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Venae Rodriguez
"I own my T!" The Experience of
Older Transgender People of Color
Regarding Personal Identity,
Systems of Support, and Desires for
the Future

ABSTRACT

While it has been widely reported that transgender individuals experience mistreatment in all aspects of life, transgender people of color, who have rarely been the focus of studies, are faced with even higher incidents of bias (Auldridge, et al., 2012; Dunn & Moodie-Mills, 2012; Grant, et al., 2011). Especially absent is writing on older transgender people of color (Auldridge, et al., 2012; Cook-Daniels, 2015; Fredricksen-Goldsen, et al., 2013; Persson, 2009; Van Wagenen, Driskell & Bradford, 2013). Also missing is literature on the resiliency of transgender people of color and transgender elders. Finally, of the few studies that do exist, most focus on the negatives and on the life-threatening aspects of trans people's lives.

With that in mind, the purpose of this qualitative study was to look at the highly understudied population of older transgender people of color in order to begin to understand their experiences related to personal identity, to systems of support, and to their goals and desires for the future. The goal of the study was to expand the context for social workers – especially those that specialize in gerontology and related policy makers -- to consider the challenges, desires, and goals faced by this growing population of aging transgender people of color.

Through nine semi-structured interviews, a narrative of lifelong oppression and injustice is exposed in all aspects of living for this sample. Findings indicate an early understanding of gender difference and confusion related to a poverty of language and lack of safety to speak about this difference. Despite lifelong complexity of gender and the intersection of racial/ethnic disparity, however, participants appear to have uncovered a capacity for coping with multiple

marginalization through support of family (chosen or blood), community, and spirituality.

Finally, sample members give great consideration to legacy but view that dynamic through a non-traditional lens, sharing a strong desire to give to younger generations through varied expressions of social justice work -- a positive legacy of social change for those who follow in their footsteps.

**"I OWN MY T!" THE EXPERIENCE OF OLDER TRANSGENDER
PEOPLE OF COLOR REGARDING PERSONAL IDENTITY,
SYSTEMS OF SUPPORT, AND DESIRES FOR THE FUTURE**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2016

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This work is dedicated to all the people who are included in this study, and all those who have come before, I am honored for the ability to spend time documenting your stories and am grateful to you for working to pave the way for those who follow.

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CHAPTER I

Introduction

Over the last two decades American society has seen a rise in the visibility of transgender individuals, and in just the past few years we have experienced a steep uptick in media coverage of transgender individuals, as well-known models, actors, writers, and athletes have come into the public eye revealing themselves to be transgender (Bissinger, 2015; Klinger, 2014; Steinmetz, 2014). With more visibility there has also been an increase in political theater, culminating this year in discourse and bias laws in some states that police the bodies of transgender people and exclude them from safely accessing public bathroom facilities (Kopan & Scott, 2016).

This rise in media attention and discriminatory laws can be seen coinciding with an increase in crisis for transgender people across the spectrum, noted, for example, in the doubling of the number of calls to the transgender crisis hotline since the passage of controversial bias bills in one southern state (Phillips, 2016). Through the lens of this heated debate we see a vulnerable population of transgender individuals, and a clear need for competent workers who offer informed and dignified care. Long before this wave of media attention, transgender people faced deep levels of discrimination with little protection from state or federal mandates, decidedly sanctioning stigma and marginalization. Yet, care providers are in a position to offer competency to this population along with advocacy to move our society toward attitudes and policies of inclusion, and to do so, must know this population.

Existing literature on transgender individuals, although minimal, shows the impact of marginalization for all transgender people and highlights the multiple levels of marginalization that is felt by transgender people of color (TPOC) and older transgender people (Grant et al., 2011; Williams & Freeman, 2007). While scarce information is available it is clear that transgender people of color face much higher levels of unemployment and lower pay rates than their white counterparts, pushing them into elevated levels of poverty (Bith-Melander et al., 2010; Dunn & Moodie-Mills, 2012; Grant, et al. 2011). Little information is available on the lives of older transgender people, and almost nothing has been written about the lives of older TPOC who receive more mistreatment, stigma and harassment than do white transgender elders (Williams & Freeman, 2007).

The study that is reported in this thesis document explored the experience of transgender older people of color. Integral to this work was a desire to remain close to the participants' voices, to gain insight into their lifelong experience and overall factors that offer sustenance. To that end, nine people were interviewed, and their words weave a narrative that includes enduring the challenges of being a transgender person of color and also speaks to factors of support and hopes for the future, both for them and for those young transgender people who follow in their footsteps.

In the United States we are facing a steep increase in the aging population as Baby Boomers are moving into their advanced years and have begun to access care and services (Ortman, Velkoff & Hogan, 2014). Social workers in particular, bound to the National Association of Social Workers (NASW) code of ethics, which describes, among other things, the significance of working toward social justice and preserving the dignity and worth of all people (Workers, 2008), have the ability to be catalyst for change to systems that have misunderstood

and been unsympathetic to this population. In the review that follows I consider the needs and challenges of transgender older people of color with an eye toward relevant factors that may be beneficial to all older and aging transgender people. I also look to the systemic concerns that may hinder these older transgender people's ability to age with respect and grace and offer implications for social workers, gerontologists, and policy leaders in a position to ally with and advocate for this vulnerable population.

When I began this study, I set out to seek information that would be reflective of these individuals in their own words. My interest was in offering a narrative experience that not only focused on the real challenges of being a transgender older person of color but to find a well-rounded and full story that includes supportive factors, goals, and desires for the future (an account not often noted in the literature). The ultimate goal of this study is to enhance knowledge for providers of service to this population and to empower them at all levels to become allies and advocates for not only transgender older people of color but ultimately, all transgender people.

The next chapter presents a review of the current literature, offering some degree of understanding of the population and the basis for this study. That is followed by a report of the methodology used for this study (Chapter III). The next chapter (IV) reports the findings of this study, and the last chapter (V) discusses the "story" constructed through analysis for this sample and offers implications for practice, including suggestions for future research.

CHAPTER II

Literature Review

This literature review focuses on the impacts of marginalization faced by transgender people and the specific issues experienced by transgender people of color and older transgender populations. The chapter is broken up into five sections, beginning with a section describing and clarifying transgender and the complexity of this population. Section two discusses transgender discrimination generally with a subsection on the healthcare disparities that transgender people face. Section three focuses on older transgender people, while section four covers transgender people of color (TPOC). Finally, section five summarizes the existing literature including its limitations with an eye toward what is needed in the future, in terms of both knowledge and practice.

Transgender: Defining a Term

The term transgender, or “trans,” is often used to cover a range of people who identify as a gender different from their sex assigned at birth. With this understanding the term can include the following terminology to describe various members of this population:

- *transsexuals* - a term generally synonymous with transgender but often used for those who have undergone surgical transformation to align their bodies to how they identify their gender;
- *cross dressers* - typically heterosexual men who dress in feminine clothing on occasion;

- *drag queens* and *drag kings* - typically men who dress in a socially-constructed feminine style or women who dress in a socially-constructed masculine style for the purpose of entertaining others (GLAAD, 2015);
- *intersex* people - those born with physical anatomy or chromosomes that do not fit the expectation of the gender binary (Intersex Society of North America, 1993-2008); and
- *gender non-conforming* people or *gender queers* - those who fit neither end of the gender binary (Factor & Rothblum, 2008).

This is by no means a complete depiction of people that may fall on the spectrum between what is traditionally understood to be male and female. Because there is a vast range of people who might identify on the transgender spectrum, there is also a range of words individuals use to identify themselves. In sum, there are no hard and fast rules for how people identify (Factor & Rothblum, 2008; Persson, 2009), and I will use the terms *transgender* or *trans* interchangeably to speak about this population in general.

Often, transgender people experience some form of body dysphoria (discomfort or distress living in a body that does not match their gender identity) but not all trans persons do so. Some transgender people go through selected forms of medical intervention to allow them a sense of living in an external body that more closely matches their internal experience (Cook-Daniels, 2015; Factor & Rothblum, 2008; Persson, 2009). There are many ways in which individuals may modify their outside appearance to match their inside definition of gender. For example, a transgender woman (assigned male at birth) may take hormone replacement therapy (HRT) to produce breast growth and soften features, but she may not otherwise make any surgical alterations to her body. An alternate version is a person assigned female at birth and has chest reconstruction surgery but does not take hormone replacement therapy or make any other

body modifications. These people may identify as trans and fall on the continuum between male and female, not at one end or the other.

