CASE STUDY NARRATIVES

We have developed a number of other resources that accompany this guide, including a narrative resource with stories from all 15 participants, *"Gender is just part of who I am": Stories from Trans Australians.* Available from: www.valscafe.org.au

Philippa: "It's a lifelong thing"
Philippa is living with dementia and receives home care daily.

It started very young, in my case, I was in a convent when I used to get in trouble from the nuns for playing in a girl's yard, you know. Once I was forced to stand in the girls' yard wearing a pinafore. It was just a rule they had, you know, the girls were here and the boys were there. You were forced to play sport with boys and all the rest, that sort of stuff. So, it is a lifelong thing with me – well, almost a lifelong thing.

As long as you have society with divided gender, you know, two genders and that sort of thing, you're going to get some people wanting to be of the other gender, for whatever reason, psychological or cultural, or what have you, but it's going to happen. People must understand that. So, you know, we're in a society where it's happening and we shouldn't reject these people, we should assist them where we can.

Gender is socially constructed. You're not born with it, as such. And you're not born with gender behaviour. You're taught how to behave from a very young age. You know, as soon as most people see your genitals, then they say well this person's got to behave in this particular way, and, so it is artificial in that sense. And what society tends to do is to try and force that sort of behaviour upon you. 'If you've got these genitals, you've got to behave in this particular way and not go against God.' It's also not going against the natural development, because development in humans or other animals, or what have you, is very diverse.

I think one of the most difficult things for a lot of [people] is that they have been rejected by their kinfolk. I have two brothers. They don't accept me. Even though one of them invited me to come and stay with him at one particular stage, in his house. He's married, and his wife was really fascinated by me. She thought I was like the 'drag queen' artist Carlotta or something. She was very fascinated and would ask me really stupid questions, which in the end I found very, very insulting. Stupid bloody questions she was asking, like I was some sort of freak.

Discussion questions for Philippa's story:

1. Does your service divide people into 'male' and 'female' and expect them to behave in particular ways?
2. What do you think it would feel like to be rejected by your family because of your gender?
3. What do you think Philippa means by 'it's a lifelong thing'?
4. What misconceptions do you think exist about trans people?

Alfred: "Every so often I have to do something impossible"
Alfred has spent a lot of time and all his money adapting his house to be as accessible and as safe as possible in anticipation of his own ageing needs.

For different things, you just have to prove who you are. You just keep going and going and going and either you win or you lose, and the loss is money you have to pay and the win is just 'oh, you should have told us', sort of stuff. So I keep every piece of paper I can possibly get hold of, because if you don't and it comes to the fight, you've got nothing.

Even just a couple of years ago they came out with my birth name to my doctor and refused to give me the Testosterone after being on it for 30 years. The doctor rang up Medicare, as he does for a prescription, and they said, "No. Female." And he said, "No. Male." And whoever was on the phone – the authority person – said, "No, no, female." And this went on for a good five minutes. And in the end he said, "Look, I am the doctor. I have the patient sitting here. Do as I say." And they had to give over. But they've not made my life easy. So every so often something will come up where I have to do something impossible to get what I want, even though I've had it before.

Anything wrong with me I end up with no clothes on. I had a hip x-ray just recently and she – I don't know what she was doing, this female doctor, and she just got my boxer shorts, which I wore, because you need to move to get the hip x-ray, and she's pulled them straight down and give herself a shock. So then she got angry and she blamed it on me. She said, "You couldn't have worn worse underwear." Not my problem, doctor. You just grabbed them and pulled them and then because the anatomy wasn't right you got embarrassed and angry, so you put it on me – not my problem. We call them medical violations.

I'm a person first. It's all right saying we treat everyone. It's *how* you treat.

Discussion questions for Alfred's story:

1. Even though Alfred transitioned over 30 years ago, he still experiences problems with his medical records and managing other identity documents – people continue to think he is female. How would your service recognise this problem and advocate for Alfred?
2. What does Alfred mean by 'medical violations'? How do you think his experiences of medical violations would impact his future relationships with service providers?
3. What would you do to communicate to Alfred that he would be looked after in your service?

TRANS HEALTH AND AGEING: SUMMARY

An evidence-based guide to inclusive services

This resource was developed as part of a research project to document trans people's experiences of ageing and their health and aged care needs, undertaken by Val's Café at the Australian Research Centre in Sex, Health and Society, La Trobe University, in partnership with FTM Shed, Transgender Victoria and The Gender Centre (NSW). This 4 page summary is part of a tool kit developed from the research, which includes an extended guide and narrative resource.

> *"The first time that I started to feel good about myself, that there are other humans like me, was at a trans event. Both my wife and I went to those events and had a wonderful time. Fortunately she saw how wonderful many of my brothers and sisters were. [...] I'm a better person because of this change that's come roaring like an out of control vacuum cleaner through my life."* - Beatrice*

What does trans mean?

