participants suppressed their true gender identities and timed their transitions to increase their chances of acquiring and maintaining resources such as income and community standing. They allied with female partners and maintained family connections to increase their chances

of acquiring and increasing resources in the form of housing, household income, and social support. They found alternative means of monetary support (such as unemployment insurance or disability benefits), changed careers, or retired to replace lost resources in the form of income. And finally, they conserved resources of all kinds by reevaluating negative experiences.

Results did not appear to indicate that one type of resource was more or less available to the participants or that the participants were vulnerable to entering a “loss spiral” as predicted by Hobfoll’s theory. Although the participants identified numerous challenges in the form of discrimination, harassment, and differential treatment in various areas and throughout their lives, strengths such as self-advocacy, perseverance, and resourcefulness, combined with successful resource acquisition, maintenance, and conservation strategies, seemed to prevent resource depletion in older age. Only one participant, Amanda, reported experiencing multiple net losses. In Amanda’s case, reduced economic resources also limited her access to social support.

Overall, the study participants appeared to be faring well in older age despite having experienced various forms of discrimination, harassment, and differential treatment throughout their lives. Of the 11 participants, 10 responded positively when asked to subjectively describe their overall well-being, using terms such as “pretty darn good,” “very well to excellent,” and “doing really well.” Participant comments did not suggest that they experienced cumulative disadvantage despite their experiences of discrimination.

Objective measures such as income level and access to health insurance also suggested that the participants were doing well in older age. Almost all (10 of the 11

participants) were covered by health insurance that also paid for prescription medications. Nine of the 11 participants reported that their individual income was at least \$20,000 to \$40,000 per year. All but one of the participants reported stable housing situations where they were able to safely express their gender identity. All of the participants reported at least one type of supportive relationship, whether it was with significant others, friends, family or origin, and/or family of choice, and many reported supportive relationships in all categories.

These findings suggest that while trans women face significant challenges throughout their lives, they also develop strengths and resiliencies and employ resource acquisition, maintenance, and conservation strategies that mitigate the effects of those challenges. In particular, fostering supportive long-term relationships with female partners, engaging in self-advocacy, finding alternative means of financial support during transition, and conserving resources by reframing negative experiences appeared to contribute to well-being in older age for the trans women who participated in this study.

### **Implications**

### **Limitations**

This study has at least three significant limitations. First, the results of this study cannot be generalized to the larger population of aging trans women due to the small sample size (11 participants) and the fact that probability sampling techniques were not used. The study used a combination of convenience sampling and respondent-driven sampling that resulted in a homogenous sample; participants were primarily white and well-educated, and their socioeconomic status was relatively high. The sample lacked women of advanced age (age 80 or over), individuals of color, individuals without post-

secondary school education, individuals from an urban environment, individuals in assisted living or nursing homes, and individuals of lower socioeconomic status. The sample also lacked participants from the southern United States.

These deficits are particularly significant because of the study's feminist and queer theoretical foundations. Feminist scholarship examines women's issues in part by focusing on social context, while queer theory emphasizes intersectionality. While there are a wealth of valid insights to be gained from the shared social context of the participants in this study, a broader sample with more varied intersectionality could result in very different, yet equally valid and significant, findings.

A second limitation concerns how transition was addressed. The study did not capture the experiences of an entire group of older individuals who identify as trans female but who could not transition due to the threat of discrimination. Nor did the study discriminate between individuals who transitioned socially, via the use of hormones, or by undergoing sexual reassignment surgery. Finally, the study did not differentiate between the experiences of those who transitioned early in life and those who transitioned later. The majority of participants in this study were what could be considered "late transitioners." The differing social contexts and varied intersectionality of these populations suggest that findings might be more divergent if the study had recruited individuals who did not transition, included questions relating to method of transition, or gathered data on well-being relating to age at transition.

A third important limitation is the lack of interview questions exploring substance abuse and suicidality. The literature documents unusually high rates of suicidality and substance abuse in the trans community (Goldblum et al., 2012; Grant et al., 2011; Testa

et al., 2012) and recent research by Nuttbrock et al. (2010) has pointed to a relationship between some types of gender-identity related abuse and suicidality. This suggests that there may be other, similar relationships that should be explored, such as the relationship between discrimination and substance abuse. Despite the lack of questions specifically focused on suicide attempts or substance abuse, nearly all participants spoke about suicidal ideation or suicide attempts during their interviews. Several also reported having a history of substance abuse. Because the literature indicates a relationship between abuse and mental health issues, and because one of the research questions of this study focused in part on how discrimination might have affected the participants, the lack of questions on these topics represents a significant omission.

