



Transgender Elders and SOFFAs: A Primer

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Transgender Elders and Significant Others, Friends, Family and Allies (SOFFAs): A Primer for Service Providers and Advocates

By Loree Cook-Daniels¹

More and more often, organizations, service providers, and other professionals are advertising that they serve an “LGBT” (lesbian, gay, bisexual, and transgender) population or represent “LGBT” interests. Unfortunately, close examination of most of the offered services and organizational agendas reveals that few are addressing transgender concerns in any way beyond adding that letter to their name or slogan. Oftentimes, they are also failing to address aging issues.²

This paper is offered as an introductory exploration of the issues and concerns of aging trans people and SOFFAs, to begin the dialogue on what inclusion of trans people will really mean.

TERMS

By definition, transgender individuals must piece together a self-identity that is in opposition to what everyone tells them they are. Although the rise of the World Wide Web and growing public visibility of transgender people and issues are making it easier for individuals to tap into pre-existing identity models, the transgender experience is still largely an isolated, individual one.

That may be a primary reason why the nomenclature for the trans experience is both unsettled and, among trans people themselves, very hotly contested.³ There are

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² There have been many critiques of ageism within the lesbian/gay community. Since this paper only addresses the issues of trans elders and SOFFAs, readers who are not familiar with lesbian/gay aging issues are encouraged to do further reading. A good place to start is the Lesbian and Gay Aging Issues Network of the American Society on Aging. Their website is at www.asaging.org/LGAIN.

³ In a recent survey conducted by the author and Michael Munson, we offered 13 transgender identity terms among which survey respondents could choose. One hundred sixty individuals answered the survey; a full 15% objected so much to the given options that they wrote in (often angry) comments. At least 17 additional gender identities were volunteered. For some of the results of that survey, see <http://www.forge-forward.org/newsletters/v07i01/surveyresults.htm>.



literally hundreds of words used to describe a trans identity or experience.⁴ Therefore, the definitions offered here, like all trans definitions, should be used gingerly and in a way that makes it possible for each trans individual himself⁵ to use the term(s) sie considers most reflective of hir self-conception and experience.

TRANSSEXUAL

Transsexuals (sometimes spelled transexuals) are individuals who were designated one gender at birth but who now live full-time as the “opposite” gender. They may or may not use hormones and surgical procedures to help bring their bodies, voices, and other physical “cues” more in line with cultural expectations for the gender in which they’re living. **Male-to-female (MTF) transsexuals** were designated “boys” in childhood but now live as women. **Female-to-male (FTM) transsexuals** were designated “girls” in childhood but now live as men.

Both MTFs and FTMs are sometimes categorized by their **surgical status**. **Post-operative**, for MTFs, generally means the genitals have been surgically altered to include a vagina and vulva. For FTMs, the term may refer only to having had surgery to remove the breasts and construct a more masculine-appearing chest. Some FTMs also have surgery to create a scrotum and/or phallus. **Pre-operative** refers to both MTFs and FTMs who intend to have surgery but have not yet. **Non-operative** refers to transsexual individuals who do not intend to have their bodies surgically modified.

CROSS-DRESSER

Formerly known as “transvestites,” cross-dressers are individuals who retain the gender identity of their birth but sometimes dress in clothing their culture says belongs to the “opposite” sex. “Drag queens” and “drag kings” usually refer to cross-dressers who are entertainers.

TRANSGENDER(ED)

“Transgender(ed)” may refer to people who do not fit neatly into either the “male” or “female” categories, instead crossing or blurring gender lines. The term sometimes also refers to butch lesbians and effeminate gay men. In some communities, transgender refers only to cross-dressers. Alternatively, it may be used as an umbrella term that refers to the whole “gender community,” including

⁴ For one example of the range of terms used by and about just half of the trans (FTM vector) population, see “A Dictionary of Words for Masculine Women,” by Gary Bowen, at <http://www.amboyz.org/articles/f2mwords/f2mwords.html>.

⁵ “Hir” and “sie” belong to one of several gender-neutral pronoun systems; they will be used throughout this paper to encompass not only males and females, but also individuals who claim a gender identity outside or beyond “male” and “female.”



transsexuals, cross-dressers, intersexed individuals (formerly known as hermaphrodites), androgynes, bigendered persons, genderqueers, and others.⁶

TRANS

In this paper, “trans” is used to refer to anyone who might be classified by others or who classifies himself as transsexual, transgender, cross-dresser, genderqueer, or some other term referring to the crossing or blurring of gender boundaries. In this paper, the term “trans community” includes SOFFAs.

SOFFA

SOFFA stands for Significant Others, Friends, Family, and Allies. Everyone has a SOFFA circle; in this context, SOFFA refers to individuals who are personally affected by their association with a trans person. They may themselves be trans, but usually the majority of a given SOFFA circle is *not* trans.

GENDER IDENTITY and SEXUAL ORIENTATION

In the United States, there is widespread confusion between gender identity and sexual orientation. Therefore, it is important to explicitly state that gender identity (whether a person sees himself or herself as male or female or some other gender) and sexual orientation (whether a person is generally physically and/or emotionally attracted to someone of their same gender [gay, lesbian, homosexual], someone of their “opposite” gender [heterosexual], or both genders [bisexual]) are two separate characteristics.⁷ Thus, trans people can be of any sexual orientation, and any given sexual orientation can include multiple genders.