Being trans means different things to different people. 'Trans' generally refers to someone who lives their life as a gender different from that listed at the time of their birth. While some trans people maintain the label or identity 'trans' throughout their life, others simply consider themselves men or women. Just with all other groups of people, trans is not a homogenous group; there are many different ways of being trans. There are many more labels people use to describe their gender (including gender diverse and nonbinary), some of which are culturally specific, such as the indigenous terms sistergirl and brotherboy. Gender is different from sexuality or sexual orientation, though gender is implied in sexuality categories (being a lesbian describes your gender [woman] as well as your preference for romantic and sexual partners [women]). Just like everyone else, trans people have all kinds of sexualities, some are queer, some heterosexual, bisexual, lesbian or gay, and some use other labels to describe their sexuality. Gender is experienced by all people as fundamental to how they live their lives and relate to others, though trans people tend to be more aware of this than nontrans people. While there are some similarities between being trans and being lesbian, gay or bisexual, such as historical experiences of discrimination (5, 7), one participant articulated how trans people's experiences differ from those of lesbians, gay men and bisexual people:

> *"Unfortunately transgender is something which almost inevitably is medicalised. If you're gay, you don't have to have your sexuality facilitated by medical gatekeepers. Whereas if I'm going to go through gender transition, I have to work through medical gatekeepers: psychiatrists, general practitioners, endocrinologists et cetera et cetera."* - Meredith

'Gender transition' also means different things to different people. For some, it means changing their name and informing people of their gender identity and preference to be described using the pronouns of that gender ('she', 'he' or 'they'). For others it means years of surgeries and a lifelong commitment to hormone therapies. Not all trans people, however, pursue medical interventions (such as hormone use or surgeries) to change their appearance for a variety of reasons, including individual preference, medical reasons, financial impossibility and other barriers. Some trans people will have pursued some interventions and not others (for example, will use hormones but will not have obtained surgeries). There are many different kinds of trans surgeries and many trans people will pursue some and not others. People transition at different times across the lifespan: some as children, young adults, in their middle ages or later years. Being trans involves navigating complex systems medically, socially and bureaucratically, each with its own prejudices. We celebrate their courage.

> *"The reaction from people that I meet is – mixed. But I'm pretty outgoing, and I just believe in being who Iam. I'm professional in my dealings with our clients, and they just treat me like a person, simple as that."* – Susan Baker

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*The names of all research participants have been changed (to similarly gendered names they agreed with) to protect their privacy, with the exception of Susan Baker, a trans woman who works in aged care and who wanted to be identified.

KEY ISSUES IN TRANS HEALTH AND AGEING

This 4 page summary has been designed to be read alongside the extended guide of the same name, which describes each issue and strategy in more detail. Page references for the corresponding section in that guide are given in brackets.

A. Trans histories

Older trans people have lived through vast social changes. Growing up, being different was not valued or respected. Instead ways they were different were kept secret and experienced as embarrassing and shameful. Some participants described histories of psychiatric incarceration and enforced 'conversion therapies', and all discussed experiences of prejudice and discrimination, often at the hands of medical and health service providers. Participants described experiencing rejection by their families, and having particularly fraught relationships with adult children who do not accept them. Trans people may not have the support of their families and may have lost other community ties as well. Therefore, as they age, they do not have the financial, emotional or caring support they need to remain independent longer. *Service providers who understand the historical tensions that occur with some families of origin and the legal rights of trans people are well placed to recognise the emotional difficulty of such conflicts and advocate for the rights of trans people – particularly those who are living with dementia or other illnesses or disabilities.*

Experiences of harassment and abuse, as well as rejection by family, friends and the broader community resulted in many participants experiencing anxiety and depression and some attempting suicide. Poor mental health or low self-esteem stemmed from societal responses to trans people, not from being trans. A history of negative experiences diminished participants' sense of entitlement. *When undertaking assessment or developing life stories, it is important that service providers are mindful of historical experiences of discrimination. Questions about experiences growing up, family and early relationships may precipitate anxiety or be re-traumatising.* (p.5)

B. Prejudicial treatment

While historical experiences of discrimination and poor treatment taught trans people they were not welcome in services, participants also reported these incidents continue to occur. Many participants described being rejected or refused services on disclosing, or it becoming known, that they are trans. Having their trans status brought up repeatedly and when it is not relevant was described as tiresome and frustrating, as well as distressing and hurtful. *Information about people's gender, or health needs, should only be collected or discussed where there is a legitimate need for that information. It is not appropriate for trans people to be put in the position of educating service providers from whom they are seeking help.* (p.6)

C. Fear of discrimination in health services

Reactions from service providers and others, such as 'being stared at', have a negative impact on trans people who have spent a lifetime being judged, dismissed, rejected, or humiliated because of their appearance or trans status. Participants described feeling especially sensitive to rudeness or other less than professional forms of conduct. Many people with trans histories are simply men or women and do not identify as 'trans'. *Previous experiences of discrimination and prejudicial treatment contributes to a fear of health services and aged care. What is important is what someone's immediate needs are, not that they are trans or make known that they have a trans history.* (p.8)