### **Suggestions for Future Research**

Since research in the field of trans aging is limited, there are multiple opportunities for future research. One suggestion would be to expand this study. Working with a larger sample and using different sampling techniques that produce more diversity, particularly in the areas of advanced age, race/ethnicity, socioeconomic status, educational level, living situation (assisted living/nursing home), and geographical location, would yield additional and potentially more diverse data on the experiences of older trans women. The inquiry could also be expanded to include trans men, whose experiences could be markedly different than those of trans women.

One question raised by the results of this study is the role of disability in the trans community. Participants reported discrimination in accessing and receiving medical and mental health care, which could contribute to chronic conditions and disability.

According to *Improving the Lives of Transgender Older Adults: Recommendations for*

*Policy and Practice* (Ames, Auldridge, Kennedy, Tamar-Mattis, & Tobin, 2012), transgender older adults reported significantly higher rates of disability than older adults in the lesbian, gay, and bisexual population. Yet some participants also described disability benefits as an important support in allowing them leave a hostile workplace in order to transition. Future studies might therefore examine what relationship exists between higher disability rates in the trans community, discrimination and barriers to medical and mental health care, and discrimination and harassment in employment.

Another area of inquiry, suggested by Schilt & Wiswall (2008), is that there may be a protective financial effect for trans women who transition later in life, after they have established careers and accumulated resources using the earning power they enjoy as men. The results of this study appear to support Schilt and Wiswall's findings; some participants in this study reported they postponed transition until after retirement due to fears they would no longer be able to work in their male-dominated fields if they were identified as trans women. Future studies could examine the effect of age at transition on the well-being of trans women in older age. These studies might explore the research question, "Do 'early transitioners' experience different economic outcomes later in life than 'late transitioners'?"

Finally, because social and historical context plays an important role in the experiences of trans women, it will be important to continue gathering data on aging in the trans female community in light of ongoing social and legal changes such as the institution of state and national protections against discrimination related to gender identity and the legalization of same-sex marriage. Ongoing studies can provide



important information about how social realities are changing and what the effects of those changes are for the next wave of aging trans women.

### **Suggestions for Policy and Legal Advocacy**

The results of this study suggest a number of policy changes and legal advocacy efforts that could improve the lives of older trans women. The participants described discrimination and harassment throughout their lives and in many arenas, suggesting the need for widespread protections from discrimination and harassment based upon gender identity. Federal, state, and local lawmakers should expand existing anti-discrimination laws to include gender identity and create new legislation that expressly protects trans people against discrimination in employment, housing, lending, and education. In addition to legal protections, institutions serving older trans women, such as health care facilities, elder housing, assisted living facilities, and nursing homes, should adopt policies that prohibit discrimination based upon gender identity. These policies should mandate cultural competency training for all staff that addresses the identities, rights, and health care needs of older trans people.

According to Ames et al. (2012), a significant percentage of older trans women are likely to be military veterans. In this study, six of the eleven participants had served in the military and many of them cited the Veterans Administration as their primary source of health and mental health care. While the Veterans Administration currently covers almost all trans-related health care, it still excludes sexual reassignment surgery (National Center for Transgender Equality, 2011). Because sexual reassignment surgery is considered medically necessary by the World Professional Association for Transgender Health (WPATH), which publishes the standards of care for trans people (WPATH,

2011), the Veterans Administration should expand its current policy to include sexual reassignment surgery.

Results of this study indicated that female partners were an important source of security and support for participants. Unfortunately, while some states have passed laws that allow same-sex couples to marry, the federal Defense of Marriage Act (DOMA) still presents a significant obstacle to equal rights for trans women who are in same-sex partnerships. Because they cannot enter into a marriage with their female partners that is recognized by the US government, older trans women are excluded from federal-level financial benefits and supports such as inheritance tax advantages, Social Security survivor benefits, spousal military pensions, and protection of their home under Medicaid long-term benefits policy (Grant et al., 2011). Overturning DOMA should be a primary objective for legal advocates who wish to improve the lives of older trans women.

Finally, participants in this study indicated much of the discrimination they experienced throughout their lives was related to assumptions about their sexual orientation, not their gender identity. Participants were often perceived as gay males rather than trans women. Because many federal, state, and local laws protect against discrimination based on sexual orientation, this finding points to the continuing need to vigilantly enforce existing anti-discrimination laws and policies.

### **Suggestions for Fostering Strength and Resiliency**

Studies of emotional and psychological resilience indicate the ability to resist or bounce back from adversity is a common, normative aspect of human development (Masten, 2001). In addition to resisting or bouncing back from adversity, individuals may also experience *stress-related growth (SRG)* – emotional and psychological growth

that occurs in response to stress or trauma (Tedeschi & McNally, 2011; Cox, Dewaele, van Houtte, & Vincke, 2011). The trans women in this study identified numerous examples of stress-related growth resulting from the challenges of living as gender-variant individuals, including becoming more honest, authentic, self confident, resourceful, self-aware, optimistic, and decisive. They also said their experiences led them to give up gendered expectations in dealing with others, care less what others thought of them, see both male and female perspectives, combine male and female skill sets, and let go of undesirable male attributes such as aggression.