TRANSITION

In the lesbian/gay community, there is a period of time described as “coming out” during which an individual claims hir gayness and, perhaps, tells others that sie is gay. “Coming out” can take a matter of minutes or last many years and, in fact, sometimes refers to a lifelong process of telling one’s sexual orientation to new acquaintances.

“Coming out” is similarly used in the trans community, to refer to telling others of one’s own or one’s loved one’s gender identity instead of (or in addition to) one’s sexual

⁶ Androgynes can be described as individuals who consciously refuse to fit fully into either the “female” or “male” models. Bigenders are persons who present as male and female at different times, claiming both identities as theirs. Genderqueers are individuals, often young, who may adopt physical presentations designed to visibly include both male and female cues, or who otherwise reject gender dichotomies.

⁷ Note that the term “bisexual” presumes two genders. For that reason, many trans individuals and SOFFAs are creating or adopting terms such as omnisexual, pansexual, and transsexual to express the belief that there are more than two possible genders to which someone could be attracted.



orientation. However, “transition” is a more important concept for the trans community. Transition usually refers to a process during which a person is perceived as changing (or having changed) hir gender identity from either female to male (FTM) or male to female (MTF). Although not all trans individuals transition⁸, it is an extremely significant process for many trans people and SOFFAs.

As with coming out among lesbians and gay men, transition usually begins with an internal process of questioning or exploration that may be shared, if at all, with only one or a few others. These days, it is then likely to move to the World Wide Web, where the trans person seeks information about gender identity and, possibly, a listserve through which sie can speak with other trans individuals.⁹ In contrast to gay people’s “coming out,” however, trans individuals’ transition must fairly quickly go public.

One reason it must go public is that trans individuals who wish to modify their bodies through hormones and/or gender-related surgery must (unless they choose to use over-the-counter herbal supplements and/or black market sources) enlist the assistance of at least one physician. These physicians, in turn, often require a trans person to in essence be “certified” as sane and suffering from the DSM IV diagnosis of Gender Identity Disorder (GID) by at least one mental health professional. (See the section “Transition and Mental and Physical Health Professionals” for further discussion of this gatekeeping function and its implications.)

The second reason many trans people must go public is that the changes they make to live out their trans identity are, by definition, obvious to everyone who is able to recognize the person by sight, sound and/or name. At least eventually, those around someone using cross-gender hormones will begin seeing physical changes such as breasts developing on an MTF or a beard developing on an FTM. Listeners will hear the voice changes wrought by testosterone in an FTM, and may take notice of an MTF’s attempts to change her pitch, intonation, and/or speech pattern. Intimates may notice the individual’s personal smell changing.

More obviously, most MTFs and many FTMs change their wardrobes dramatically, beginning to publicly wear clothes that are widely identified with the gender “opposite” their birth gender. Most transsexuals change at least their first names to something the general public identifies as belonging to their target gender. Many also seek to change their name and/or gender designation on documents such as driver’s licenses, school records, birth certificates, and many others, requiring explicit conversations and/or correspondence with multiple bureaucrats.

⁸ Many trans individuals do not wish to be seen as definitely male or female, or they are female in some places, male in others. Others identify as trans, but do nothing to modify their appearance. Exploring all these paths is beyond the scope of this paper. Therefore, readers are asked to keep in mind that nothing discussed in this paper will apply to *all* members of the trans spectrum.

⁹ Of course it is important to acknowledge that an individual’s class, educational background, and, to some degree, age, still greatly influence whether that person can or will access the World Wide Web. Individuals in larger communities may also locate an in-person support group to attend.



TRANSITIONING IN LATER LIFE

A substantial proportion of trans individuals do not transition until late middle age or beyond.¹⁰ To some degree, this is a cohort phenomena caused by publicly-available information about transgender people reaching a critical mass. Individuals who have struggled with gender questions all their lives may not have realized until now -- with the availability of the World Wide Web and more literature on gender variance -- that there was a name for their feelings and courses of action they could take.

Other elders decide to transition in later life because of life course milestones such as retirement (eliminating the need to transition on the job), children moving out of the house (reducing the need to present a particular family image), or the death of parents (freeing the trans person/SOFFA from the prospect of coping with their reactions). A health crisis may precipitate transition if it prompts the elder to decide that time to live the way sie wants to is running out. Similarly, an elder may simply reach a point of exhaustion in hir efforts to present hirself as a manly man or feminine woman, and decide the charade is no longer worth upholding. Sometimes older transitioning persons simply declare, "I've done everything everyone wanted me to do. It's my turn now."

Many aspects of transitioning are the same whether one is 20 or 70. However, there are some differences for people who transition older.

- **Health concerns.** Statistically, older people are more likely than young people to have chronic conditions such as heart disease and high blood pressure. These conditions may make gender-related surgeries and cross-gender hormone therapy more risky, or even rule them out altogether.
- **More entrenched social roles.** Many people believe it's harder to make significant changes in an interpersonal relationship that's been in a specific pattern for 30 years than it is in a relationship that is, say, only 3 years old. Similarly, it may be more difficult to change speech patterns and physical mannerisms that have been reinforced for 50 years than it is to change 20-year-old patterns.
- **Dating difficulties.** Particularly for MTFs, being single in old age means a sharply reduced dating pool. This is true for lesbian MTFs as well as heterosexual MTFs, since many older lesbians will not consider dating an MTF.¹¹ FTMs may experience difficulties finding someone willing to accept a sexual

¹⁰ There has been almost no scientifically sound research done related to any transgender topic. We therefore cannot, with any degree of confidence, estimate what percentage of the trans population transitions in later life.