Many people live outside of the socially accepted gender binary that has been constructed to mean “boy” and “girl” or “man” and “woman.” However, while some transgender people go through various forms of medical intervention, as noted above, not all do so. Due to lack of resources or perhaps a lack of desire to alter one’s body, trans people may have bodies that do not conform to society's expectation of gender (Cook-Daniels, 2015). Thus, many transgender people live somewhere on the continuum between “male” and “female” and cannot be simply characterized or stereotyped, adding to the complexities of characteristic for this population.

There are numerous reasons a transgender person may or may not alter the body to move neatly from one end of the gender continuum to the other. Because this is a personal decision made for a myriad reasons, transgender people may have bodies that can be seen as gender non-conforming in mainstream society (Cook-Daniels, 2015; Filar, 2015). Considering western culture's hyper focus on gender norms and stereotypical notions of beauty, (Fabbre, 2015; Filar, 2015) this body nonconformity may increase issues for transgender people in systems that consider gender and bodies to be fixed and binary (Cook-Daniels, 2015).

Transgender Discrimination

Historically in the United States, transgender people have been pathologized as unnatural and mentally ill, creating stigma and bias in all aspects of living (Auldridge, Tamar-Mattis, Kennedy, Ames & Tobin 2012; Cook-Daniels, 2015; Factor & Rothblum, 2008; Grant, et al., 2011; Perry, 2015; Persson, 2009; Walsham, 2013; Williams & Freeman, 2007). As a result, in 2011 a comprehensive National Transgender Discrimination Survey (NTDS) was published through the National Center for Transgender Equality (NCTE) and National Gay and Lesbian

Task Force (NGLTF), showing that discrimination, harassment, and violence are faced in all aspects of life for the vast majority of transgender people. The study also shows that trans people are living in poverty at a rate four times higher than that of the general population (Grant, et al., 2011), placing this group at higher risk for all manner of social difficulties, from personal and physical to socio-emotional and material.

Further, according to data reported in *Injustice at Every Turn* (Grant, et al., 2011) transgender people face high levels of discrimination in hospitals, with social service providers, in courtrooms, and at the hands of the general public. Notably, bias against transgender children is seen in K-12 educational settings where, according to this study, 78% of children experience harassment, 35% are physically assaulted, and another 12% are subjected to sexual violence in school.

Employment discrimination is reported by 90% of those surveyed by Grant (2011), and 26% of participants in that same survey reported the loss of a job due to their gender identity. Abuse in the public sector is also prevalent, according to the Grant survey, showing that 29% of respondents in that study suffer harassment or disrespect by police, while six percent reported physical abuse by officers, and 12% reported having been denied equal treatment by officials of the court system (Grant, et al., 2011).

The stigma that trans people face, which is underscored by historic pathologizing as seen in mental health systems, leaves little recourse for this vulnerable segment of our society (Auldridge, et al., 2012; Fabbre, 2015; Walsham, 2013; Williams & Freeman, 2007). With no federal and very few state laws protecting transgender people, the mistreatment of this population is inherently sanctioned by American society (Auldridge, et al., 2012; Williams & Freeman, 2007).

Transgender healthcare disparity. Healthcare discrimination experienced by transgender individuals is pervasive throughout the healthcare system and throughout the country. For example, the recent National Transgender Discrimination Survey, which surveyed 6450 diverse individuals echoing the racial and ethnic breakdown in the general population in the United States, found that 50% of respondents reported having to educate healthcare providers about their basic healthcare needs. Further, 19% of respondents in that survey were refused care due to their transgender or gender non-conforming status, while 28% reported some form of harassment, and two percent had been subjected to physical violence in a medical setting (Grant, et al., 2011).

While all people must find medical and mental health practitioners who meet their needs, transgender people have the added task of finding healthcare providers who are willing to care for them in the first place and then willing to offer unbiased and respectful trans-affirming treatment, which means treatment that confirms and supports their gender identity. (Auldridge, et al., 2012; Grant, et al., 2011; Williams & Freeman, 2007).

As a consequence, over the past two decades there has been a growing system of informal transgender groups offering advice on healthcare providers who are affirming to transgender patients as well as those who are to be avoided. In short, transphobia (bias or prejudice against trans people based on their gender identity or expression) has forced this community to activate national underground cyber networks to help mitigate this basic safety concern while searching for competent medical and mental health providers (Cook-Daniels, 2015; Williams & Freeman, 2007). Unfortunately, the mistreatment, harassment, and violence that trans people face or hear about still keep many individuals from seeking treatment in the first place (Auldridge, et al., 2012; Fredricksen-Goldsen, et al., 2012; Perry, 2015; Williams & Freeman, 2007). In fact, it is

notable that 28% of those surveyed by Grant (2011) postponed seeking medical treatment due to the fear of discrimination.

Further, because transgender people are medically pathologized as having a disorder, they are often placed in a medical predicament. Beyond mistreatment by medical staff and the outright refusal of treatment, insurance companies also systematically deny them treatment. Even with the signing of the Affordable Care Act (ACA), which no longer allows insurance companies to refuse insurance to those with a pre-existing condition, there continues to be widespread bias related to transgender services (Walsham, 2013). Few states have transgender non-discrimination policies (Auldridge, et al., 2012; Dunn & Moodie-Mills, 2012), and there are no federal protections for transgender individuals related to receiving healthcare services, placing many trans people in a “catch-22” situation: they may be offered insurance and pay for it if they can afford it, but doctors and insurance companies often deny them access to needed services anyway (Auldridge, et al., 2012; Dunn & Moodie-Mills, 2012; Walsham, 2013).

There are many ways that trans people are excluded from accessing basic healthcare and services that are gender affirming. For example, while transgender patients pay into systems that cover patient care for the insured groups (Walsham, 2013), these same transgender individuals are very often denied care due to the fact that their gender status does not match the code for services (not covering a gynecological procedure for a transgender man that would be covered for a non-trans woman) or arbitrary refusal to cover patients due to gender identity. Therefore, while insurance companies can no longer exclude trans people from their roles, they continue to classify transgender related services as pre-existing conditions or excluded procedures due to non-gender match (Walsham, 2013). In short, even though the Affordable Care Act has banned insurance companies from denying coverage to those with pre-existing conditions, trans people

continue to be refused services or must do battle with doctors and insurance companies for basic appropriate and affirming care (Dunn & Moodie-Mills, 2012; Walsham, 2013; Williams & Freeman, 2007).

Clearly, these kinds of transgender discrimination create economic vulnerability, leading many trans people into poverty and catalyzing some people to turn to underground economies (selling drugs, sex work) out of necessity (Bith-Melander, et al., 2010; Grant, et al., 2011), linking this population to high rates of HIV infection, risk of suicide and depression, and a high rate of drug use to cope with everyday life (Bith-Melander, 2010; Grant et al., 2011).

Ultimately, this compounds medical issues and costs for not only this population but for society in general.

Aging and Older Transgender People

Trans elders are left out of the literature on successful aging... out of the conversation and out of the research as well (Auldridge, et al., 2012; Cook-Daniels, 2015; Fredricksen-Goldsen, et al., 2013; Persson, 2009; Van Wagenen, Driskell & Bradford, 2013). Instead, the literature on aging, and on successful aging in particular, is based primarily on a middle-class heterosexual model of aging (Van Wagenen, Driskell & Bradford, 2013). Just now is a little literature beginning to address the lives of trans elders, showing that while trans older adults face some of the same challenges as non-transgender elders such as health care and social support (Fabbre, 2015; Fredricksen-Goldsen et al., 2013; Van Wagenen, Driskell & Bradford, 2013), they have additional and unique concerns related to mistreatment and stigmatization in all aspects of living (Auldridge, et al., 2012; Cook-Daniels, 2015; Fabbre, 2015; Fredricksen-Goldsen et al., 2013; Persson, 2009; Van Wagenen, Driskell & Bradford, 2013; Williams & Freeman, 2007). Therefore, while many elders in the general population can and do rely on

families for caregiving, over 50% of trans elders report being estranged from their families of origin (Filar, 2015; Grant, et al., 2011).

As noted earlier, some transgender individuals seek affirming medical interventions to alter their bodies while others do not. This decision-making has to do with access to medical services, cost of treatment, and the ability to finance such interventions either personally or through health insurance (Auldridge, et al., 2012; Cook-Daniels, 2015; Grant, et al., 2011; Williams & Freeman, 2007). It is also important to note that not all transgender people have the same desire to modify their bodies and that many older transgender people have transitioned later in life to maintain stable employment. In fact, fear of losing jobs and income force many people to hide their identities for decades (Auldridge, 2012; Cook-Daniels, 2015; Fabbre, 2015). At the other end of this spectrum are some older individuals who transitioned earlier in life and were told as part of agreeing to medical treatment to cut ties with family and friends and make a new life in their new gender and not look back. In essence, they were told to hide themselves and to try to fit into society (Cook-Daniels, 2015; Factor & Rothblum, 2008). For both of these groups, life in society has been challenging.

