

What You See Isn't Always What You Get: Addressing the Unique Issues of Transgender Older Adults

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Sex and Gender

Sex (male/female)	Gender (man/woman)
Chromosomes	Societal construct of expected behavior related to biological sex
Hormones	One's sense of internal identity
External Genitalia	Outward Expression
Internal Reproductive Organs	
Ovaries or Testes	
????? (Hint: Largest Sex Organ in the Body)	

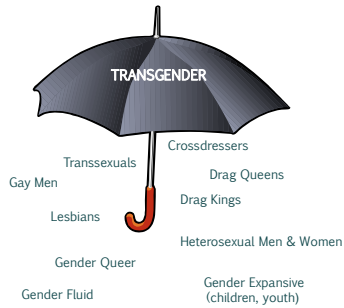
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Who are we talking about?
Terms

Transgender (Adjective)

An **umbrella** term for anyone whose gender identity and/or expression, does not fit the societal expectations for the individual's **assigned** sex-i.e. male or female.

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The Specific Focus for Today: Transsexual (Trans) Older Adults (55+)

- ❖ Transsexuals are individuals whose ~~core gender identity~~ **core gender identity** ~~their sense of their true selves,~~ **is opposite of their assigned biological sex.**
- ❖ They may or may not have, medically or surgically altered their bodies to match their true gender.
- ❖ They may or may not want to, medically or surgically alter their bodies to match their true gender.
 - ❖ They already be "out", or may come out, "on your watch"!

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The Specific Focus for Today: Transsexual Older Adults (55+)

Transsexual older adults deserve respectful and knowledgeable treatment of ALL their medical and health care needs, regardless of whether related to transition or not.

Female to Male



Ben, 64

Male to Female



Ruth, 84

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Ok, But How Many Older Trans West Virginians Can There Be?

- Using frequency percentages from polling groups (Gallup, PEW, Williams Institute) which state that in US surveys focusing on LGB and/or T persons, approximately 0.6% identify as "T", equalling an estimated 1.4 million respondents who identified as Transgender. (Williams Institute 2016)
- That same survey stated that 6100 or **42%** West Virginians surveyed identified as "T". (Williams Institute 2016)
- US Census Projections for 2015 indicate that the percentage of 65+ West Virginians is 17.8-multiply 6100 by 17.2%= nearly 1049 65+ Transgender West Virginians.
- Other Census Projections note that 14.7% of West Virginia's population is aged 55-64, which results in an additional 885 older adults who identify as Transgender, for a total of 1934.

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Problems with Statistics on Trans Persons

- The numbers for any vulnerable, marginalized group are going to be lower, due to fear of exposure, violation of privacy and confidentiality, and subsequent prejudice and discrimination.
- Many surveys utilize samples from LGBT Community Centers, "known" programs, organizations and agencies serving LGBT persons, and older Trans persons usually do not frequent those settings and/or WV has very few, if any, such settings.



Stephanie, 64

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Problems with Statistics on Transgender Persons

- The Reality-there are over 1900 Older Transgender Adults currently living in WV, whose health and lives hang in the balance due to lack of information, outreach and knowledge among health care and social service providers.



Tony, 67



Kendrah, 72

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Categories of Transsexual Older Adults (Presenter's categories)

- Those who transitioned prior to later years (Pioneers)
- Those who transitioned in mid to later adulthood (Middles)
- Those who transitioned at age 60, or later, or are just transitioning now (Late Bloomers)

(Terms in parentheses are Presenter's Terms only, and used here for clarity)

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Why Transition Now? Late Bloomers

- Why did they wait until now?
 - Potential for loss of employment, career, \$\$\$
 - Could not afford to
 - Context
- How are their needs different from those who transitioned earlier?
 - More emotionally challenging than medically-sense of urgency
 - Standard risks of surgery, hormones
- Are there "benefits" to being older when one transitions?
 - Age "evens" the playing field as far as secondary sex characteristics
 - Hormones and surgery enhance or rejuvenate

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Issues Faced by Transgender Persons (Pre-Transition)

- Depression and anxiety (decreased post)
- High (41%) rates of suicide attempts (decreased)
- Risky behavior-substance abuse, unprotected sex, smoking (decreased r/t hormone risks)

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The Positive Impact of Transition

- Majority of adults reported lower levels of depression and anxiety
- Self-destructive/risky behaviors decreased
- Lower levels of "body discomfort"

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It is Never Too Late: Transitioning at 90

<https://youtu.be/LPuyxDq-NbQ>

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The Positive Impact of Transition

- Reported higher levels of ability to handle stressful situations
- Mind, body, soul congruence
- In existing relationships which survive and in new relationships, higher levels of emotional and physical satisfaction.