¹¹ The author has been told by the owner of more than one email list for single lesbians that MTFs are not welcome to join.



partner who does not have a functioning penis. Certainly, beginning to date again after 30 or 40 years of marriage (in the cases where a trans person's partnership dissolves during transition) is a daunting prospect for many of us.

- **Legal concerns.** Although marriage is an important benefit for adults of all ages, it becomes more critical as disabilities accumulate and retirement and death near. One elder MTF known to the author is currently negotiating with the Social Security Administration over whether they will grant her spouse of many decades spousal benefits, given that the couple now appears to have an (illegal) same-sex marriage. Courts have decreed that trans individuals could not claim a spouse's inheritance or sue for malpractice on behalf of a late spouse because their marriages were ruled invalid. Other legal concerns that may be more pressing for older than younger transitioning persons include changing Social Security and Veterans Administration records to protect earnings records and benefits.
- **Employment issues.** Employment is of great concern to many people who transition later in life but before full retirement. Many such persons are in traditionally gender-segregated professions (often chosen decades earlier as a way of hiding or trying to change one's transness), and find the prospect or reality of being the minority gender in that profession untenable. Others lose their jobs due to blatant employment discrimination (which is still legal in most jurisdictions) or end up moving as a way of managing the stress of transitioning. As is well-known, subtle (albeit illegal) age discrimination in hiring is rampant. Some older trans job seekers face not only that barrier, but also additional hurdles, either because they are visibly trans or because they have chosen to closet their trans history and consequently cannot declare or must somehow alter their past employment history to avoid revealing their previous name and/or gender.

TRANSITION AND MENTAL AND PHYSICAL HEALTH PROFESSIONALS¹²

As noted, many trans people are dependent on medical professionals for the hormones and/or surgeries they need or want. In turn, these physicians usually require written certifications (often just called "the letter" in the trans community) from mental health professionals attesting to the sanity and GID diagnosis of the person in question. These letters help reassure physicians that the client is unlikely to later change his mind and sue for malpractice.

However, the Harry Benjamin Standards of Care (HBSOC), "designed to promote the health and welfare of persons with gender identity disorders," are probably

¹² For a discussion of how SOFFAs' health and mental health care experiences – both during and after transition -- are affected by their involvement with a trans person, see "SOFFAs Interfacing with Health Care Professionals," at <http://www.forge-forward.org/handouts/SOFFA-Healthcare.pdf>.



far more influential in this matter than are malpractice fears. The HBSOC is maintained by the Harry Benjamin International Gender Dysphoria Association, Inc. (HBIGDA).¹³ Although HBIGDA only has about 350 members worldwide, the HBSOC influence the actions of thousands of physicians and therapists and guide the lifecourse of tens (if not hundreds) of thousands of trans people and SOFFAs.¹⁴ HBSOC requires one letter from a qualified mental health professional before starting hormones or (for FTMs) having chest reconstruction, and letters from two such professionals before obtaining genital surgery.

To obtain the letter authorizing hormones, the HBSOC generally require the trans person to live, publicly and full-time, as their “target” gender for at least three months, or have at least three months’ psychotherapy. Surgery permission letters generally require, among other things, “12 months of successful continuous full time real-life experience” in the target gender, and – at the mental health professional’s discretion – “regular responsible participation in psychotherapy throughout the real-life experience....”

Not surprisingly, requiring trans people to navigate through a mental health hoop to obtain medications and plastic surgeries that are freely available to non-trans individuals frequently creates anxiety, anger, fear, and resentment among trans people and SOFFAs. They often perceive that the process labels them mentally ill until proven otherwise, and are fearful and angry that – to a degree that is rivaled perhaps only by prisoners and the severely domestically abused – their life choices are under someone else’s control. Many are incensed that a truth they have understood about themselves for decades must be explained to the satisfaction of a relative stranger who, in most cases, has no personal experience with (and may have little professional training about) the phenomena. These stressful emotions are often exacerbated for trans people who do have a mental illness, are old and/or in poor health, will be perceived as gay or lesbian post-transition,¹⁵ have borne or sired children,¹⁶ or have some other characteristic they fear will be used by the mental health professional to deny them access to trans-related health care services.

Cost is a related issue. Almost no public or private health insurance system will pay for gender-related surgery (which can cost anywhere from \$6,000 to over \$100,000,

¹³ The Harry Benjamin Standards of Care are available at the HBIGDA website at www.hbigda.org.

¹⁴ Estimates of the number of trans people are all largely ungrounded guesses. For one discussion of possible numbers, see www.hbigda.org. A back-of-the-napkin listing of SOFFAs suggests there are at least 35 to 45 directly-affected SOFFAs for each trans person. See <http://www.forge-forward.org/handouts/SOFFA-QA.pdf>.

¹⁵ Traditionally, individuals would not be approved for transitioning if they were attracted to people of the gender to which they were transitioning. Although this requirement is no longer officially sanctioned by HBIGDA, there are still mental health professionals who adhere to it, as well as older persons who do not realize the standards have changed.