Institutional stigmatization and marginalization toward LGBT individuals has been noted in care facilities for the elderly where heterosexuality and binary gender roles is believed to be the norm, and an assumption that LGBT people do not exist in these settings is widespread among elder service workers (Auldridge, et al., 2012; Perry, 2015; Porter et al., 2014). While there is a real lack of research regarding the long-term use of hormone replacement therapy (HRT), what we do know at this point is that transgender people using HRT seem to face higher risk of cardiovascular disease, liver disease, and diabetes (Persson, 2009) -- all treatable with

proper access to healthcare (Persson, 2009; Williams & Freeman, 2007) but devastating for those without.

Notable among studies that have a transgender elder care component is a pilot study from 2014 that tested LGBT cultural aptitude and ability in 76 elder care workers before and after a five-hour training on LGBT issues. The study concluded that participating providers did show a substantial increase in knowledge about LGBT populations on the whole and a greater understanding of the difference between sexual orientation and gender identity. Overall, the practitioners increased their sensitivity to and comfort in working with LGB elders, but startlingly, there was a decrease in comfort working with “openly” transgender elders. This pilot study took place in and around Boston, and was attended by over 90% White female participants with nearly 20% identifying as LGBT (Porter & Krinsky, 2014), however, it is important to consider the possible outcomes in various communities including those of color and geographic areas that may be more or less liberal. Porter (2014) concluded that different or more thorough education about transgender people might need to be incorporated into future training. Unfortunately, this pilot study did not list the reasons that providers felt less comfortable in working with transgender elders, but fear of body nonconformity may be an issue.

As noted above, the choices that people make about Hormone Replacement Therapy and Sex Reassignment Surgery (SRS) lead to many transgender people appearing to have bodies that do not conform to the dominant understanding of what is a male or female body (Cook-Daniels, 2015; Walsham, 2013). Furthermore, if a majority of elder service providers do not believe that transgender people even exist in their setting, (Fabbre, 2015; Porter, et al., 2014; Van Wagenen, Driskell & Bradford, 2013), it makes sense that these providers would prove less comfortable working with bodies that do not conform to the dominantly held idea of man and woman. While

one of the primary issues for lesbian gay bisexual (LGB) older adults in accessing elder care speaks to going back in the proverbial closet, transgender people do not have that option if the landscape of the body under their clothes is incongruent with their outward appearance.

Transgender People of Color

It is apparent in much of the literature that transgender people of color are the hardest hit by bias and marginalization (Auldridge, et al., 2012; Bith-Melander, 2010; Dunn & Moodie-Mills, 2012, Grant, et.al., 2011; Singh & Mckleroy, 2011; Williams & Freeman, 2007). Dunn and Moodie-Mills, who published a study on gay and transgender communities of color in 2012, noted that transgender people of color face much greater levels of unemployment and lower rates of pay, which equates to more poverty and less probability of housing or health insurance and meeting basic needs. In fact, 31% of Black, 28% of Latino/a, and 25% of American Indian transgender people are uninsured as compared to 17% of their white counterparts (Grant, et al., 2011).

Furthermore, transgender youth of color are much more likely to be homeless and less educated than their white counterparts; for example, over 80% of the trans homeless youth population is Black and Latino/a (Dunn & Moodie-Mills, 2012), a statistic that likely contributes to lower educational attainment. For those youth of color who are able to remain in school, 80% of them still experience verbal harassment and feel helpless to report it for fear of exacerbating the situation (Dunn & Moodie-Mills 2012).

Clearly, numerous transgender individuals experience mistreatment in all aspects of life, but transgender people of color are faced with extremely high incidents of bias (Auldridge, et al., 2012; Dunn & Moodie-Mills, 2012; Grant, et al., 2011). Of special note are the unemployment rates for trans people of color: Black trans people are seen to have a 26% rate of unemployment,

and Latino trans people show a 28% poverty rate or five times that of the greater Latino population (Dunn & Moodie-Mills 2012). It is important to comprehend that while many trans people face the loss of work because of their gender identity, TPOC are impacted in much greater numbers; for example, American Indians face 36% job loss due to transgender status, followed by Blacks and Latina/os at 32% and 30% (Grant, et al., 2011).

The current literature on this subject, although still meager, shows a staggering picture of mistreatment toward trans people of color, who face not only systemic racial discrimination but also the stigma of being transgender (Auldridge, et al. 2012; Bith-Melander et al., 2010; Dunn & Moodie-Mills, 2012; Grant, et al., 2011). An example of this double bind is seen in denial of medical treatment: In the overall sample of the Grant study (2011), 19% of transgender respondents reported that they had been denied medical services, while 36% of all African Americans and 27% of multiracial individuals reported denial of treatment. Further, while the HIV rate of the overall sample was reported at more than four times higher than the general population, the rate for transgender people of color is significantly higher, with African American trans people reporting nearly 30% HIV positive, Latina/os at 11%, American Indians 7% and Asian-Americans reporting nearly 4% of HIV infection. As noted in that same study (Grant, et al., 2011), the prevalence of sex work for 60% of HIV-positive sample members is used for mere survival (of that number 88% identify on the trans female spectrum).

With few state and no federal policies to either bolster or truly protect the lives of trans people (Bith-Melander et al., 2010; Dunn & Moodie-Mills, 2012; Grant, et al., 2011) and the incessant and insidious impact of systemic racial bias, there is a clear need to ensure that this population has access to basic human dignities, such a housing, work, education, and healthcare that are rendered in a respectful and affirming manner. The purpose of this study was to explore

the needs and goals of this particular segment of the trans population to add to the growing body of literature that can help to make this possible.

Summary and Limitations

As noted above, there is a paucity of research on transgender people and less still on trans people of color and trans elders. Currently, the question of transgender status is not built into any census gathering and has not been the topic of a single federally funded ethnographic study. Rather, any available research has come through academia or community organizations and primarily shows deficit-based effects of discrimination and marginalization on the health and well being of transgender people (Fabbre, 2015; Fredricksen-Goldsen, et al., 2012; Singh & McKleroy, 2011; VanWagenen, Driskell & Bradford, 2013).

Effectively missing from the research is the exploration of resiliency factors. In the few studies that do speak to these, however, embracing authentic gender identity (Fabbre, 2015) and engaging with a supportive social network (Bith-Melander et al., 2010; Cook-Daniels, 2013; Fredricksen-Goldsen, et al., 2012; Singh & McKleroy, 2011) seems to enhance coping skills to deal with the stigma and marginalization of being transgender (Fabbre, 2015, Fredricksen-Goldsen, et al., 2012). It also seems to enhance skills for dealing with the multiple marginalization faced by transgender people of color (Bith-Melander et al., 2010; Singh & McKleroy, 2011).

Thus, while there is concrete data regarding the mistreatment of trans people documented in the research, there is still a clear lack of comprehensive data available on the aging and older transgender population (Auldridge, et al., 2012; Persson, 2009; Williams & Freeman, 2007) and even more specifically, on aging transgender people of color (Auldridge, et al., 2012); hence, this study was undertaken to help fill this gap.

In summary, while an accurate number of trans elders is impossible to come by due to a lack of census tracking, there is thought to be over 1.5 million LGBT people in the United States over 65 years of age (Filar, 2015); with Baby Boomers moving into old age, this number is estimated to double in less than two decades (Ortman et al., 2104). In order to best meet the needs of this vulnerable population and empower them through their lives, we must focus on research that has the potential to build a framework for policy and education that can limit the marginalization faced by elderly trans people of color by learning more about their experience, needs and goals for the future.

CHAPTER III

Methodology

The purpose of this qualitative study was to explore the lives of older and aging transgender people of color by asking the following question:

What is the experience of older transgender people of color regarding personal identity, social support and desires for the future?

The goal of the study was to expand the context for social workers, gerontologists, and related policy makers to consider the needs, desires, goals, and challenges of this growing and vulnerable population.

A qualitative design was used to collect data from participants through semi-structured narrative interviews. Grounded theory (Engle & Schutt, 2013) and an exploratory method (Engle & Schutt, 2013; Steinberg, 2015) informed the study's analysis. Grounded theory (Engle & Schutt, 2013) allows for themes to develop and to be conceptualized through review and coding of the data; this approach was used for this study specifically because there is a dearth of data on this population. Thus, once data were collected, they were coded and analyzed for themes, which were then categorized and further analyzed. A theory about the sample and its experiences as they relate to the research question was developed through this process, and both similarity and difference among sample members was examined and analyzed for potential meaning to the sample as a whole. Although this sample was too small to yield generalizable data, the findings do provide thought-provoking material for immediate consideration and future exploration.