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Renee, 68

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Mickey, 60

Why Is This Important?

- Recent research indicates that Transgender Older Adults are at a significantly higher risk of poor physical health, disability, depressive symptomatology, and perceived stress compared with non-transgender participants (Frederikson-Goldsen 2011).
- Factors which contributed to the above, which are indirectly related to the individual's gender identity, included **fear of accessing health services**, lack of physical activity, internalized stigma, victimization, and lack of social support. (Frederikson-Goldsen 2011).
- An extensive survey "Injustice at Every Turn" noted that 20% of the 6450 Transgender Adults reported being refused treatment by health care providers. (Grant 2011)

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Key Challenges Facing Transgender Older Adults (SAGE 2011)

- A lack of cultural and clinical competence regarding transgender people and their health needs, as well as bias and outright discrimination by providers, create serious barriers to quality care for transgender older adults.

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Key Challenges Facing Transgender Older Adults (SAGE 2011)

Health Care

- 19% of Transgender Older Adults report being refused treatment
- Once an individual's trans status became known, the level and quality of care decreased w/higher rates of unequal access r/t racial and income factors.
- Respondents reported being harassed verbally and/or physically assaulted by providers when seeking care
- African American Transgender persons were the most vulnerable to physical assault in doctor's offices and/or clinics.

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Key Challenges Facing Transgender Older Adults (SAGE 2011)

- Today's Older Adult Services Network is not equipped to provide culturally-competent and non-discriminatory services to LGBT older adults, or to address their unique needs.
- ADRC Survey (2012)
 - > Only 9% of service providers reported any sort of outreach
 - > Only 30% of service providers reported any sort of training of staff
 - > Only 5% of service providers reported serving any "known" trans elders
 - > Only 15% had any information or knew of any sources of info for LGBT-specific services

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Key Challenges Facing Transgender Older Adults (SAGE 2011)

- The confluence of widespread discrimination across the lifespan, weaker support networks, and barriers to quality care contribute to poor health outcomes for many transgender older people.
- Employment Discrimination=Lower Paying Jobs, "under the table" payment, no benefits, health insurance, retirement, Social Security, etc.
- Self Isolation and Societal Isolation
- May or may not be connected to or welcome in, the local L, G, B Community
- Spiritual/Religious Isolation (Hierarchy of Sins)

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Key Challenges Facing Transgender Older Adults (SAGE 2011)

- Transgender older adults face barriers in areas such as personal safety, employment and housing discrimination, privacy and documentation issues, a limited knowledge base (individual and provider), community support.
 - 70% of Transgender Adults Aged 65+ Reported delaying their gender transition for years to avoid employment discrimination.*
 - 16% reported using drugs and/or alcohol to deal with mistreatment and abuse*
 - 17% reported attempting suicide at least once*

* (NCTE/NGLTF 2011-Injustice at Every Turn)

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Veterans Issues

- Estimated that 15,000 Transgender Persons are on active duty with the military
- High Percentage of Older Transgender Persons are Veterans (NCTE and Aging/Health Survey)
 - 134,000 estimated total Vets
 - 40% of Persons aged 55-64
 - 54% of Persons aged 65+
 - 20% of Vets Id as Transgender (Blosnich 2013)
 - ??? of General Population who are Vets?