¹⁶ Similarly, it was once believed that individuals who had sired or borne children could not be “true” transsexuals. Although this belief is also outdated, the author personally knows of at least one surgeon specializing in gender-related surgery who still resists operating on biological parents.



depending on what procedures are done), and many will not pay for “cross-gender” hormones. Since insurance coverage of mental health care is still universally inadequate, adding a mental health gatekeeper to the mix only heightens what many perceive to be an already insurmountable financial barrier.

SOFFAs

The public nature of transness plays a part in what those around the trans person must deal with. Most often, a person who decides to seek a gender transition has been wrestling with issues and gathering information for years, if not decades. Consequently, once sie makes the decision to transition, sie frequently is anxious to effect the desired changes. Hir close SOFFAs, on the other hand, have often been unaware of the trans person’s gender explorations and may have little time to gather information and explore their own reactions before the gender transition becomes public. Thus they may not only have little control over the changes happening in their lives, but they must also weather these changes in the public eye. In addition, they are frequently bombarded with questions (some from total strangers) that range from embarrassing to unanswerable, such as, “How do they do a sex-change operation, anyway?” and “Does this mean you are actually gay?” and “What drugs did you take during your pregnancy that could have caused this?”

Trans people’s SOFFAs – both family members and more removed individuals such as co-workers -- are also the front line in confronting questions about the immutability of gender, nature versus nurture, the extent to which will can triumph over biology, and how much one can trust one’s perception of the past and one’s expectations for the future...to name but a few of the sometimes existential questions that a gender transition raises for members of a society that teaches certain “truths” about such things.

Obviously, how a given SOFFA circle handles these and other challenges has much to do with how smooth or difficult a transition is for both the trans person and the SOFFAs. It is therefore worth describing in more detail what different “categories” of SOFFAs must cope with.

SPOUSES AND PARTNERS

One of the great paradoxes for a couple¹⁷ in which one person undertakes a gender transition is that the very process that brings what outsiders perceive into alignment with the trans person’s internal identity simultaneously creates an inner and outer *incongruence* for hir partner. For example, transitioning means others will finally see the FTM’s (formerly obscured) maleness, but others will perceive his lesbian

¹⁷ It is crucial to acknowledge the existence of polyamorous individuals and partnerships involving three or more persons. Although this paper will generally use language that implies there are only two partners, readers are asked to remember partnerships may be triads or larger.



partner as the opposite of her identity, i.e., heterosexual. This incongruence may be acutely painful to individuals whose sexual orientation is a critical part of their identity.

For heterosexuals who will be perceived as gay or lesbian when their partner transitions, confronting societal and internal homophobia is daunting. And unlike actual gays and lesbians, these men and women recognize few compensations for this work.¹⁸ Indeed, many of their family members, friends, and colleagues will perceive their honoring of their marriage vows through a gender transition to be weird, a mistake, or even evidence of mental illness.

Lesbians and gay men who contemplate staying with a partner through gender transition face the prospect of being seen as “other” and even “sell-out” or “enemy” by the very people who had previously viewed them as “one of us.” As with heterosexual partners, gay partners may find same-orientation peers interpreting their choice to stay with a transitioning partner as a betrayal of the peer group’s values. Consequently, they may find themselves shunned by their former friends.

Both types of couples may find that their gender-based socializing patterns must change. An FTM may no longer feel welcome in the bars and organizations he and his partner used to patronize, forcing the couple to socialize separately or find a completely new (and perhaps ill-fitting) social circle. A formerly-heterosexual couple may be stumped about what to do when their dinner party splits into separate men’s and women’s groups; does the former husband now tag along with her wife, or does she go with the friends she has always gone with, possibly disrupting their male-only space?

On the other hand, contemplating divorce when one is in one’s 50s, 60s, or 70s is a frightening prospect. Divorce in later life usually exacts huge financial as well as social and emotional tolls. The prospect of dating or – worse – going the rest of one’s life without intimate touch is dreadful. There may be health problems that make one partner dependent on the other, further foreclosing the option of separating.

When one member of a long-term couple reveals previously-undisclosed transgender feelings, hir partner frequently feels betrayed and lied to. The non-trans partner typically questions hir own sexuality and/or the accuracy of hir previous feelings of being a successful (wo)man or having a successful marriage/partnership.¹⁹ In addition, wives of MTFs sometimes complain that their every move is closely watched

¹⁸ Among the “compensations” for confronting homophobia that lesbians and gay men may enjoy are finding (a) lover(s), connecting with the gay community, and being able to tap into an identity that “fits” them.

¹⁹ Although at the time she was writing primarily about heterosexual spouses’ reactions to a partner coming out as gay, researcher and author Amity Pierce Buxton’s observations are largely applicable to spouses of newly-out trans people, as well. *The Other Side of the Closet: The Coming-Out Crisis for Straight Spouses and Families*. John Wiley and Sons, Inc. Revised and expanded edition, 1994.



by their husbands, who hope to learn how to “do” femininity from their closest living model.

Spouses of many years may deeply resent making the changes and accommodations that a gender transition requires, particularly if these accommodations upset previous long-held plans such as retirement (which may have to be put off because of the expense of transitioning, or which may have to be altered in order to accommodate an unexpected move). Trans individuals may hold visions of their future that conflict with their partner’s needs. In one case known to the author, the transitioning MTF wishes to keep her wife and erase her history as a male. This would mean moving away from the wife’s friends, abandoning the wife’s history and status as a married woman, recasting all family roles, and creating a fictional history to “explain” who the MTF is vis-à-vis their children and grandchildren. This already disheartening task is complicated in this case by the wife’s discomfort with being seen as half of a lesbian couple.