The current literature reflects much of the research on transgender people to be deficit-based, showing the negative effects of bias toward transgender people (Grant, et al., 2012; Persson, 2009; Williams & Freeman, 2007). Further, while there are a few studies of transgender older adults, (Cook-Daniels, 2015; Fabbre, 2015) there is virtually no research on transgender elders of color. Thus, I approached the research question with an interview guide consisting of several open-ended questions to allow participants to bring their thoughts and ideas forward freely and without the constraint of a highly structured process, while using a series of questions (rather than relying on completely open dialogue) helped to structure each encounter.

Sample

Study participants were screened to meet the following criteria: (1) 60 years or older, (2) identify as a person of color, and (3) identify a gender as different from the gender assigned at birth (i.e., transgender, transsexual, male to female, female to male, two-spirit, cross-sex etc.). The literature on aging transgender populations is irregular in how individuals are identified as "older" with studies starting at age 50, 53, 55 and 60 (Cook-Daniels, 2015; Fabbre, 2015; VanWagenen, Driskell & Bradford, 2013). Naming people under 60 years old, an "older" cohort seemed too young to me as the population of Baby Boomers are just beginning to hit 70, but there is no specific age that can be defined as old age mainly because there is no standard age that is defined in our government or society (Senior Citizen, N.D.). Thus, while my initial thought was to focus my study on those 65 and older (the age at which people are legally able to receive social security in the United States), I had concerns about finding participants in that age range due to the narrow focus of the study, so chose to define, for purposes of this study, the term "older" as constituting 60 years or older.

The study began with great hope, as several referrals became available, and those who did participate indicated the possibility of others as well. However, as I moved through the process of recruiting participants, it became obvious that I would not find a sample base to meet the recruitment guidelines related to participant numbers. With much regret but in order to remain realistic within the prescribed time frame for the study, I did ultimately change the protocol to include those 50 years and older.

Recruitment

Participants were recruited using non-probability purposive sampling using key informants and snowball recruiting techniques. I recruited potential participants throughout the United States by targeting community leaders and organizations to help identify older transgender people to participants. To recruit, I sent over 300 personalized emails to organizations such as SAGE (Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders), Metropolitan Community Churches (MCC) throughout the country, the national Unitarian Universalist Open and Affirming Ministries, Center Link LGBT centers nationally. I also sent material to organizers around the country working exclusively with transgender populations such as, Trans Latina Network, Trans American Veterans Association, Trans Faith, Trans Family Program, Gender Odyssey, Community Kinship Life, Trans Michigan, Gender Expansion, Trans Texas and Connecticut Trans Advocacy Coalition to name just a few. My recruiting further included researchers, therapists, doctors and health center specializing in LGBT or transgender populations, such as The Fenway, The Trans Institute, Callen-Lorde, the API Wellness Center, Lyon Martin and Whitman Walker (Recruitment Letter, Appendix A). Along with the recruitment email, I sent a flier to be placed on physical or computer-based bulletin boards (Recruitment Flier, Appendix B). Using these contacts and connecting to

community stakeholders in various regions, I hoped to rely on local community leaders and organizers to contact potential participants on my behalf. During recruitment I recognized a trend of some larger LGBT organizations rejecting my request for recruitment help. In some instances organizations had a process to authenticate the study and my credential prior to agreeing to post a flier, but alternately, refusal was stated as a way of protecting clients. In some instances, this system of protection seemed more like gatekeeping; not allowing participants to know about and therefore opt into a study of potential interest.

Early in the recruiting process I recognized a need to change protocol and get permission to reach out through social media. Therefore, I made a change to my recruitment flier and posted on Facebook, tagging many people I know and others I do not in order to get the word out. In this process I was able to find groups specific to transgender Black, Latino/a, and Asian Pacific Islander communities that did not have a website or email presence. In the initial Facebook post I tagged 31 people; and my original flier was shared 115 times from my posting alone. I also posted the flier on a number of transgender and trans-people-of-color-specific groups or asked group moderators to post on my behalf, making pleas for participation throughout this vast network. I believe I made great effort to make the study known and to create inroads with groups and individuals to promote the study in communities of color, and in fact, I received positive feedback about my study. Still, however, I found it challenging and ultimately impossible to meet the stated sample goal of 12 to 15 participants in the time frame allotted for this project.

Along with the positive feedback, it should be noted for purposes of full transparency that this study also received criticism from some community organizers who believed that the \$10 gift card offered to participants was inadequate, suggesting that a more substantial stipend would have been in order for such a highly marginalized population.

Over the course of recruiting I changed protocol five times. Below is a list of all protocol changes that were made to work toward recruiting as many participants as possible:

- Simplify my documentation for a 100-word study description for agencies to post to their social media website. Approved, 01/10/2016 (Amendment Approval, Appendix C, 100 Word Description, Appendix D).
- Develop alternative flier and receive permission to post on social media, Approved 02/19/2016 (Protocol Change Approval 2, Appendix E, Alternate Flier, Appendix F).
- Change age requirement to 50 years and older. Approved 03/31/2016 (Protocol Change Approval 3, Appendix G, Alternative Flier 2, Appendix H).
- Employ a native Spanish speaking interpreter to translate for Spanish speaking participant inquiry, Approved, 04/07/2016 (Protocol Change Approval 4, Appendix I, Spanish Language Informed Consent, Appendix J, Translator Confidentiality, Appendix K).
- Include service provider interviews to corroborate findings and discuss services available to older transgender people of color, Approved, 04/26/2016, (Protocol Change Approval 5, Appendix L, Provider Informed Consent, Appendix M).

Throughout the process it was clear, and increasingly so, that recruitment was my biggest challenge in completing this project on time due to the limited population and the definitive marginalization of this population. The protocol changes reflect an effort to reach as many people as possible and include all potential subjects willing to participate including non-English speakers; in the end all interviews were with those who spoke fluent English. The final protocol change was to recruit service providers who might be able to corroborate the study findings and by doing so to potentially enrich the findings from the original participants, but ultimately I

decided to not pursue this direction and to use only the data collected from transgender older people of color and remain closely aligned with their voice and narrative.

Because this study had a rather narrow focus and a difficult to reach population, I worked to connect with people throughout the country. For recruiting purposes, once I completed an interview, I asked participants to reach out to others they might know who fit the eligibility criteria and to ask them to participate. In all, I received emails, calls, text messages and Facebook inquiries from 21 potential subjects. Of those, seven were disqualified because they identified themselves as white, two did not respond to my follow up attempts, one Spanish speaker did not follow up after multiple rounds of voicemail exchanges, and two people who fit the demographic were not comfortable with the consent process. This left nine total participants who were interviewed, with four from California and the rest from Oregon, Maryland, and Pennsylvania.

Ethics and Safeguards

Protection of confidentiality

Anonymity was not possible in this study due to the nature of participant interviews. However, every attempt was made to keep identifying information confidential. All screening surveys and interviews were number coded with identifying personal information removed from the transcribed document. Further, participant-identifying information is held separately from transcripts, no identifying information is documented in the report, and all records of this study have been kept strictly confidential. Finally, all research materials including recordings, transcriptions, analyses, and consent/assent documents have been stored in a secure location and will be held for three years according to federal regulations. In the event materials are needed beyond this period, they will be kept secured until no longer needed and then destroyed. In addition, all electronically stored data was password protected during the storage period, and the

interview transcriber signed a confidentiality agreement (Transcriber Confidentiality, Appendix N).

Risks and benefits of participation

While it was unclear prior to the interviews what themes might arise, there was a risk of participants' recalling difficult or painful circumstances and thus creating some degree of psychological discomfort or distress. This risk was discussed with each participant prior to the interview, and participants were required to opt into the study through the informed-consent process (see Informed Consent, Appendix O). During that process participants were provided with resources for affirming support services in the event that such support was desired after the interview (Trans Lifeline, 877-565-8860 and the GLBT National Hotline, 888-843-4564).

The benefit of participation was seen in the participants' ability to use themselves as a catalyst for change for the younger generations. Telling their stories also presented a way for participants to have an outlet for their stories, and some experienced an uplifting and cathartic feeling while reliving the challenges and joys they related throughout the interview.

Data Collection

When an interested party contacted me, I sent that individual a screening survey by email or U.S. mail and in most cases went over the survey on the phone during our initial call (Screening Survey, Appendix P). Once it was established that this individual fit the eligibility criteria and wished to participate, the Informed Consent (see Appendix O) was sent for review and signing and a time for the interview was set. Once all aspects of participation were clear to the participant, the individual signed and sent a copy of the signed document back to me. When I received the document back I inserted my signature and sent a final copy by email back to participants highlighting the two crisis call center numbers in case of future need. All interviews

were conducted by telephone, and consent was reviewed once again at the beginning of each interview.