Recent research has indicated there may be ways in which partners, family members, allies, therapists, and community members can foster stress-related growth. A 2011 study of stress-related growth in lesbian, gay, and bisexual (LGB) individuals aged 14-30 who were in the process of coming out revealed that social environment might be important in encouraging SRG (Cox et al.). Results of the study indicated strong affiliations with the LGB community and higher levels of acceptance from significant others seemed to predict stress-related growth in the participants.

In “Can We Facilitate Posttraumatic Growth in Combat Veterans?” (2011), Tedeschi and McNally reviewed the existing literature and made suggestions for a program designed to aid in the development of stress-related growth in US Army veterans. These suggestions included encouraging veterans to tell the story of their trauma and develop a healthy narrative, use existing social connections and establish new connections, and find ways to be altruistic (p. 22). Tedeschi and McNally also noted that when veterans work to maintain existing social connections, the concept of family should be expanded to include fellow combat veterans and deceased comrades.

These sources suggest a number of ways in which friends, families, allies, and professionals can encourage stress-related growth in aging trans women. Because social connection appears to foster SRG, working to keep trans women connected with family (including family of choice), with the LGBT community, and with friends as they age is one approach that may be effective. Mobility issues and lack of access to transportation can impede social connections in older age, so significant others, family members, allies, care providers, and social workers may need to problem-solve to keep older trans women from becoming isolated. Another approach may be to provide trans women with the opportunity to tell their stories and share the entirety of their experiences, including traumatic experiences. One-on-one interactions, family gatherings, support groups, qualitative research studies, classrooms, and oral history projects all provide settings in which trans women might be encouraged to share their experiences.

Because altruism has been suggested as a factor in stress-related growth, it may also be beneficial to encourage older trans women to engage in activism by volunteering with trans rights organizations or groups with a broader civil rights focus, such as the National Center for Lesbian Rights or the American Civil Liberties Union. Finally, because an accepting social environment appears to encourage stress-related growth, friends, family members, allies, and providers can monitor their own responses to trans women to ensure they are providing an affirming environment.

### **Conclusion**

The body of research on trans aging remains limited. This study represents a first step in understanding the lived experiences of trans elders and suggests some directions for future research and legal/policy efforts. It is important to remember that while the

results of this study showed the participants faced significant challenges throughout their lives, focusing on strengths as well as deficits revealed some important new information about the ways older trans women adapted to and coped with the challenges of living in a world which is not affirming of gender diversity.

Over the course of their lives, the participants developed a variety of strengths and resiliencies. They became more self-aware and learned to present themselves authentically and honestly as women. They learned to advocate for themselves. They combined male and female perspectives to view the world in a new way. They employed perseverance, self-sufficiency, decisiveness, and self-confidence to overcome obstacles such as discrimination and harassment.

By examining the participants' strengths and resiliencies, as well as their strategies in accruing, maintaining, and conserving resources, this study showed the lives of older trans people are defined by more than deficits. Their life stories are rich, varied, and filled with successes. The trans women in this study maintained loving relationships with long-time partners and with family members and friends, raised children, forged meaningful careers, engaged in activism on behalf of the trans community, and embarked on journeys of self-discovery, spiritual growth, and self-expression. As researchers, allies, and advocates continue to explore the lives of trans elders, using this technique of focusing on successes as well as challenges can help create a body of work that truly reflects the diverse experiences of this population.