Another stress on some transitioning couples is what is often termed the trans person’s “second adolescence.” This is a period in which, like a teenager, the trans person’s body is adjusting to the new hormones and the trans person may be exploring what “kind” of man or woman sie wishes to be. This period can be a difficult one for spouses and other close SOFFAs; it is common in early transition for the trans person to experience mood swings (although many trans people find that cross-hormone therapy actually calms them) and to be very self-absorbed. In addition, some transitioning individuals embarrass or annoy their SOFFAs by going through a period in which, for instance, an MTF dresses “inappropriately” for her age and environment or an FTM experiments with “macho” behaviors.

It must be mentioned that gender-related surgery and, sometimes, hormone use alone can make significant and perhaps unwelcome or even abhorrent changes in the body the partner is used to making love with.²⁰ Although many couples find ways to continue to be physically and/or emotionally intimate, this is a hurdle that some couples don’t clear. It should also be noted that a significant percentage of people who undertake a gender transition do switch their sexual preference from males to females or vice versa. Obviously, partnerships in which this occurs face additional challenges to survival.

It would be understandable if one assumed that the spousal transition issues described above would not pertain to partners who are themselves trans. However, this is not the case. Some trans-trans couples find the second partner’s transition to be deeply unsettling and challenging. These couples, too, may need support and

²⁰ The author is aware of several cases in which the female partner of an FTM discovered (to the couple’s horror) that the FTM’s evolving appearance began to remind her of her former sexual abuser. These cases would represent one of the extreme ends of the reaction spectrum.



understanding as they work through the emotional, interpersonal, and practical challenges of a gender transition.

PARENTS

In this era, when it's not uncommon for people to live into their 80s and 90s, frequently an elder trans person or SOFFA will have one or more living (step)parents. These parents may be dependent on the trans/SOFFA child and/or in frail health. There may be a lot of fear on the younger generation's part that telling mom or dad about a gender change would "kill them."

Parents who are told of the gender transition may find they are suspected of senility on those occasions when they slip and use a term like "my daughter here" when a waitress can plainly see the younger companion is male. Those who live in congregate settings may fear the reactions of neighbors and staff, particularly if the child visits during the transition phase, remains visibly trans, or was well-known pre-transition.

CHILDREN

Next to spouses, adult children are the SOFFAs most likely to experience severe distress over a gender change. Almost universally, such children say they feel they have lost a parent, who must be grieved. Many go on to accept their parent in a new or altered role, but some refuse to permit such role adaptations, instead preferring to act as though the parent really has died. When there are grandchildren, the middle generation may fear that exposing the youngsters to a trans grandparent will somehow harm and/or confuse them. Although this is rarely the case (young children in particular usually accept a gender change as easily as they accept the reality of Ronald McDonald or the President), grandchildren are often used by uncomfortable adult children as an excuse for severing parental ties.

In some families, the adult children attempt to strike bargains with their transitioning parent. They may agree, for instance, to see the parent only when his outward appearance matches the gender the child grew up with. Other families may introduce a grandparent as "Aunt Kathy," rewriting family history to support the fictive role and erase the actual relationship. Although trans parents often accept these compromises as preferable to having no contact with their (grand)children, such arrangements take a psychological toll on trans people who just want to be accepted as they are.

Even when no such accommodations are requested or made, virtually every parent/child dyad either has to negotiate new names and terms for the parent or prepare themselves to be looked at oddly in public when the woman in the restroom calls her older female companion "Dad."



FRIENDS AND CO-WORKERS

Coping with a friend or co-worker's gender transition can be difficult, as well. The generations who are now older grew up in a strongly-gendered world where gender roles were often distinctly different and socializing frequently took place in either formally or informally sex-segregated groups. Figuring out how to cope when someone crosses these formerly clear divides can be challenging on many levels.

Another challenge to colleagues of older transitioning persons results from the widespread conflation of sexuality with gender identity. Many people believe that people are trans because they want to experience sexual behavior in a particular way. People who hold this view may be acutely uncomfortable discussing gender changes because they feel they are actually talking about their friend's sexual behavior, a taboo subject for many members of these generations. Gender transitions also bring up the specter of homosexuality for the friends of trans individuals who were formerly heterosexual, another subject with which older friends and colleagues may be uncomfortable.

NEIGHBORS AND CLERKS

It's important to emphasize again that a gender transition is *visible*. The grocery store clerk, the bank teller, and the neighbors can all see a transitioning person's changes. Each of these individuals will, to some degree or another, form opinions and questions about the process. These opinions and questions are frequently voiced, whether the trans person and hir close SOFFAs ask for them or not. Other times, nothing is said, but behavior toward the transitioning person and/or hir close SOFFAs subtly or not-so-subtly changes.

These interactions may provoke positive growth in the non-trans acquaintance, or they may simply make the person feel angry, upset, or offended. For the trans individual and hir close SOFFAs, these interactions are frequently dreaded and are a source of ongoing worry and stress.

EARLY TRANSITIONERS AND NON-TRANSITIONERS IN LATER YEARS

Of course, not every older trans person transitioned late in life; many have been living in their gender of choice for decades, and no longer face the challenges enumerated above. Others never went through transition. However, these people still face challenges unique to older trans people.