With each participant I utilized an interview guide (Appendix Q) to conduct a semi-structured interview using open-ended questions and prompts about gender identity, support systems, and thoughts for the future. Screening surveys were number coded as a way to link them to interviews and to keep demographic information together with the data gathered, but there was no identifying information on the screening survey, and all transcripts were cleaned of any identifying information during transcription.

I anticipated that each interview would last 60 to 90 minutes, but in fact each interview lasted from 70 to 120 minutes, with participant approval, and was digitally recorded. Thus, contact consisted of a pre-interview screening for eligibility; in some cases, a follow up call or email to schedule the interview; and the actual interview.

Content Analysis

Grounded theory and an exploratory method informed the study (Engle & Schutt, 2013). Grounded theory, an inductive method of data analysis, allows themes to develop and to be conceptualized throughout review of the data, allowing for theories to emerge (Engle & Schutt, 2013). Data were transcribed into a word document and read over to begin to construct themes and categories, which were then coded. As each new data set was introduced, it too was transcribed and read for content and common or alternate categories that began to appear.

Grounded theory was used in this case because there is little data on the participant sample, and as a method of analysis it offers a way to conceptualize the data as they are being collected (Engle & Schutt, 2013). Once themes were identified they were categorized, and with each new interview I reassessed emerging themes and the developing theory, watching for

similarities and differences. While the sample set is too small to be generalizable, there is so little known about the life experiences of this population that this study contributes significant content on the experience of transgender older people of color and to the potential for improvement of social and other services.

CHAPTER IV

Findings

The purpose of this study was to understand the experience of older transgender people of color regarding personal identity, social support, and desires for the future. The data were taken from participant screening surveys and confidential semi-structured interviews. The following findings are broken down into four sections beginning with demographic information and moving onto a section related to personal identity. The third section covers systems of support with a final section related to thoughts and issues about aging and goals for the future.

Participant Demographics

Nine people participated in interviews with the youngest being 51 and the oldest 69; the median age was 61. Over half the participants identified as Black/African American, one identified as Mexican, and three identified themselves as mixed ethnicity; of those, one identified as mixed Asian, one as mixed Cherokee, and one person identified as mixed indigenous Caribbean/Taino. Of the nine interviewees, seven are female (transgender, transgender/transsexual female, MTF) and one is male (transgender man); one subject identified as two-spirit but claimed male in "general" communities. Two reported being identified male at birth but being chromosomally intersex.

Most of the individuals live on an income between \$14,000-\$18,000 a year, with one having an income of \$8,400 annually. One individual has an income of around \$30,000 annually and another earns just below \$40,000 annually. All but one individual are surviving on Social

Security retirement or disability income, one person stating the inability to make much money outside of Social Security due to a reduction in benefit when one claims outside income, and two others reporting a heavy reliance on a partner or spouse for financial stability. Three of the nine participants discussed being unemployed and their desire to work but noted past discrimination due to either being a person of color or transgender and more recently, age.

Four of the nine participants identify themselves as pansexual, bisexual, open, or queer. One identifies as lesbian/bi, three identify as straight/heterosexual, and one person identifies as A-sexual/celibate. Interestingly, three of the oldest people in the sample, and three out of four of those who transitioned in the 1970's identified as straight/heterosexual; only the youngest person in the sample, age 51, identifies as queer.

Early Understanding of Gender

When discussing the complexity of gender and the intersection of race and ethnicity, all participants found it important to talk about their childhood as a way to describe coming into awareness about their gender. The majority of participants became aware that they were different from their sex assigned at birth between age three and eight with the remaining two between 11-14. One participant (identified female at birth) is clear from early childhood that he is supposed to be a boy, and, as a child, talked directly to his father about this conundrum:

I was five years old, and I told my daddy I wanted to be a boy... And my daddy told me the biggest lie in the world... He told me if I could kiss my elbow I would turn into a boy... I twisted my body every which way I could... and I was so faithful, I would do it every night, I would say my prayer for my penis- and every day as sure as the sun would come up, I would look in my pajamas and, Nope! It didn't come that night, but the next night I go through the same ritual.

While it is clear to these children that something is amiss, they do not necessarily have the clarity, understanding, or language of this youngster to speak about their sense of difference. In fact, many of the interviewees talked about a lack of reference, or language, to describe their feelings and, as people of color described the layers of confusion that comes when trying to explain. One woman (assigned male at birth) described how she tried to tell her mother that she was supposed to be a girl, but recognized that her mother did not understand because she (the girl) did not have the language she needed:

I've understood myself since before any terminology to understand myself... And I remember trying to tell my mother I was a girl when I was four, that was 1957... You know, I had a girlfriend named Rosemary when I was four years old... I told my mother I wanted to be like Rosemary... and she never got it... She said, "you can't be like Rosemary. Rosemary is white!" She thought I wanted to be White!

Others described the confusion of gender that does not match their sense of self. This woman described the study of gender through observation and performance of childhood games and her knowledge that it was not safe to stay out in the world where she feels most comfortable:

As a child, particularly, born in the '50's... it was hard to have feelings for girls... to want to wear girls' clothes. When I was younger, we were left to our own devices... you could leave the country as long as you were home by dark... You could go anywhere, do anything, with complete unaccountability and no supervision... and you know, I would volunteer for the mommy game and would play that role as well as I knew how, observing not only my mom but my aunts and all the neighborhood women, to where I felt really confident in that... I could really immerse myself in fantasy.

Many subjects described an acute sense of understanding, along with an awareness that disclosure is likely unsafe:

I'm being told that I'm female, I'm a girl, and, "little ladies do this," ...and, as I grew older, there was sort of a realization somewhere around eight or nine that something was—wrong... at that point, I was growing up in a mixed family and we were... navigating two, almost three cultures at the same time. And so at that point... I also realized that if I shared that information... there was going to be really bad consequences. I think that was the first time in my life where I was literally fearful for my own safety.

This woman (assigned male at birth) shared her very troubling experience after her first gender disclosure:

The only time I told anyone anything was when I was about 11. I told my cousin, that I wanted to be this girl's *girlfriend*, and I ended up in the psychiatrist's office. So that was a bad experience... [After that] I had sense enough to know I didn't want to expose my secrets to anybody.

While all participants have an early understanding of gender variance, many find that it takes years to embrace their authentic identity, and some share the extremes they have gone to hiding the truth from themselves and from the world. Thus, for all of the participants, settling into their true gender brings great relief.

Relieve of the Authentic Self

Without exception, all participants described a history of subverting ones sense of self to be acceptable in society or to their friends and family. Five out of nine participants discussed the layers of transition, describing early attempts to claim their gender, but stopping and starting

over the years. One woman, who underwent transition in 1974, described the years of confusion and destabilization that she experienced while trying to come to terms with her gender:

When I was around 13 or 14... I met my first gay friend, and he said. "You're not a sissy, you're just gay," and I said, "Oh okay," and that's how I projected myself for a long time... In 1964, I decided I did not want to be this way.... and I decided maybe if I joined the military, the military would make me a man... I volunteered to go to Vietnam. Maybe I would get killed and all this pain and suffering and hurt would be ending... then I would make my mother happy... be a hero! I started loading ships and I started to be the man I thought I was.... and one day I came back and I thought, "Oh no, sister, If this military aint gonna make me a man nothing will!"

While admitting that it has taken more than one attempt and many years to come to terms with and embrace their gender, finding the strength and ability to move more confidently toward a life that is true to them brings relief:

I see myself as completely intentional... a creation or whatever, that I was intentionally made. I'm not an accident. I have taken a lot of time to seek answers and look at information with a critical eye, so I've come to my own truth... because ultimately I have to live in my own skin... learn... to love [me]... step into the reality of it and embrace it rather than living in a fantasy.

This finality of decision has allowed these older adults to feel right in their skin and embrace, rather than reject themselves. This lengthy process is discussed by one man who began transition over 20 years ago but who grappled for years with his sense of what a man is:

I feel like a transman... For me what that means... I'm a *man* that has transcended to a higher level of manhood... I don't believe you can be a whole man without embracing

your femininity... I am male, and live as male, and I'm really in touch and embrace my feminine qualities... I first transitioned, uh, over 20 years ago... I was in a whole different frame of mind, and I have grown over the years... I was anti woman... I used to overcompensate on my manhood. Once I transitioned... I became more and more comfortable in my own body, and so it's been a gradual change, I went from a woman... to a feminist, in the last 22 years.