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Veterans Issues

- No organized policy or approach in VA until June 2011
 - Directive-VA 2011-024 Revised in 2013 with a Frequently Asked Questions Section (VHA 2013-003)
 - VA Clinics for Transgender Vets-Tucson, Arizona and Cleveland, OH
- Does Not Cover Transition Related Surgery
- Ban on Transgender Persons serving openly lifted Summer 2016, but...
- Suicide Risk-Rate of Suicide-related events among Trans Vets=20% Rate among non-trans vets=10% (Blosnich 2013)

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Veterans Issues



Christina Jorgenson
May 30, 1926 - May 3, 1989
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Veterans Issues



Kristin Beck (former Navy Seal)
6/21/1966-
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Issues for All Persons who are Transgender?

- Stigmatization-Shame: Older adults have higher levels, due to the "climate", lack of information, etc. during their childhood, youth and beyond.
- Lack of \$\$\$\$ resources for treatment*, legal name and gender marker changes (although Medicare no longer excludes trans services, one must be Medicare-eligible)
- Exposure to higher rates of violence throughout life
- Isolation-societal and self-particularly in rural areas, where geographic barriers, and conservative attitudes may exist.

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Issues for All Transgender Persons

- Being different in a society which is sometimes hostile, particularly when involves “sex” and/or genitalia.
- Come out or go stealth?
- Emotional Cost-Relationships, Depression, Anxiety
- Prejudice and Discrimination (Economic)
- Legal Issues-Custody (grandchildren)

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The Impact of Such Issues on Older Trans Adults

- Higher levels of anxiety, depression and suicidal ideation
- Higher levels of “risky”, and/or self-destructive behavior, such as substance abuse, smoking, unprotected sex, sex work.
- Increased risk of HIV (Clements-Nolle 2001)
- Reliance on hormones obtained from non-medical sources, the internet, etc.

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The Impact of Such Issues on Older Trans Adults

- General distrust of health care system, due to previous negative and/or disrespectful responses from providers. (NCTE/SAGE 2011)
- What kind of training/education do potential health care providers receive in their academic/training programs?
 - 2010 Survey of 176 Medical School Directors of Education regarding whether content on LGB and/or T persons is included in the program produced the following data: of the 132 Programs reporting:
 - 123/132 Programs reported that content on LGB and/or T persons was part of the educational program, with a median of 5 hours of training devoted to the topic in the entire curriculum
 - 9 programs reported 0 hours of content provided during pre-clinical years
 - 44 reported 0 hours of content provided during clinical years.

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What Do Transgender Older Adults Want?
Life with Dignity

- To be able to live the remainder of their lives as their authentic selves
- To be treated with respect and dignity
- To have meaningful relationships with others who accept them for themselves
- To have access to the same supports and care that cisgender (non-transgender) persons have to be safe, comfortable and as independent as possible in their later years

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Health Care and Insurance Gaps

Transphobia and Culturally Competent Health Care

Transphobia: An irrational fear and/or hatred of transgender persons, often leads to feelings of prejudice, acts of discrimination and violence

Factors contributing to Transphobia, et. al

- Lack of visibility, lack of exposure to transgender persons, ageism, homophobia, stereotyping
- Lack of training of all staff regarding culturally-competent and respectful care

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Health Care and Insurance Gaps

- Trans older adults who are not yet eligible for Medicare, are often uninsured, or if under ACA-expanded Medicaid, trans related care is not covered.
- Even if a Medicare recipient, trans-knowledgeable and competent health care providers may not accept assignment
- Life insurance providers may not honor transgender person's true gender, (e.g. transwoman requests female rates.....)

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What Kind of Services Do Older Trans Adults Need?

- Patient is exploring acting upon long-term gender identity issues:
 - Referral to a therapist, counselor or psychologist who has experience working with transgender persons;
 - Discussion of how any co-occurring medical or health conditions might impact transition
 - The same health/medical care that any other patient might require.
 - World Professional Association for Transgender Health (WPATH) Standards of Care (2011 7th edition)

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What Kind of Services Do Older Trans Adults Need?

- Those who are considering hormonal and/or surgical transition (WPATH 2011):
 - Patient presents with letter from therapist, psychologist, etc. or other physician, confirming diagnosis of Gender Identity Dysphoria (DSM-V)
 - Routine Lab Work for baseline hormone levels, other systems levels to monitor potential impact of the hormones, etc.
 - Referral to an Endocrinologist
 - The same health/medical care that any other patient might require

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What Kind of Services Do Older Trans Adults Need?