HEALTH CARE ISSUES IN LATER LIFE

A trans individual's involvement with the health care profession does not end once transition is completed, due to the fact that most trans individuals who use hormones to alter their bodies continue to use those hormones – and, therefore,



regularly consult a physician for new prescriptions – for life. Very frequently, these physicians have little or no training in cross-gender hormone therapy or other trans-related medical issues, resulting in the trans person bearing the burden of doing medical research and educating his own physician or simply accepting care that not only is not ideal but that may, in fact, be harmful.

Trans elders also experience fear and difficulties seeking treatment for non-trans-related medical problems. Although some MTFs are financially and physiologically lucky enough to sculpt bodies that even health care professionals perceive as biologically female, most naked trans bodies bear body parts, scars, or other physical evidence that may contradict or cause questioning of what was perceived to be the patient's gender when she was clothed. In other words, many trans individuals do not have the option of keeping their gender history a secret from health care professionals. This, in turn, opens trans people to everything from casual questions to blatant discrimination or abuse by those professionals. Furthermore, trans individuals' "non-congruent bodies"²¹ may lead to embarrassing, disrespectful, and perhaps even hostile treatment in sex-segregated health care settings such as hospitals.

These problems intensify as the trans person ages and begins to experience more acute and chronic conditions and disabilities, resulting in increased contact with health care professionals and institutions. Particularly worrisome to many trans elders is the prospect of needing intimate personal assistance from paid aides or, even worse, needing to reside in a nursing home. Although many elders dread the "indignity" they perceive to be associated with these services, the services represent actual danger for trans elders, who often fear encountering insensitive or prejudiced aides when they are most physically and emotionally vulnerable. Trans elders who use hormones also worry that if they are confined to a health care institution, that facility may deny them their hormones. Consequently, trans elders may be resistant to accepting health care in even life-threatening circumstances.

Trans elders who have not transitioned to the gender "opposite" their birth gender also may dread contact with health care professionals and institutions. For example, a butch woman may be extremely concerned that a nursing home will require her to throw out her wardrobe and instead acquire and dress in "female" attire. A male cross-dresser may resist seeing a physician for a medical problem, fearing that the doctor or nurse will notice and remark on his shaved underarms and legs.

LEGAL AND FINANCIAL ISSUES IN LATER LIFE

²¹ The author uses "non-congruent bodies" in the sense that these bodies upset the *observer's* expectations about what types of body parts belong to each gender. Many trans individuals feel quite "congruent," whole, and happy with the very body parts that may be causing the observer cognitive dissonance.



Those who serve elders know how crucial legal documents – powers of attorney, living wills, marriage and divorce papers, pension documents, birth certificates, wills, etc. – can become in accessing services and benefits elders need and in carrying out elders’ wishes. As with all other elders, trans people and SOFFAs may need assistance or support in getting these documents in order. However, there are issues unique to trans people and their families of which service providers and advocates should be aware.

One area critical to trans individuals and their partners is legal marriage and all its accompanying benefits such as access to Social Security and other pension systems’ survivor benefits, inheritance rights, the right to make emergency medical decisions, the right to hospital visitation and same-room nursing home placement, etc.²²

One type of legal marriage involving a trans person occurs when a couple was married pre-transition, when they were “heterosexual.” Although one partner’s transition turns the couple into a “same-sex” pair, it is widely believed that the marriage remains valid, under the presumption that only the parties to a marriage can dissolve it. In another variation, some apparently same-sex couples have obtained legal marriages because they used birth certificates showing that legally, the couple consists of a female and a male. In still other cases, a seemingly heterosexual couple has married even though both members of the couple were born the same sex (a fact they may not disclose to those issuing the marriage certificate). However, few of these types of marriages have been tested in the courts or through application to Social Security or other programs, and the results of those that have been tested are mixed; in some cases the marriages were upheld and consequent rights were granted, while in other cases the couple’s marriage was ruled invalid and benefits were denied.

Another area in which trans elders and SOFFAs may need assistance is ensuring that all Social Security, Veterans’ Administration, pension, life insurance beneficiary forms, and similar records do, in fact, reflect the trans person’s current name and gender designation, to ensure that services and benefits are not held up when they are needed because of confusion over who is applying. However, the full implications of these changes need to be carefully considered; as mentioned earlier, the Social Security Administration contacted one trans elder concerning her “same-sex marriage” when her wife applied for benefits. Apparently they noticed that the elder had previously changed her name and gender designation on Social Security records. Although other couples have sailed through these bureaucratic waters, the importance of Social Security benefits to most elders’ financial well being suggests that this is an area where much more thinking and advocacy needs to be done.

Unless Medicare begins providing full prescription drug coverage, the cost of hormones will continue to be an issue for low-income trans elders. Many trans people

²² For more information on this topic, see “Transgendered Elders and Marriage: The Importance of Legal Planning” at <http://www.forge-forward.org/handouts/TGElders-Marriage-ShannonMinter.pdf>.



also have their blood tested regularly to monitor hormone levels and related health issues; this lab work, too, may represent a significant portion of a low-income elder's budget.

SOCIAL CONCERNS

Many trans people find that once their transition is complete, the only people who know of their trans history are their sexual partner(s), their children, and one or two physicians.²³ However, this comfortable status quo can change literally in an instant due to the onset of an acute medical problem or the death of a partner. The implications of a health care crisis include the possibility of health professionals' refusal to treat a trans person,²⁴ having to fight to be placed in the appropriate sex-segregated room or ward, and having to explain to multiple health care providers why one has a "non-congruent" body.