For six of the nine respondents finding some ease in transition has been a long process, but for three participants, the process has only just begun after years of confusion, misunderstanding, and hiding. The complexity of gender and the fear of disapproval and rejection is an issue for all participants, but the tangible sense of physical harm looms large for six out of seven of the women in the study who experience or fear harassment and violence against them. This woman's decision to move forward toward her authentic self proves imperative, even as she revealed her distress at the history of maltreatment of women like her:

I've been going to therapy for decades off and on... and it wasn't until, about 2013 that I went down that rabbit hole... And the next thing you know... it started to make sense... and then, it became very difficult to find—um—a history, a trans history, in particular, that did not end in tragic ways. Everyone dies... I was compelled to go on, but it was like, do I really want to follow this thing all the way? It's happening to trans women of color around the world... the murder rate, it's astronomical! Some days it's just completely overwhelming... It took me a while to resolve to follow this path of authenticity.

Even through the difficulties of claiming their gender, all these older adults report relief, joy, and a sense of completeness coming to terms with their truth and following their path to authenticity:

but you know... I am a happy person! It seems like I'm distraught or very worried about my community, but no, I figured this out. I *am* where I am *supposed* to be. And that's what made me whole and well and happy.

This woman had a professional career for much of her life, while also participating in the underground economy. She described the challenges and also the benefits of her lifestyle choice in this way:

I was an androgen—*androgen*, from before there was even a word for it. I was just being me... And I didn't feel bad about being born this way because... you know, I had my path and I went with it... Those that were in the sex trade... yes, we were discriminated upon... Yes, a lot of us were harassed by the police, but yes, we had a lot of perks. We had a lot of men, we had a lot of fun, we had a lot of money, we had a lot of drugs, we had a lot of jewelry... So, you know... I had a good life... I feel blessed, like I'm living on borrowed time. I'm happy. I have all of the things that I need. I don't need anything else!

Several of the oldest women in the study spoke to their days working in the sex trade and the trials of that work, but the majority of them also had traditional jobs. While working a conventional job brought stability, one woman speaks to her choice to "street-walk" across several European countries, noting the relaxed laws, safer environment, and her ability to make good money while traveling through Europe.

Marginalization and Privilege

For eight of the nine participants there is a sense that racial discrimination has cut much deeper than discrimination for being perceived as differently gendered, but there has been a

complex negotiation around the intersection of gender and ethnicity throughout their lives. For example, this participant spoke to the legacy of slavery as it relates to her trans existence:

Everything from my point of view is about race, about ethnicity. Access to funds, access to resources, the creation of wealth, the transfer of wealth, generationally. It's all related. Certainly, I can see how white people - people of privilege who realize that their authentic selves are not of the gender they were assigned - can find... means to remedy that, if that's what they want to do about their bodies... In contrast... when it comes to African American trans people... You're not entitled to a life, regardless of your identity. It's always about the legacy of slavery and the perpetuation of that legacy throughout the centuries... As long as the communities of color are disenfranchised and preoccupied with mere survival... there won't be choices.

Many participants talked about their experiences of discrimination through segregation and desegregation, through being the recipient of racial slurs as children or being degraded in school by teachers; others talked about the complexity of oppression due to gender and ethnicity. This participant, for example, described the lack of safety that she feels in everyday life and the survival lessons that had to be learned as a child:

[I live in] really one of the whitest cities any person could find themselves in, and it's something that, quite obviously, white people don't notice... I have to be conscious of where I go at night, where I go during the day, where I go alone... the survival aspect, again, is coming out of an era where I was born Colored and had to learn the language of segregation as a toddler in the '50's and the very early '60's. And that meant, particularly as an assigned male child, I had to learn how to contain and divert the natural sense of rage over how wrong all of this is, still, in order to not end up hanging from a tree.

Five of nine participants discussed lack of privilege and the choices afforded to white LGBT people that are not granted to people of color. This theme is seen as undermining these people in LGBT systems and in the greater society, but also within their own transgender communities of color:

Race is everything in the U.S. It really truly is, and so you know there is a certain amount of... I hate the word privilege, but you know... white privilege allows certain things that aren't allowed in the black and Latino communities... there seems to be more choices in diversity... Black and Latino communities are a lot more hetero-normative... a lot less tolerant... So people are a lot more fragile about what sexuality means and what their identity means, and it bleeds over into the trans community... I used to go to this one [transgender] support group... African American trans women there identified as heterosexual women and so there was not a lot of support for me... This one time some women told me, "God does not like women to sleep with women."

The layers of marginalization for being a person of color and a trans person for some is also now complicated by a sense of being pushed aside by a younger trans community or by a lesbian and gay system that coopts the transgender narrative:

I'll tell you one thing, our community is so separated... so un-united. Everyone's got their own agenda to fulfill... we have too many leaders... in the 60's, we were Blacks, Asians, Mexicans, and Whites all together fighting for the same thing! And nowadays, everyone's got their own little cliques... So it doesn't bring the community any stronger. I've tried to bring people together, I've organized committees, I've tried to do fundraisers, I've tried to do a lot of stuff... but I stepped back, I'm letting them do what they need to do... And if our history is lost for another 50 years, let it be.

This narrative seems particularly painful to elders who have spent a lifetime as activists fighting for social justice and feel left out of the conversation by those taking charge and taking ownership of the narrative of trans lives, the anger and discouragement is clear:

We trans people haven't had control of our narrative. Our history has been entwined with gay and lesbian people for so long that... they find it comfortable—let's put it this way—when they *do* find it comfortable and advantageous, that experience is a part of them. But when it isn't convenient, we are the stepchildren or the mentally ill individuals... to be put up into the attic somewhere. People talk about Stonewall all the time, but they forget that it was the dykes, white and Black and Latino and Asian... the Latina... the Black... and white trans women, who were out there, and who started and jumped it off!

Accounts of invisibility and marginalization for these trans older people of color within the gay and lesbian community seem potent for a number subjects:

The gay and lesbian community refuse to acknowledge us, refuse to accept us... You know something, we tried to raise the trans flag, in the Castro, where the rainbow flag always fly... and they only allowed it once! I think it was 2012, they allowed our trans flag to fly one day at the transgender day of remembrance, and they took it down as fast as they could.

They also spoke to the oppression and to the intersections of being older, transgender and people of color, and the need to "let go" of their fight or to move their activism into "semi-retirement," in order to allow the "youth of today" to "take over." These older adults also discussed the supportive factors they have negotiated and how those supports continue to bolster them even today.

Support is Primary to Thriving/Survival

Even with constant themes of oppression running throughout their lives, all participants have found that the support of others is essential to living a full and satisfying life. While two of the oldest participants said they are primarily loners or self-supporting by choice, all participants spoke about ties to transgender friends who offer support and who share the mutual experience of acceptance. Some participants identified diverse communities of support and many participants continue to find intergenerational connections valuable, identifying the energy and mutual education that can be found with younger generations:

Fortunately [I have] a strong community here... a two-spirit family, a trans family, a queer family, that I've made here, that makes life for me more than just bearable but enjoyable. And that has been an important piece for me... I began my transition in my late 40's and... I'm a couple years on hormone therapy. And there are folks who are younger than me... [but] older than me because [they] transitioned... more than ten years [ago]. So I look at these folks and I get a lot of support and advice from them because they have life experience that I don't have because I'm so young in my transition.

When asked about their systems of support, all but one participant reported the need to navigate complicated relationships with family, making promises to never have surgery to change their body, or not fully comprehending their true identity until after their parents had died. One woman spoke to the complicated relationship with her father over the years and the support she found in their relationship after coming out to him:

One of my systems of support is my father who will be 87 this year. About nine and a half years ago I came out to him... after a lifetime of running away... I made my mind up to come and visit him... And it was so emotional and it was so incredible... And so my

father's one of my mentors... growing up I used to think he was a simple man, but now I see him as an uncomplicated man.

Many participants also spoke of people who have stuck by them, as it were, such as a "baby sister," a cousin, parent, adult child, or "trans child," (a younger trans individuals who is mentored) while also noting chosen family and others such as neighbors and community members to be primary supports. In short, these older people are stitching together a network that is reliable and accepting, offering sustenance throughout this later stage of their life cycle. For example, this woman spoke to the early complications with her mother after living through years of abuse at the hands of several men in her family.

My family has always been a big support to me... we talk all the time, we have big love between us. I think it was hard for my mom, cuz when I told her, I had been living away, for like eight years after the service. I used to write her and tell her that her son was dead and that she needed to get over it and get a grip... About five or 10 years ago she picked me up at the airport, and I said, "I'm sorry Momma," and she was holding my hand and I said, "I thought I hated you." She teared up and said, "I hated myself," and so then I held her hand tighter and we kind of cried and went on home... We've been fine for years.

