



Is Your “T” Written in Disappearing Ink? A Checklist for Transgender Inclusion

Many LGBT aging programs, publications, and policies are transgender-inclusive in name only. This is a disservice not only to transgender elders and their SOFFAs (significant others, friends, family and allies), but also to the aging program’s other clients and professional allies. When only the letter “T” but no actual content is included in LGBT aging programs, publications, and policies, clients and professionals may be misled into thinking that there is no information available on transgender elders, that they know what they need to know to provide adequate peer or professional support to transgender elders, or – in the worst case – that transgender elders are synonymous with LGB elders or don’t even actually exist.

This checklist is designed to be only a *first* step in determining whether your program, publication, or policy has written its “T” in disappearing ink. There are many more questions that should be considered and issues addressed before a program should rest on its inclusion laurels (if you believe we should ever rest on such matters). But it’s a start.

- Does your program, publication, or policy refer only to “sexual orientation” and “homophobia” or do you also include “gender identity” and “transphobia”?**

If you only discuss “sexual orientation” and “homophobia”, you send a message to transgender persons and their partners that they are only welcome if they are perceived as lesbian or gay male, that you only serve transgender persons on issues related to their perceived sexual orientation, and/or that your program does not address the unique prejudices and issues faced by trans+/SOFFA elders.

If it is, in fact, the case that your program, publication, or policy is designed only for lesbian-identified or gay male-identified transgender persons, perhaps you should consider dropping the “T” from your materials and instead explicitly state that you welcome transgender persons who are lesbian- (and/or gay-) identified. That way confusion is lessened and people are better enabled to find services and supports that fit their needs.

- Does your program, publication, or policy acknowledge that the needs of pre- or non-operative transsexuals differ from the needs of post-operative transsexuals? Does it address cross-dressers, bi-gendered persons, and other transgender elders who are not transsexual?**

One of the realities of aging is that health concerns become more common, requiring elders to have more contact with health care providers and, possibly, sex-segregated institutions such as hospitals and nursing homes. Because transgender elders' unclothed bodies may be visibly different from the bodies of others of their gender identity, professionals and paraprofessionals must be trained on what to expect and how to respectfully work with such elders both in private and in sex-segregated institutional settings.

Similarly, the needs of cross-dressers, bi-gendered persons, and “genderqueer” elders also differ. Because these elders may visibly violate gender norms even when clothed, they may experience confusion, hostility, or even violence from a wider range of service providers, elder peers, and the general public than transsexuals who “pass.”

- Does your program explicitly welcome and make comfortable the partners of transgender elders?**

In contrast to lesbian and gay male couples, many transgender persons are coupled with someone who may not feel she or he is included under the LGBT umbrella. Such partners may be women who identify as heterosexual but who are partnered with an MTF, men who identify as heterosexual but who are partnered with an FTM, lesbians and gay men whose partner has transitioned (resulting in a couple that now looks like it's an “opposite”-sex couple), and others. If your program strives to support, accommodate or address the needs of LGB couples and families, it needs to carefully and explicitly address how partners and families of transgender persons who are (or are perceived to be) heterosexual will be welcomed. This includes not only inviting such partners and families, but:

- Knowing and addressing the different legal needs of trans partnerships, some of whom have access to legal marriage or have a legal marriage they want to protect;
- Providing knowledgeable support and/or appropriate referrals to partners and families of trans persons;
- Conducting training among staff and clients to reduce homocentrism and to create a climate where heterosexual-identified and/or –appearing couples feel welcome.

- Ensuring that your training programs, publications, and presentations explicitly address non-LGBT partners and their unique issues.

Does your program address coming out issues?

It appears that a much higher proportion of transgender persons (particularly MTFs) than lesbians and gay men “come out” in later life. That means that older transgender persons may not only be dealing with all of the issues older lesbians and gay men deal with, but also with coming out at work, to the kids and grandkids, to the neighbors, to service providers, etc. If your program offers coming-out supports, make sure it has transgender- and SOFFA-specific materials on coming out, as *some* of the issues are different and some transgender persons and SOFFAs may not feel that LG-oriented materials adequately reflect their issues and needs.

Particularly look at whether you can support the partners of newly-out transgender persons. These couples, some of who have been together 30 or 40 years or more, may have no idea that other long-term marriages and partnerships have survived one partner’s gender transition. Even if they do realize staying together is theoretically possible, they may be unable to conceive of how they, personally, will cope with the myriad social, professional, and internal changes involved.

Does your program, publication, or policy address and assist with transition issues?