## LIST OF REFERENCES

- Abes, E.S., and Kasch, C. (2007). Using queer theory to explore lesbian college students' multiple dimensions of identity. In N. Moore, J.K. Davidson, Sr., & T. Fisher (Eds.), *Speaking of Sexuality: Interdisciplinary Readings* (407-423). New York: Oxford University Press.
- Ames, E., Auldridge, A., Kennedy, S., Tamar-Mattis, A., & Tobin, H.J. (2012). *Improving the Lives of Transgender Older Adults: Recommendations for Policy and Practice*. Washington, D.C.: National Center for Transgender Equality.
- Barber, J. (2012). Glenn v. Brumby: Extending Protection from Sex-Based Discrimination to Transsexuals in the Eleventh Circuit. *Law & Sexuality: A Review of Lesbian, Gay, Bisexual & Transgender Legal Issues*, 21169-178.
- Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development*, 80(2), 131-139.
- Cawthorne, A. (2008). *The Straight Facts on Women in Poverty*. Washington, D.C.: Center for American Progress.
- Chen-Hayes, S.F. (2001). Counseling and advocacy with transgendered and gender-variant persons in schools and families. *Journal of Humanistic Counseling, Education & Development*, 40(1), 34-49.
- Conron, K. J., Scott, G., Sterling Stowell, G., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118-122. doi:10.2105/AJPH.2011.300315
- Cook-Daniels, L., & munson, m. (2010). Sexual violence, elder abuse, and sexuality of transgender adults, age 50+: Results of three surveys. *Journal of GLBT Family Studies*, 6(2), 142-177. doi:10.1080/15504281003705238
- Cox, N., Dewaele, A., van Houtte, M., & Vincke, J. (2011). Stress-related growth, coming out, and internalized homonegativity in lesbian, gay, and bisexual youth. An examination of stress-related growth within the minority stress model. *Journal Of Homosexuality*, 58(1), 117-137. doi:10.1080/00918369.2011.533631
- Davis, C. (2008). Introduction to practice with transgender and gender variant youth. In Mallon, G.P. (Ed.), *Social work practice with lesbian, gay, bisexual, and transgender people* (2nd ed.) (1-21). New York: Haworth Press Inc.

- Diagnostic and Statistical Manual of Mental Disorders: DSM-IV.* (1994). Washington, DC: American Psychiatric Association, c1994.
- Dispenza, F., Watson, L. B., Barry Chung, Y. Y., & Brack, G. (2012). Experience of career-related discrimination for female-to-male transgender persons: A qualitative study. *Career Development Quarterly*, 60(1), 65-81.
- Feldblum, C. R. (2006). The right to define one's own concept of existence: What Lawrence can mean for intersex and transgender people. *Georgetown Journal of Gender & the Law*, 7(2), 115-139.
- Giordano, S. (2008). Lives in a chiaroscuro: Should we suspend the puberty of children with Gender Identity Disorder? *Journal of Medical Ethics*, 34(8), 580-586.
- GLAD – Gay & Lesbian Defenders & Advocates (2011, November 16). *Transgender Protections Passed in Massachusetts; Important Work Remains*. <http://www.glad.org/current/item/transgender-protections-passed-in-massachusetts-important-work-remains/>
- Goldblum, P., Testa, R. J., Pflum, S., Hendricks, M. L., Bradford, J., & Bongar, B. (2012). The relationship between gender-based victimization and suicide attempts in transgender people. *Professional Psychology: Research and Practice*, 43(5), 468-475. doi:10.1037/a0029605
- Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, D.C.: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Grant, J.M., Koskovich, G.M., Somjen Frazer, M., Bjerk, S. (2010). *Outing Age 2010: Public Policy Issues Affecting Lesbian, Gay, Bisexual and Transgender Elders*. Washington, D.C.: National Gay and Lesbian Task Force Policy Institute.
- Hegewisch, A., Williams, C., & Henderson, A. (2011). *The Gender Wage Gap: 2010*. Washington, D.C.: The Institute for Women's Policy Research.
- Hermer, L. (2002). Paradigms revised: Intersex children, bioethics & the law. *Annals of Health Law*, 11, 195-236.
- Hill, C., Corbett, C., & St. Rose, A. (2010). *Why So Few? Women in Science, Technology, Engineering, and Mathematics*. Washington, D.C.: American Association of University Women.
- Hobfoll, S. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513-524. doi:10.1037/0003-066X.44.3.513

- Human Rights Campaign (2011, June 4). *Human Rights Campaign Applauds Connecticut Legislature for Passing Transgender Anti-Discrimination Protections*.  
<http://www.hrc.org/issues/transgender/15681.htm>
- Icard, L. D. (2008). Reaching African-American men on the “down low”: Sampling hidden populations: Implications for HIV prevention. *Journal of Homosexuality*, (55)3, 437-449. doi:10.1080/00918360802345198
- ILC – USA Task Force (2006) *Ageism in America*. New York: International Longevity Center – USA.
- Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance–rejection among transwomen of color. *Journal Of Family Psychology*, 23(6), 853-860. doi: 10.1037/a0017198
- Kosciw, J.G., Greytak, E.A., Diaz, E.M., Bartkiewicz, M.J. (2010). *The 2009 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation’s Schools*. New York, N.Y.: Gay, Lesbian and Straight Education Network.
- Langley, L. K. (2006). Self-determination in a gender fundamentalist state: toward legal liberation of transgender identities. *Texas Journal on Civil Liberties & Civil Rights*, 12(1/2), 101-131.
- Lev, A. I. (2006). Transgender communities: Developing identity through connection. In Bieschke, K., Perez, R. & DeBord, K. (Eds.), *Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients* (2nd ed.) (pp. 147-175). Washington, D.C: American Psychological Association.
- Levi, J.L. & Monnin-Browder, E.E. (2012). *Transgender Family Law: A Guide to Effective Advocacy*. Bloomington, IN: AuthorHouse.
- Lombardi, E. (2010). Transgender Health: A Review and Guidance for Future Research- Proceedings from the Summer Institute at the Center for Research on Health and Sexual Orientation, University of Pittsburgh. *International Journal of Transgenderism*, 12(4), 211-229. doi:10.1080/ 15532739.2010.544232
- Lombardi, E., & Davis, S.M. (2006). Transgender health issues. In D.F. Morrow and L. Messing (Eds.), *Sexual Orientation and Gender Expression in Social Work Practice*. (343-363). New York: Columbia University Press.
- Marksamer, J. (2008). And by the way, do you know he thinks he’s a girl? The failures of law, policy, and legal representation for transgender youth in juvenile delinquency courts. *Sexuality Research & Social Policy: A Journal of the NSRC*, 5(1), 72-92.