Beyond the support of individuals and community, every participant also admitted to having an important connection to spirituality:

I always have been very spiritual but I don't do church... I believe there is a spirit greater than mine and I believe that the blessings I have are mine from the Great Spirits... the universe, or the Big Spirit... you can even call it God, I don't care what you call it, I believe in a higher power, one greater than me.

Each participant was raised in a religious household, although none have an affiliation to organized religion. The only person who attends church reported that she is unwilling to formally join because she does not believe fully in the doctrine. Others spoke of their beliefs, their meditation practices, and the deities they pray to:

I'm guided by the one God... I am not a hard-line Christian, I was raised a Baptist, a Chinese Baptist. But also, I believe in Buddha and all these other entities. I pray to Kuan-yin. Kuan-yin is the goddess of mercy [and] a transgendered deity... so Kuan-yin has always protected me.

As with supportive communities these older adults have put together spiritual practices that may relate to their upbringing but that still bring meaning to the lives they live today, discarding religious practices that do not embrace them and the hard choices they have made to be true to themselves:

I would consider myself to be a Christian. In terms of the denominational thing, I think I grew out of all that... I believe you help who you can when you have the ability to help... I believe in the parables, like the lost sheep and the prodigal son. The Good Samaritan, All of those things... God is not something that you get on Sunday between ten and one. God is something that you get everywhere, 24-7, 365 and a quarter. That's it.

Goals of Aging and Legacy

Most participants do not speak in detail about aging during the interviews but did relate their desire to live long lives; as one stated, "I want to be a hundred and fierce, that's my goal!" Three others spoke of an understanding that their years are limited, and several stated that they fear that elder-care systems are not ready for them:

We gonna have to... do something about trans older people in nursing homes... not losing our rights... not being discriminated against or bodily shamed, you know... having a retirement home that is really uh, sensitive to trans people... you gotta put us all together less we won't make it... if we don't ever think we gonna get old, then you wind up... with nowhere to go, and no community to live in.

The lack of scientific inquiry also leaves these elders unaware about the effects of their hormone therapy in the long term, some stating their frustration that studies are not being performed. One woman stated, "The thing about us trans people—we find that we have to become pseudo-scientists and medical professionals in order to exist."

In fact, every participant described an ailment or illness that has created a setback of some sort, and two identified themselves as living with disabilities. While only one reported having "pretty good" health, she too had physical goals to help her become "optimally fit, fabulous and sexy." Her desire is to lose weight and to finally, after more than 30 years, have sex reassignment surgery now that her health insurance may cover the procedure. At the time of this study, participants reported suffering from chronic illness, such as HIV, diabetes, heart disease, obesity, etc., and described mental health issues such as anxiety, depression and PTSD. One woman described having "tons of health issues" and spoke to her situation this way:

It's not like I've lived a hard life in terms of partying. It's just that I've lived a life that is typical of an African American. I haven't always had health coverage, I haven't always had dental coverage... And yet, genetically [I'm] predisposed to hypertension, high blood pressure, diabetes; all of those things are finally catching up to me as I approach 60.

Three of the nine participants described the potential that the end of life may be near and several subjects discussed difficulties within healthcare systems. When discussing the health care

industry, two noted recent positive experiences with providers – that is, being treated with ultimate respect; but one related the surprise at being treated well in an emergency situation, saying even after this one good experience "medical anxiety" still exists from years of being "misunderstood and mistreated by providers." Another participant, who spent several months in a rehabilitation facility, reported discrimination because of her gender and ethnic identity, and described sexual abuse by a nurse at the facility. Once she reported this mistreatment the nurse was put on leave, but eventually there was no recourse because it was her word against his.

Almost all participants have a fairly optimistic outlook on their future, and all are considering their legacy as is normative for this time in the lifecycle. The ideas related to legacy that each subject has in common are the desire to give back through mentorship and service, as well as education of the greater society about the issue dear to them, i.e., being transgender. For example, one woman spoke to her work with the younger generation:

I spend a lot of time with education... I try to make my life about engaging younger people and engaging others about the narrative that they speak to themselves and... not just accepting convention, but questioning convention. Just to make sure people are on a path to freedom about who they are!

This person speaks to the possibility of exploring a world where being trans is just a part of the story, and not the only story:

I'm interested in... producing at least one decent graphic novel that addresses the LGBTQ community in ways that I think haven't been addressed yet... gender identities and sexual preferences are incidental to the story... And even if they're superheroes, they have jobs and lives and they do stuff, and they have their own drama that isn't about

being a trans woman or a trans man or intersex or queer or whatever. It's not all about that.

Even for those recently moving into transition there is a desire to work toward helping a younger generation now and working inter-generationally to provide safety and comfort. This person found her calling when asked to speak publicly to trans youth, and she continues this valuable work today:

My therapist... had me do a talk in front of a group of transgender youth... and I was scared... I don't want to steer them wrong, you know... I looked at it as a big responsibility... and I had a real nice long conversation with [them] and they were really wonderful... When I got home that night I got emails saying "thank you, you made my life better" and all kinds of really kind words. And it was neat... it was interesting how... little me [could] help these kids.

Others consider building a legacy through writing, art, running for political office, building an intentional community, or through other countless ways. In short, these older transgender people of color are thinking about leaving a better future and living a better life than they saw as young people:

Once you get over 65 or so, I don't care where you go, you wind up the elder... I'm talking to these young men that are 18 and 20 and 23 and 24 and like... They want advice you know... I give real common sense advice as my father would give me or any father would give his son... Get an education, get a job. You need to go get a room to live in... And it is supportive, because I have something to share, and they have something to share too. I learn so much from them... In one way, they so much ahead of me because they always up on the latest *this* and the latest *that*.

Beyond health and a desire to leave a positive legacy, many of these older adults also spoke about a desire for a romantic relationship. Noticeably, both of the participants who identify on the male spectrum are either married or in a committed relationship, and all of the women are single. Some of the women reported being married prior to transition, and two of the seven women stated that they had been married since transition. Several of the women also stated that they have no problem getting dates, and almost all participants expressed a desire to be in romantic partnership. A few women cited the challenge of having their transgender status disclosed by others (being "outed") as a barrier to long-term partnering. One woman put it this way:

I was in love with this guy... and somebody else told him I was transgender... and instead of him discussing it with me or asking me, [he broke up with me]. I planned to tell him after he got to know me a while... but in the end he thought it was some kind of set up or some kind of game I was playing... It was very heartbreaking.

The majority of these women stated a desire for companionship or marriage and a life in communion with another person who accepts and loves them for who they are. One woman noted the dating challenges this way:

It's getting harder to find other people in my age group... I'm living with one of my girlfriends, and she's in her 50's, and she's like my best friend... She's not trans, but we both talk about how dating is really tough... I don't think it has much to do with being trans, [but] maybe it has something to do with it? You know, I have a lot to offer! And I'm... looking for a companion.

While few participants have been through sex reassignment surgery (SRS), a number of participants spoke to an opportunity for surgery after years of its being out of reach financially

and nearly all said they would choose "in a red hot minute" as one woman put it, to go through surgery to feel more whole in their bodies.

Throughout these interviews participants described an early understanding of their gender and a lack of safety regarding their gender difference, noting that coming to terms with their authentic selves over time and choosing to live fully as who they are brings with it relief and even happiness. They all look to connections with family and community and feel that they have rich spiritual lives that help to sustain them. Finally, they all expressed a desire to leave a positive legacy for future generations to thrive where they have had to struggle.

In the next chapter I discuss what service providers - particularly social workers - both inside and outside this community should consider when encountering older transgender people of color.

CHAPTER V

Discussion

The purpose of this study was to understand the experience of older transgender people of color (TPOC) related to personal identity, systems of support, and goals and desires for the future. The objective was to discover factors that may be relevant for social workers and others who are in a position of supporting this vulnerable population so that they may age with social support, grace, and dignity. Through nine semi-structured interviews a narrative of lifelong injustice is seen, but also uncovered is a capacity for coping with multiple types of marginalization throughout life, and in some cases, that capacity for coping with marginalization may be understood to enhance the potential for thriving in older age.

Personal Acceptance

As established throughout this study, the older transgender people of color who participated by answering questions about their life experiences have suffered a lifetime of prejudice and patterns of persecution. It is clear from speaking with them that along with repeated marginalization due to structural racism and anti-transgender bias comes a host of health concerns both physical and mental. This relationship between health concerns and societal inequity mirrors the literature on marginalized populations. In a study of the risks faced by transgender older adults, Fredriksen-Goldsen (2012) reveals “significant but modifiable mediators that explain heightened risk in physical and mental health for transgender older adults” (p. 496) While Fredriksen-Goldsen does not delineate issues specific to older transgender

people of color, the article does note, "internalized stigma in other minority populations has been found to be associated with increased risk of poor health, morbidity and mortality" (p. 497), which brings to light the comorbidity that this study population faces through societal stigma due to transgender status, as well as the lived experience being a person of color in a racially oppressive society.