Because so many transgender persons come out later in life, the transgender elders and SOFFAs you wish to include may be dealing with a whole range of transition hurdles, including but not limited to:

- Finding appropriate therapists and physicians familiar with trans+/SOFFA issues;
- Obtaining insurance coverage or other sources of funding for hormones and/or surgeries;
- Getting institutions such as Social Security, the Veterans Administration, Medicare, the Department of Motor Vehicles, and many others to change the gender designation on identification papers;
- Finding clothing suppliers who can fit large women or small men;
- Obtaining training and assistance in finding a new profession or job in later life or assistance in working with their current employer/human resources department; and
- Locating home health aides and other assistants who will be respectful of their gender identity.

If your agency cannot help with these sorts of matters directly, make sure all of your staff has access to appropriate referrals who CAN help.

Do the in-person and printed materials that represent your program or publication include identifiably transgender persons?

Most LGBT aging programs realize that gay men would worry about how comfortable they’d feel in a program that was represented only by lesbians or pictures of lesbians, and vice versa. The same is true of transgender elders. Many of these elders have been “burned” by other nominally-inclusive LGBT organizations. Many different types of assurances may be necessary in order for them to feel that they will truly be welcome.

Do your transgender staff member/s, board member/s, and/or advisor/s adequately represent the full transgender community?

Because out transgender persons and allies are still relatively rare and because general knowledge of transgender issues is sadly lacking within the LGBT community, many organizations have ended up relying on one or two transgender “experts.” If this is true in your case, make sure your representative is aware of and constantly articulates the vast variety within the trans+/SOFFA community. Does he or she:

- Explicitly talk about how the needs and interests of MTFs and FTMs differ, or does he or she tend to talk about “transgender persons” as a unified category?
- Remind people that transgender persons may be or be perceived as heterosexual as well as lesbian, gay, or bisexual?
- Talk positively about transgender persons’ SOFFAs, or does she or he tend to imply transgender persons are loners, are always abandoned by spouses and families, or are the only ones who need validation and support?
- Distinguish between the needs of post-operative, pre-operative, and non-operative transsexuals?
- Remind people that some transgender persons do not identify as *either* male or female (or identify as both)?
- Talk about how the transgender experience differs for persons from different socio-economic groups?
- Seem to be able to find and access materials and resources aimed at both FTMs and MTFs, and at SOFFAs?

- Seem to be connected to other transgender persons and SOFFAs from both the FTM and MTF communities, and willing to access these people on your program’s behalf?

If the answers to any of these questions is “no,” your transgender inclusion efforts may not be as good as you’d thought.

Can you link transgender and SOFFA elders to their peers?

One relatively low-cost service you may be able to offer transgender elders and SOFFAs is access to a computer and assistance in setting up and using a free e-mail account so they may subscribe to the free international e-mail support group for transgendered persons aged 50+ and their SOFFAs, **ElderTG**. Subscription and information requests should be sent to LoreeCD@aol.com.

Transgender elders and SOFFAs may also need assistance finding both online and in-person supports specific to trans+/SOFFA issues. There are literally hundreds of websites and listserves that offer valuable (although not always reliable!) information and support. Two of the many possible places to start are www.ifge.org, which maintains a list of local support groups, and www.transfamily.org, which offers online support to SOFFAs and links to many useful sites.

Can you provide your staff with the necessary training, materials, and support they need to understand trans+/SOFFA aging issues?

The **Transgender Aging Network (TAN)** is an international network of people who serve, do research or training about, and/or are otherwise interested in transgender aging issues. Currently, membership is free and can be activated by answering 7 questions. Members' questionnaires are shared with all other members to facilitate direct networking. The questions are:

- 1) What is your involvement with transgender/SOFFA elders/aging? (Are you serving elders, researching elders, or involved in transgender/SOFFA groups?) Please describe fully.
- 2) To what organization/s related to transgender/SOFFA, aging, health and related topics do you belong? For each organization, please list your role/s.
- 3) What are you seeking concerning transgender/SOFFA aging topics, resources, assistance, etc.? In other words, what might other network participants provide you or help you with? (Please be as specific as possible.)
- 4) What publications/resources can you provide to others interested in transgender/SOFFA aging topics?
- 5) Aside from sharing the results of this questionnaire, what would you like to see this network do?
- 6) What else should we have asked/would you like to share?
- 7) What is your contact information? (*Please print clearly!*)

Name:

Title:

Organization:

Address:

Phone/s:

Fax:

Email:

Website URL:

TAN also provides fee-based training and consultation services. We can do onsite training, provide assistance in making publications and training materials inclusive, and set up one-time or ongoing expert consultations for your staff. For a rate card or more information, contact:

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