- Masten, A. S. (2001). Ordinary magic. *American Psychologist*, 56(3), 227-238.
- Menvielle, E. (2009). Transgender children: Clinical and ethical issues in prepubertal presentations. *Journal of Gay & Lesbian Mental Health*, 13(4), 292-297.  
doi:10.1080/19359700903165357
- Monette, D., Sullivan, T., & DeJong, C. (2008). *Applied Social Research: A Tool for the Human Services*. Belmont, CA: Thomson/Wadsworth.
- Mottet, L. & Ohle, J. (2006). Transitioning our shelters: Making homeless shelters safe for transgender people. *Journal of Poverty*, 10(2), 77-10.  
doi:10.1300/J134v10n0205
- National Center for Lesbian Rights (2010). *State by State Guide to States That Prohibit Discrimination Against Transgender People*. Retrieved June 18, 2011 from <http://www.nclrights.org/site/DocServer/StateLawsThatProhibitDiscriminationAgainstTransPeople.pdf?docID=7821>
- National Center for Transgender Equality (2011). *Veterans Health Administration Transgender Healthcare Directive*. <http://www.tavausa.org/transgender%20People%20in%20the%20U.S.%20Military.pdf>
- National Center for Transgender Equality (2012). *NCTE Blueprint for Equality 2012 Prison Reform*. [http://transequality.org/Resources/NCTE\\_Blueprint\\_for\\_Equality2012\\_Prison\\_Reform.pdf](http://transequality.org/Resources/NCTE_Blueprint_for_Equality2012_Prison_Reform.pdf)
- Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric Impact of Gender-Related Abuse across the Life Course of Male-to-Female Transgender Persons. *Journal of Sex Research*, 47(1), 12-23. doi:10.1080/00224490903062258
- Osmond, M.W. & Thorne, B. (1993). Feminist theories: The social construction of gender in families and society. In P. Boss, W. Doherty, R. LaRossa, W. Schumm, & S. Steinmetz, (Eds.) *Sourcebook of Family Theories and Methods: A Contextual Approach* (pp. 591-623). New York: Plenum Publishers.
- Parker, B., and Myrick, F. (2011). The grounded theory method: Deconstruction and reconstruction in a human patient simulation context. *International Journal of Qualitative Methods*, 10(1), 73-85.
- Persson, D. (2009). Unique challenges of transgender aging: Implications from the literature. *Journal of Gerontological Social Work*, 52(6), 633-646.  
doi:10.1080/01634370802609056.
- Pike, Dierdre (2011, June 16). Transgender laws – one remarkable success. *Reno News and Review*. Retrieved June 18, 2011 from

<http://www.newsreview.com/reno/transgender-laws-one-remarkable/content?oid=2343642>

- Ridgeway, C. & Correll, S. (2004). Unpacking the gender system: A theoretical perspective on gender beliefs and social relations. *Gender and Society, 18* (4), 510-531. doi:10.2307/4149448
- Schilt, S. & Wiswall, M. (2008). Before and after: Gender transitions, human capital, and workplace experiences. *The B.E. Journal of Economic Analysis and Policy, 8*(1), 1-25.
- Serano, J. (2007). *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Emeryville, CA: Seal Press.
- Sharon, S. (2011, June 8). State lawmakers reject transgender bill. *The Maine Public Broadcasting Network*.  
<http://www.mpbn.net/Home/tabid/6/ctl/ViewItem/mid/3478/ItemId/16700/Default.aspx>
- Smith, S., Hamon, R., Ingoldsby, B., & Miller, J.E. (2009). *Exploring Family Theories* (2<sup>nd</sup> Ed.). New York: Oxford University Press.
- Smith, L., McCaslin, R., Chang, J., Martinez, P., & McGrew, P. (2010). Assessing the needs of older gay, lesbian, bisexual, and transgender people: A service-learning and agency partnership approach. *Journal of Gerontological Social Work, 53*(5), 387-401. doi:10.1080/01634372.2010.486433
- Sperber, J., Stewart Landers, J.D., & Lawrence, M. (2006). Access to health care for transgendered persons: Results of a needs assessment in Boston. In W. Bockting & E. Avery (Eds.), *Transgender health and HIV prevention: Needs assessment studies from transgender communities across the United States* (75-91). New York: Haworth Press.
- Taylor, J. (2007). Transgender identities and public policy in the United States: The relevance for public administration. *Administration & Society, 39*(7), 833-856. doi:10.1177/0095399707305548
- Tedeschi, R. G., & McNally, R. J. (2011). Can We Facilitate Posttraumatic Growth in Combat Veterans? *American Psychologist, 66*(1), 19-24. doi:10.1037/a0021896
- Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice, 43*(5), 452-459. doi:10.1037/a0029604
- Thaler, C., Bermudez, F., & Sommer, S. (2009). Legal advocacy on behalf of transgender and gender nonconforming youth. In G.P. Mallon (Eds.), *Social*