- Those who are already in the hormonal and/or surgical transition process (WPATH 2011):
 - Routine Lab Work for the hormone levels, other systems levels to monitor impact of the hormones, etc.
 - Dependent upon level of transition-pelvic exams/pap smears for Transmen who have not had a hysterectomy and other related procedures, etc.; Prostate Exams for Transwomen who have not had orchiectomy or other genital surgeries.
 - Screening Mammograms for Transwomen, and for Transmen if there is any breast tissue remaining following bilateral mastectomy.
 - If there is no available or appropriate Endocrinologist in the area, with appropriate medical records, etc., prescriptions for hormones, anti-androgens, etc.
 - The same health/medical care that any other patient might require

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What Do Transgender Older Adults Want?
Death with Dignity

- For their last wishes to be respected, regardless of others' feelings regarding their transgender status (i.e. being transgender does not mean one is not competent to make medical and other life impacting decisions)
- For their obituary to reflect their authentic selves (name, pronouns, significant others, etc.)
- If a viewing (open or closed casket) is held, that they be dressed in accordance with their gender identity.

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What Do Transgender Older Adults Want?
Life & Death with Dignity-Legal Issues

- Advance Directives are crucial, but “end” when individual dies.
- Inheritance/Will challenges
- Estate Planning with “safe” and trusted administrators more important than ever

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Becoming “Trans-Affirming”

Examine your own potential biases

- Step 1: Challenge how you think about an individual's sexual and gender identity. Start with how you view yourself.
- Step 2: Generalize that to all aspects of practice (professional and personal)
- Step 3: Move away from viewing sex and gender as a binary, not just in thought, but in actions and professional forms, documentation, etc.

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Becoming “Trans-Affirming”

Educate Yourself and Others

- Step 4: Seek out more information, resources, training and support regarding transgender issues (Resource List)

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Making the Service Environment Trans-Affirming

- Review all forms, policies, etc. for inclusive language and options, e.g. preferred name and legal name, male, female, transgender, appropriate pronoun? If unsure, ask.
- Have your inclusive policies in clear view in the waiting area, on website, etc. (Safe Place Poster)
- Gender Neutral Bathrooms
- Staff
 - Provide training
 - Have clear policies on zero tolerance for disrespectful or unprofessional behavior

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Making the Service Environment Trans-Affirming

- All Settings:
 - Mind your pronouns and names and if you mess up, keep going and don't make a big deal of it in front of others-apologize to the person in private.
 - Don't assume and do not embarrass the person in front of others (Oh, Mary, that group is just for the women.....)

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Making the Service Environment Trans-Affirming

- All Practices:
 - Be discrete in use of the GID or Transsexualism Diagnosis in billing and documentation
 - Make sure you protect the person's confidentiality and privacy (HIPAA)
 - Prior to diagnosis, and even after, depression, anxiety, etc. related to Adjustment Disorder may be more appropriate
 - Make sure to always start where the client is and honor the client's experience of their own gender id regardless of anatomy.

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Trans-Affirming Practice

- Accept your limitations, refer out
- Request additional training
- Identify other professionals in the area who might be interested in forming a gender team
- Educate others



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General Policy Issues

- Health Insurance Coverage
- Don't Ask, Don't Tell (Trans Vets Dishonorably Discharged)
- Employment Non-Discrimination Act (ENDA)
- Hate Crimes (USA & beyond)
- Voter ID Laws
- Exclusion of Data regarding LGBT Older Adults in National Health Surveys

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Where do we go from here? Implications for Practice

- Becoming Trans-friendly
- As a Professional
 - Educate yourself
 - Self-examination of potential biases
 - Develop a trans resource tool kit
 - Advocate for gender-neutral language, and/or trans-inclusive language in assessment tools, marketing materials, policies, etc.

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Implications for practice, continued

- Accept your limitations, refer out
- Request additional training
- Identify other professionals in the area who might be interested in forming a gender team
- Educate others



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