The death of a mate who is trans can present serious challenges to the widow/er, who may be called upon to "explain" hir partner's body to multiple professionals whose job it is to attend to a death, and possibly to those from whom sie will later seek benefits.²⁵ The death of a trans person's non-trans mate does not, mercifully, require the trans person to immediately out hirself, although that may become necessary in the course of handling post-death business. A mate's death does, however, mean that the older trans person is now more vulnerable to the possibility of needing personal care assistants (given that sie has lost the "usual" caregiver, hir spouse) and, with time, may face the prospect of dating and having to "come out" to potential sexual partners.

It is at the time of such crises that a trans elder or SOFFA may suddenly seek services or support after many years of avoiding services advertised as catering to trans people.

IMPLICATIONS FOR SERVICE PROVIDERS AND ADVOCATES

Increasingly, providers, organizations, and advocates are saying they wish to serve "LGBT" populations.²⁶

²³ There are people whose trans history is unknown even to their spouse and/or children. For the story of one family where the child did not know his father was trans, see "FTM Post Mortem" at <http://www.forge-forward.org/newsletters/v07i01/postmortem.htm>. For a fictional account of another such family (along with its interactions with the professionals who attend deaths), see Jackie Kay's *Trumpet: A Novel*, published in 1998 by Pantheon Books.

²⁴ The most famous case of health care professionals refusing to treat a trans person is the late Tyra Hunter's, in which Washington, D.C. paramedics responding to an auto accident ceased treatment when Ms. Hunter's clothes were cut open and the paramedics realized she was an MTF.

²⁵ For a description of one widow's experience, see "FTM Post Mortem" at <http://www.forge-forward.org/newsletters/v07i01/postmortem.htm>.

²⁶ The differences that bisexual persons bring to the mix and the issues their inclusion presents for those who add the "B" to their mandate deserve their own lengthy analysis, and will not be addressed here.



There are good reasons to lump trans people together with lesbians, gay men, and bisexuals. The general public often mixes up the concepts of gender identity and sexual orientation, believing, for instance, that all (or at least half of) lesbians want to be men and that MTFs want to be women so they can have “normal” (i.e., heterosexual, vaginal-penile) sex with men. Therefore, it’s often hard to sort out whether someone is being discriminated against because of hir perceived gender identity or hir perceived sexual orientation.

In addition, most individuals who transition from one gender to the “opposite” one at least at some point are “homosexual.” This happens because many – although not all – trans individuals’ sexual orientation remains stable through their gender transition. Thus, an FTM attracted to men could easily be perceived as “heterosexual” pre-transition and “gay male” post-transition, even though he may have the same male partner throughout. Similarly, the female wife of an MTF may suddenly find that both she and her partner are perceived as being lesbians, even though everyone had previously labeled the two people involved “heterosexual.”

However, as must be obvious by now, trans people and SOFFAs differ from non-trans lesbian and gay people in some key ways. If providers and advocates are going to advertise that their work addresses the “LGBT” community, ethically they must ensure they are providing more than lip service and actually address the needs of transgender people. Some suggestions for how this can be done follow.

- **Do your research.** To be ethical about your intention to serve “LGBTs,” you must become familiar with the unique paths trans people and SOFFAs walk, and the issues and environments with which they must interact. This paper represents a start to this work, but by itself it is insufficient. Just as reading one paper about lesbian life would not be adequate preparation for a professional to begin serving or advocating for lesbians, the same is true concerning the trans community. In addition, make sure you subscribe to and read at least one publication that regularly covers trans-related news, developments, and resources.²⁷
- **Know where to send people.** As this paper should have made clear, a gender transition can be a huge, multifaceted undertaking. It is not unreasonable for a trans person or SOFFA to assume that someone who says they serve the “LGBT” community will at least be able to provide hir with referrals to support groups and the myriad of specialized professionals sie will need. This does not mean you must devote hundreds of hours to finding and then creating a resource directory of therapists, physicians, lawyers, voice coaches, small-men clothiers and others in your community who can help trans individuals and SOFFAs

²⁷ The author founded and directs the Transgender Aging Network, which networks professionals of various types who work with and/or are themselves trans elders and which sponsors regular publications. For more information, see www.forge-forward.org/TAN.



through transition. It does mean you must have at hand current contact information for at least one local gender clinic, support group, therapist, or other resource that *will* be able to help the person piece together the support that trans person and SOFFA circle will need.²⁸