*Work Practice with Transgender and Gender Variant Youth (2<sup>nd</sup> ed.)*. New York: Routledge Taylor & Francis Group.

Turner, J. (2009). From the inside out: Calling on states to provide medically necessary care to transgender youth in foster care. *Family Court Review*, 47(3), 552-569.

Vanderburgh, R. (2009). Appropriate therapeutic care for families with pre-pubescent transgender/gender-dissonant children. *Child and Adolescent Social Work Journal*, 26(2), 135-154. doi:10.1007/s10560-008-0158-5

White, J.M. & Klein, D.M. (2008). *Family Theories (3<sup>rd</sup> Ed.)*. Thousand Oaks, CA: Sage.

Williams, M., & Freeman, P. (2005). Transgender health: Implications for aging and caregiving. *Journal of Gay & Lesbian Social Services*, 18(3/4), 93-108. doi:10.1300/J041v18n03-06

Witten, T. (2009). Graceful exits: Intersection of aging, transgender identities, and the family/community. *Journal of GLBT Family Studies*, 5(1/2), 35-61. . doi:10.1080/15504280802595378.

Witten, T., & Whittle, S. (2004). Transpanthers: The greying of transgender and the law. *Deakin Law Review*, 9(2), 503-522.

World Professional Association for Transgender Health (2011). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. Minneapolis, MN.

Xavier, J., Hitchcock, D., Hollinshead, S., Keisling, M., Lewis, Y., Lombardi, E., Lurie, S., Sanchez, D., Singer, B., River Stone, M., & Williams, B. (2004). *An Overview of U.S. Trans Health Priorities: A Report by the Eliminating Disparities Working Group*. Washington, D.C.: National Coalition for LGBT Health.

Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay and Lesbian Mental Health*, 14(4), 340-345. doi:10.1080/19359705.2010.504476

## APPENDICES

## APPENDIX A – IRB APPROVAL LETTER

### University of New Hampshire

Research Integrity Services, Service Building  
51 College Road, Durham, NH 03824-3585  
Fax: 603-862-3564

15-Jul-2011

Leighton, Martha B.  
Family Studies, Pettee Hall 218  
56 Newmarket Road  
Durham, NH 03824

**IRB #: 5220**

**Study:** Transgender Women and Aging: A Qualitative Study

**Approval Date:** 15-Jul-2011

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved the protocol for your study as Expedited as described in Title 45, Code of Federal Regulations (CFR), Part 46, Subsection 110.

**Approval is granted to conduct your study as described in your protocol for one year from the approval date above.** At the end of the approval period, you will be asked to submit a report with regard to the involvement of human subjects in this study. If your study is still active, you may request an extension of IRB approval.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, *Responsibilities of Directors of Research Studies Involving Human Subjects*. (This document is also available at <http://unh.edu/research/irb-application-resources>.) Please read this document carefully before commencing your work involving human subjects.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu). Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,

  
Julie F. Simpson  
Director

cc: File  
Dolan, Elizabeth

## APPENDIX B – INTERVIEW SCRIPT

My name is Matty Leighton and I'm doing this interview with you as part of my master's thesis in Family Studies. The research I've seen talks a lot about the challenges that transgender people face, like discrimination, harassment, and abuse, but what appears to be missing from the research is information about the ways in which people who are transgender are successful in dealing with those challenges. Nor are the stories of older transgender people, particularly transgender women ever told. This is why I'm interested in hearing your story.

Before we start, I'd like to go over the consent form with you to make sure you understand some important things about confidentiality and about your rights as a participant in this interview.