D. Misinformation and no information

A lack of research into trans ageing and trans health more generally means trans people do not know what will happen and what risks they face as they age. Additionally, participants reported that doctors and other service providers tended to know even less about trans health and ageing than they did. *When seeking information about trans health and ageing, make sure it is evidence-based. If you can, check the sources of any trans health information you read.* (p.8)

E. Trans people living with dementia

Dementia, like all diseases, does not have universal effects. That means everyone experiences dementia differently, depending on their individual context and experiences. The same is true for trans people. As each person experiences gender (and dementia) differently, it is very difficult to anticipate how dementia will affect trans people. Just like other people, most participants described experiencing their gender as stable throughout their entire life, though a lack of clinical research means it is not possible to know how dementia will impact trans people's experiences of themselves and their bodies. *The best way to care for and support a trans person with dementia is to pay attention to their current situation and present needs, without assuming what those might be.*

The right for trans people to live as their affirmed gender is a legally protected right. Some participants feared that dementia would make them vulnerable to abuse, particularly from service providers or family members with whom they have historical or ongoing conflicts. This can result in a delay or refusal to access services. *Service providers could significantly address the fears of trans people living with dementia by demonstrating their commitment to providing trans inclusive services, and advocating for the needs of trans people.* (p.9)

TRANS INCLUSIVE CARE

A trans inclusive service does not need people to disclose or identify themselves as trans. A trans inclusive service is *set up in particular ways* that make it a comfortable service for trans people to use, where they feel safe to share all of their needs.

EDUCATION

Education about trans issues and trans people's needs is incredibly important, and needs to be provided to all staff in all roles. *Being a trans inclusive service means staff in all roles understand what being trans inclusive means.*

1. Understand history

Trans people's historical experiences of discrimination, including from service providers, impact how they relate to services, as well as a fear of accessing and using services. *Trans inclusive services have a real opportunity to assist trans people in caring ways that they may rarely have experienced throughout their lives.* (p.10)

2. Be aware of document issues

Trans people may not have all of their records in their current name and gender. It is often beyond their control or capacity to do so. *A trans inclusive recognises that trans people may not have all of their records in their current name and gender, and does not demand that they do. A trans inclusive service will be able to deal with this issue in a way that respects a trans person's current name and gender.* (p.11)

3. Be considerate of physical issues

One of the main concerns trans people shared with us was a fear of prejudice and poor treatment because they have trans bodies. *A trans inclusive service is non-judgemental about the different types of bodies trans people have, and is committed to keeping up to date on emerging research about trans health and ageing.* (p.11)

4. Be attentive to legal rights

Due to the complexities of managing identity documents and records for trans people, they can be especially vulnerable to potential legal and bureaucratic difficulties, especially in death or loss of capacity. *Trans inclusive services encourage and assist trans people to legally document their future care wishes in detail and as early as possible.* (p.12)

5. Be respectful and professional

What is important for trans people is that you take them at their word regarding their gender, and do not press them to explain their gender experience to satisfy your curiosity. *Trans inclusive services respect the gender of trans people, without needing them to explain their experiences of being trans, or discussing their trans status when it is not relevant. Trans inclusive services use the correct gender, name and pronoun for trans people, consistently and in all contexts, regardless of the kinds of bodies or care needs trans people have.* (p.12)

6. Don't assume, listen

Knowing or 'finding out' someone is trans is not the most important aspect of a caring relationship. Assumptions about gender make it difficult for trans people to share all of their needs. *Trans inclusive services do not assume the needs of a person because of how they appear or sound, or because it is known they are trans. Instead, they take an active role in addressing the immediate needs of the present situation.* (p.13)

ORGANISATIONAL ACTION

Providing education to staff in every role about what being trans inclusive means is an important step, but the usefulness of such education is very limited without some practical changes in your organisation. *Organisational leadership is required to achieve the systematic reforms necessary for trans inclusive services.*

7. Be welcoming

Trans inclusive care is more than being 'LGBTI friendly'. *A message that trans people are welcome, which is backed up by appropriate care and respect, is an important part of trans inclusive care.* (p.14)

8. Ensure administrative flexibility

While it is standard to classify people by gender, this can be complicated and distressing for trans people. *Trans inclusive services have flexible documentation requirements that allow for the complexities of trans people's experiences of gender.* (p.15)

9. Undo gender segregation

Dividing people by gender can exclude trans people. *Trans inclusive services do not arrange facilities, programs, areas, events or activities by gender.* (p.15)

10. Respect privacy needs

For trans people whose bodies differ from other men or women, a lack of privacy can be very invasive and distressing. Privacy also refers to keeping confidential information about someone's trans status and their health needs. *Trans inclusive services make provisions to respect trans people's special need for privacy, both with information and space.* (p.16)

11. Advocate

Having an advocate to help manage some of the difficulties and complexities outlined in this resource can be crucial to trans people's care. *Service providers are well placed to advocate for the rights and needs of trans people, including within your own service, with other services and organisations, with other service-users and with families.* (p.16)