- **Adapt your language.** Even lesbian/gay organizations that lobby other service providers to change their forms, waiting room publications, decorations, personal history questions, and other cues to ensure that lesbians and gay men feel welcome often forget that they, too, must critically examine themselves to ensure their trans constituency will be comfortable with what they find. Do the forms and surveys you use offer gender designations other than just “female” and “male”? Do written materials include the phrase, “and gender identity” after “sexual orientation”? Are trans people included in any of the case examples you use to advertise or explain your services?
- **Provide health care and legal support and advocacy.** If you or your organization provide one-on-one support or advocacy services, make sure you can help where trans people and SOFFAs most need it: when they must interface with health care providers and systems (including nursing homes), and when they must seek help from bureaucrats to change the name and/or gender designation on legal documents or apply for benefits.
- **Advocate for trans-specific health care, legal issues, and research.** Often advocates create “LGBT” action agendas or policy papers that make no mention of the unique health care and legal challenges trans people and SOFFAs face. This leads to the false impression that trans people’s needs are exactly the same as lesbian and gay people’s needs, and sends a clear message to trans and SOFFA observers that despite the inclusion of that “T,” the organization really has no intention of representing their interests. If you advocate for non-discrimination laws, make sure they will cover trans people and SOFFAs as well as gay men and lesbians. If you advocate for research, make sure your agenda includes topics such as the health implications of long-term cross-gender hormone use and what the long-term risks or complications are for FTMs who decide not to have a hysterectomy.
- **Think through the implications for SOFFAs of service design.** In situations where couple or family support is being provided, make sure you are not inadvertently putting further pressure on trans families by excluding non-queer

²⁸ If the person has World Wide Web access, a referral to the ElderTG listserve (open to trans people age 50+ and SOFFAs) may be appropriate. For more information, see <http://www.forge-forward.org/TAN/eldertg.htm>.



family members.²⁹ One “LGBT” organization with which I worked wanted to better serve families. Despite knowing that I was co-parenting with an FTM, they proposed separate support and activity groups for lesbian parents and for trans parents, an arrangement that would have forced my spouse and me to attend separate “family” events.

- **Critically analyze your organization’s intentions and culture.** In this author’s opinion, the most difficult organizational challenge to adequately serving the trans community – particularly for organizations that have traditionally served a lesbian/gay clientele -- is answering the question, “What do we do about the heterosexuals?”

Many trans people are, in fact, gay, lesbian, or bisexual. However, a significant percentage is heterosexual, and many relationships are “mixed-orientation” in that one member of the couple is gay or lesbian and the other is heterosexual. In other cases, neither member of what observers see as a lesbian or gay couple sees himself as gay. In yet another large subset of the population, one or both members of a couple identify as gay or lesbian, but the couple outwardly looks heterosexual.

Despite its goal of creating universal tolerance and acceptance of multiple sexualities, the lesbian/gay community in practice is often suspicious of and sometimes outright hostile to heterosexual couples within its midst. For couples consisting of an FTM and a female partner, for instance, hearing charges the couple now accesses “heterosexual privilege” and therefore no longer merits membership and welcome in the lesbian community is commonplace.³⁰ In the mirror image situation, the heterosexual partner in an apparently same-sex couple may be acutely uncomfortable in environments where everyone is presumed gay and where anti-heterosexual comments may be heard.

Therefore, individuals and organizations that say they serve the “T” community have a moral obligation to clarify and then advertise whether they only intend to serve individuals and couples who both appear to be and identify as lesbian/gay, or whether they intend to serve the full trans community, regardless of sexual orientation. The latter choice requires a comprehensive analysis and redesign of policies and services to ensure that heterosexual trans people and/or trans individuals’ heterosexual partners are truly included and welcomed. Where services are offered in “LGBT” group settings, this requires organizations to wrestle with the morality and practicality of addressing the anti-heterosexual

²⁹ Whether non-LGBT family members are welcome is also an issue for the heterosexual children of lesbians and gay men who wish to socialize with their parents and/or other gay people. For a discussion of these and related children-of-queers issues, see www.familieslikemine.org.

³⁰ For a fuller description of the experiences of lesbian-identified partners of FTMs, see “Transpositioned” at <http://members.aol.com/marcellecd/Transpositioned.html>.



feelings of their lesbian/gay clients or members, as well as those of staff or leadership.

CONCLUSION

There is more to inclusion than trading a phrase that used to say “gay and lesbian” for one that says “GLBT.” Truly welcoming trans people of any age, and particularly trans elders, requires the modification of existing services, policies, and agendas. The necessary changes range from the easy (but still important) ones of ensuring publications mention addressing issues related to gender identity as well as those related to sexual orientation to the daunting ones like examining just how comfortable it will be for everyone if heterosexual trans people and their SOFFAs are mixed with lesbians and gay men (and what message you send to everyone if you choose *not* to include heterosexual trans people and/or their partners in a given service).

The process of truly implementing an intention to include is neither simple nor easy. Yet this author believes that it is especially important that people who frequently urge others to be respectful of diversity and cognizant of minorities’ interests hold themselves to a high standard of walking their talk.

May this paper help you in that effort.



ElderTG

ElderTG is an international email listserve for trans persons aged 50+ and SOFFAs (significant others, friends, family and allies) sponsored by the Transgender Aging Network. For more information or to subscribe, send a statement of interest to LoreeCD@aol.com.

Transgender Aging Network (TAN)

The Transgender Aging Network (TAN) exists to improve the lives of current and future trans/SOFFA (significant others, friends, family and allies) elders by:

- ❖ Identifying, promoting communication among, and enhancing the work of researchers, service providers, educators, advocates, elders and others who are interested in trans/SOFFA aging issues;
- ❖ Promoting awareness of concerns, issues, and realities of trans/SOFFA aging among service providers, researchers, advocates, health care professionals, the lesbian/gay/bisexual and trans communities, and other relevant audiences;
- ❖ Advocating for policy changes in public and private institutions, services, organizations, programs, etc. to provide better access for and respectful and appropriate treatment of trans/SOFFA elders; and
- ❖ Providing communication channels through which trans/SOFFA elders can give and receive support and information.

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