**REVIEW CONSENT FORM HERE AND PROVIDE COPY**

**ALSO MENTION ABILITY TO PROVIDE INFORMATION ABOUT  
COMMUNITY AND CLINICAL RESOURCES IF NEEDED (HANDOUT  
ATTACHED TO THIS SCRIPT)**

Do you have any questions for me before we begin that we haven't already covered while we were discussing the consent form?

Before we get started, I have two questions:

- I'll be using a pseudonym to identify you. Would you like to suggest a pseudonym or two?
- What pronouns would you like me to use when addressing you and when I discuss this interview in my research paper?

### **INTERVIEW QUESTIONS**

Before we start the interview I want to make sure you are comfortable with the recording equipment (**DEMONSTRATE HOW RECORDER WORKS**).

I have a list of questions that I'd like to ask you, so you'll see me referring to my notes as we talk. Please feel free to take some time to think about your answers before

you reply. You may pass on a question at any point and come back to it later, elaborate on an earlier question at any time during the interview if something else occurs to you, or decline to answer any question either by telling me you don't wish to answer or by remaining silent until I move on to another question.

Are you ready? Do you have any questions or anything you'd like to share with me before we start?

### **ICE BREAKER**

1. Can you tell me about a positive or affirming experience you've had that relates to your identity as a transgender woman?

### **YOUTH**

Because I'm interested in your experiences as a transgender person throughout your life, I'd like to ask about your experiences as a young person:

2. As a youth, did other people identify you as transgender?
3. How did your transgender identity affect your family life, if at all?
  - a. Was your family aware of your gender identity?
  - b. What was their reaction? How did that affect you?
  - c. Did you leave your family home because of your transgender identity?
  - d. Did you run away?
  - e. Were you forced out of your home?
4. How did your transgender identity affect your educational experiences, if at all?
  - a. Did you experience bullying, harassment, or abuse as a result of your gender identity (peers, teachers, relatives)?
  - b. What was the result of bullying, abuse, or harassment if it did occur?
  - c. How did your gender identity influence whether or not you completed your education (high school, college)?
5. Did you have contact with the juvenile justice system because of your gender identity?
  - a. What was that experience like for you?

6. Did you spend time in foster care because of your gender identity?
  - a. What was that experience like for you?

## **ADULT EXPERIENCES**

Now I'd like to ask about your experiences in the years between the time you turned 21 and your 55<sup>th</sup> birthday.

7. How would you describe your relationship with your biological family during this period?
  - a. Did your family accept your gender identity?
  - b. If your family did or did not accept your gender identity, how did that affect your relationship with them?
8. What was your experience in the work world?
  - a. Were you treated differently than cisgendered employees? How?
  - b. Ever lose a job because of your gender ID?
  - c. Ever fail to receive a promotion?
  - d. Harassed?
    - a. Assaulted?
9. What were your experiences in receiving health care? Were they positive or negative?
  - a. Problems obtaining insurance?
  - b. Problems with insurance paying for care?
  - c. Denied care (by whom)? How did you deal with that? How did that affect you?
  - d. Harassed (by whom)? How did you deal with that? How did that affect you?
  - e. Assaulted (by whom)? How did you deal with that? How did that affect you?
  - f. Did doctors understand how to provide care for you? If not, how did you deal with that?
  - g. Did you ever have to educate your providers about trans health care? If so, how did you deal with that? How did that affect you?
  - h. Did you ever use street hormones, injectable silicone, or other means to pursue transition outside of a doctor's care? What was that experience like?



10. Did you ever seek mental health care? If so, what were your experiences in obtaining care?
  - a. Denied care (by whom)? How did you deal with that? How did that affect you?
  - b. Harassed (by whom)? How did you deal with that? How did that affect you?
  - c. Assaulted (by whom)? How did you deal with that? How did that affect you?
  - d. Did anyone tried to involve you in mental health treatment intended to change your gender identity (conversion therapy)? How did that affect you?
11. What were your experiences in finding housing?
  - a. Were you ever denied housing (by whom)? How did that affect you?
  - b. Forced to live in a less desirable location/environment due to gender identity?
  - c. Harassed (by whom)? How did you deal with that? How did that affect you?
  - d. Assaulted (by whom)? How did you deal with that? How did that affect you?

## **EXPERIENCES IN OLDER AGE**

Now I'd like to ask about what your experiences are today.

12. How would you describe your overall wellbeing?
  - a. Medical
  - b. Psychological
13. Do you have any specific fears related to aging as a transgender person?
  - a. Can you tell me more about that?
14. How would you describe your financial situation?
  - a. Why do you think that that? How does that affect you?
  - b. Do you have retirement savings? How do you think your retirement savings or lack of savings will affect you as you age?
15. How would you describe your housing situation?
  - a. Are you able to be out (open about your transgender status) where you live? Why or why not?
  - b. Do you feel safe where you live? Why or why not?
  - c. Do you think you will be able to live where you are for the rest of your life? Why or why not?

16. What is your experience with the health care system as an older trans person?
17. What is your current relationship with your biological family?
18. Have you developed a “family of choice?”
  - a. Who are the members of your family of choice?
  - a. Is your family of choice recognized and affirmed by:
    - i. Your biological family? How does that affect you?
    - ii. Your medical providers? How does that affect you?
    - iii. Your mental health provider (if any)? How does that affect you?
    - iv. Your housing provider/nursing home? How does that affect you?
19. It has been suggested that dealing with the challenges of being transgender over a lifetime may encourage some people to develop the ability to rebound in times of difficulty or persevere through hard times. Can you think of any abilities you may have developed as a result of your experiences as a trans woman that allow you to deal with difficulties effectively?
20. What strengths do you believe you have that result from your experiences as a trans woman?
21. Who do you see as your best support system? Can you give me an example of how this support helps you?

## **DEMOGRAPHICS**

I'd like to finish by asking you some demographic questions about things like your age, race/ethnicity, and level of education. Do you have any questions before we get started?

22. How old are you?
23. When did you first realize you were transgender?
24. How old were you when you transitioned? If your transition took place over a period of time, can you tell me when you felt your transition began and when you felt it was completed? Is it still ongoing?

25. How do you describe your race/ethnicity?
- a. White/Caucasian
  - b. Black/African American
  - c. Hispanic/Latino
  - d. Asian/Pacific Islander
  - e. Native American/Aleutian/Aboriginal
  - f. Biracial or multiracial
  - g. Other
26. How do you describe your sexual orientation?
27. What is your educational level:
- h. Did not graduate from high school
  - i. High school graduate or GED
  - j. Some college
  - k. Undergraduate degree
  - l. Post graduate degree (type)
28. Are you employed? If you are employed, what is your job title? If you are unemployed, what is your previous occupation? If you are retired, what was your job title when you retired?
29. What is your annual income?
- a. \$0 - \$20,000
  - b. \$20,000 - \$40,000
  - c. \$40,000 - \$60,000
  - d. \$60,000 - \$80,000
  - e. \$80,000 - \$100,000
  - f. Over \$100,000
30. Do you have insurance that covers health care? Is transgender healthcare covered?
31. Do you have insurance that covers dental care?
32. Do you have insurance that covers prescriptions?
33. Do you have insurance that covers mental health care?
34. Are you partnered? How would you describe your partnership status (i.e., dating, cohabiting, civil union, married, other status defined by participant)?

35. What would you like me to know about your life as a trans woman that we haven't discussed?

That's the end of the interview. Thank you so much sharing your experiences and thoughts with me.

## **Transgender Resources**

### **TransGender New Hampshire**

TransGender New Hampshire (TG-NH) is an organization created to promote transgender visibility, education, support and civil rights in the state of New Hampshire. TG-NH provides resources, community building, educational programs and advocacy to assist transgender NH residents, as well as significant others, friends, families, allies and helping professionals.

E-Mail: [TransGenderNH@gmail.com](mailto:TransGenderNH@gmail.com)

Web Site: [www.tgnh.org](http://www.tgnh.org)

### **PFLAG NH Transgender Support Network**

The PFLAG Transgender Network provides support, education, and advocacy for transgendered persons, and their parents, families and friends.

E-Mail: Contact Phyllis Cudmore, regional transgender coordinator, at [pcudmore@pflagnh.org](mailto:pcudmore@pflagnh.org)

Web Site: <http://community.pflag.org/Page.aspx?pid=380>

### **TransMentors International**

TransMentors International is a non-profit organization which provides aid, support and assistance to trans-identified individuals.

Phone: 877-366-3888

Web Site: <http://www.transmentors.org/online-support-groups.html>

### **FORGE Transgender Aging Network**

The Transgender Aging Network (TAN) exists to improve the lives of current and future trans/SOFFA (significant others, friends, family and allies) elders by providing communication channels, promoting awareness of trans elder concerns and issues, advocating for policy changes that improve life for trans elders, and enhancing the work of researchers, service providers, educators, advocates, elders and others who are interested in trans aging issues.

E-Mail: Contact Loree Cook Daniels at [loreeCD@aol.com](mailto:loreeCD@aol.com)

Web Site: <http://www.forge-forward.org/tan/index.php>

## **Trans-Friendly Therapists in New Hampshire**

Donna Melillo, Ph.D.  
Durham  
603-868-1241

Anne Boedecker, Ph.D.  
Bow  
603-226-2230

Kathryn Driscoll, MSW  
Portsmouth  
603-436-2372

Leanne Tigert, D.Min.  
Concord  
603-224-1162

Nancy Strapko, Ph.D.  
Plymouth  
603-536-1306