In a 2013 article, Van Wagenen addresses the ways in which lesbian, gay, bisexual, and transgender (LGBT) people must learn to cope in order to live in a society that does not embrace them and speaks to their coping as an important component of resilience. As stated by Van Wagenen, coping "involves cognitive and behavioral efforts to master, tolerate, or reduce external and internal stresses" (2013, p. 4). In the study reported in this thesis document, one could argue that sample members seem to show resilience in merely being alive, building systems of support and growing a sense of contentment and happiness with who they are as they age. In short, despite the fact that for decades they have lacked adequate professional support and have felt the deleterious effects of bigotry and hatred both individually and on their communities (transgender and communities of color), these study participants have found a sense of thriving as they age.

While defining the exact factors of resilience for these older TPOC is beyond the scope of this study, it is seen that all participants share common denominators that may influence resiliency. For example, all participants have taken the time to come to terms with and to find acceptance for themselves, all appear to have active supportive social networks, all appear to have a solid sense of spiritual connection, and all are actively working in one way or other toward a legacy that speaks to social justice for those who come after them. These factors seem to, at least for this sample, be able to mitigate some of the negative impacts of stigma,

harassment, and oppression that are experienced by transgender people of color, aiding in their survival and success.

As described by Fabbre (2105) in a study of successful aging for later-life gender transition, these older adults (many of whom did not wait to transition until late in life) describe extensive and ongoing efforts to accept their "failure to live a 'normal' lifestyle," (p. 146) rejecting society's expectation, and finding liberation in their choice to validate their truth. These study participants come to accept themselves and are confronted with a new reality of rejection, harassment, and marginalization as they follow a path to their authentic gender. As people of color they had to learn at a youthful age to navigate a society that does not offer equity and therefore, have had to come to terms with the double bind of being transgender in addition to persons of color, understanding that they would likely face negative consequences from loved ones while striving to accept themselves for who they are. As Van Wagenen (2013) states, "identifying as lesbian, gay or bisexual may result in higher levels of self-esteem and life satisfaction," (p.2), and while this does not speak specifically to the transgender experience, the sentiment seems to resonate for sample members, who have found empowerment by embracing their true gender, in a world that does not receive them with warmth, respect, and compassion.

Personal Supports

The first study that examined TPOC resilience states that connecting with community and navigating relationships with blood family to be two primary factors of resilience among transgender people of color (Singh & McKleroy, 2011). The participants of this study seem to have developed such connections, even if they do not all consistently choose to reach out because of such issues as mobility, generational issues (being much older than transgender communities) or personal preference (as in being more of a loner or homebody by choice). From

the experiences as they describe them, participants have brought together family and friends (both trans and non-trans) who support them, and they attend groups and conferences for transgender people and sometimes more specifically, for trans people of color (or those who closely align with their personal identifiers). This topic of subgroups within the transgender community is discussed by Bith-Melander (2010), who states that groups are narrowed by ethnicity, language, and social status, such as “passing” privilege, which refers to the ability to move in society with out a gender history being evident to the outside world (Chase, 2016). Thus, the ability of these sample members, as older transgender adults, to find supportive community is consistent with the literature, which suggests that social support brings with it better mental health outcomes (Cook-Daniels, 2015; Fredriksen-Goldsen et al., 2013; Van Wagenen et al., 2013).

All participants in this study report anxiety or discomfort about accessing general elder support services or going to LGBT service centers due to the fear or frustration of non-acceptance by their non-transgender peers, or those in the trans community with more privilege (youth, beauty, passing), they nevertheless appear to seek out others who can indeed offer strength and support. With the need for some degree of support in mind, they have unquestionably worked hard to piece together networks of family and friends who both confirm and fortify them for who they are, including adult and younger children or their “trans children” (i.e., people from a younger trans generation who they have mentored and with whom they have a kind of parental relationship).

Beyond the support of others, these participants also all describe a kind of strength that they believe derives from their spirituality, a positive dimension and impact that has been noted for transgender populations in previous studies (Cook-Daniels, 2015; Singh & McKleroy, 2011).

For instance, each participant has found nourishment for who they are in the prayer and meditation practices developed alone or with others who share their systems of beliefs, spiritual practices that offer acceptance and confirmation to them as wholly-integrated beings and help to face often harsh realities.

By developing diverse networks of friend and negotiating relationships with chosen and blood family in addition to integrating rich spiritual lives, participants are striving to live whole and healthy lives. Active and well-connected lives provide not only necessary support networks but also allow them ongoing opportunities to give back and help others who follow in their footsteps and who are, therefore, likely to face similar challenges.

Legacy for the Future

While these older TPOC prove to be concerned with some of the same aging issues as their' non-transgender counterparts (health, financial well-being, etc.) they also seem to explore and identify legacy work in less traditional ways. As noted in American Association of Retired Persons (AARP) literature on legacy planning for older adults, much traditional thinking about legacy building is based on heteronormative ideas constructed around estate planning through financial contributions and protecting children (AARP, n.d.). With these older transgender people of color the quest for being remembered moves away from financial planning and blood relatives. They are considering ways to make the social environment better for those young people who follow them, and this may be unique to those who have faced grave injustices throughout their lives. For example, they may experience the stress of decreasing mobility (as do many aging persons), of being rejected or dismissed by others (younger communities or gay and lesbian communities), and of real harassment and violence, but all of these sample members, continue putting themselves forward as examples of community leadership and survivors,

proving that they are truly the “elders,” as that concept is generally understood, for the communities of transgender people of all ages. Thus, after years of navigating systems that do not treat them with basic respect, these older and aging adults spend time actively considering their legacy, a pursuit that appears to bring power and well-being to them. This is true for even the youngest (age 51). They actively reflect on their experiences and what they mean for people in the future and all share the desire to leave something positive for future generations who will follow in their footsteps. Some teach others about the battle they have fought over the years for the rights of trans people as well as those of people of color. Others seek in particular to leave a legacy that speaks to a world where the bigotry and hatred they have experienced no longer exists. Whatever the specific individual direction of each sample member, there is a collective insistence on helping future generations walk an easier path that appears vital in the ways personal goals are expressed.

It is not clear what the impetus is for these elders to move into later years with an eye toward social-justice legacy, but the majority of them came of age in the 1960's, when American society was grappling with racial injustice. During their interviews these older trans people of color spoke of racial consciousness, learning at a young age that they would not be given the same advantages as their white peers, understanding that they did not have "default privilege," and in fact understanding, ultimately, that they had to "learn how to contain and divert [a] natural sense of rage." One must wonder, then, if this early understanding of racial injustice mixed with anti-transgender bias has forced these people into forms of trans activism in older age... For this sample, at least it does appear so; it does appear that there may be a connection between learning to survive as a person of color and achieving justice in their gendered lives.

In fact, eight out of nine participants reported the belief that gender and racial/ethnic identity are interrelated for them; however, they also spoke of harassment for being a person of color in ways that appeared deeply damaging, more damaging than any harassment they might have experienced due to their trans status. Maybe this is because racial hatred has had language for many years, a language of hate that these people were forced to understand as children, whereas addressing their complex gender actually had no language until more recently. Therefore, at a young age, the impact of racial disparity could be explicitly seen, heard, and felt both in the larger world and in their families; it is what they learned to tolerate or to combat, while silence around their gender confusion was the norm, with no language for expression.

Furthermore, even once these participants chose freedom from heteronormative and binary gender codes and embraced themselves, they had to negotiate years and sometimes decades of marginalization and stigma. Perhaps this too contributed to their apparent ability to integrate intersectional identities and sparked a desire to empower others by dedicating their talents to social justice. Consequently, as they age all of their experiences seem to coalesce and bring their history full circle, from oppression to empowerment: older trans people of color who strive to move the power and strength they do have into the world for future generations.

A Call to Workers

It is imperative that social workers be prepared to meet the needs of diverse populations. As documented in the literature and as seen through this small study, there is a common theme of harassment and violence faced by transgender people when they attempt to access care (Auldridge et al., 2012; Cook-Daniels, 2015; Fredriksen-Goldsen et al., 2013; Grant et al., 2011). As noted through these interviews, these elder trans persons of color have real fear about the competence of medical and elder-care systems to treat them with equity. Further, having

experienced maltreatment in many if not all service systems, there is also a general mistrust of social services for LGBT people, which may not, in fact, truly be equipped to support them.

As is illustrated, these older and aging trans people of color seem to find that self-acceptance eases anxiety and self-harm after years of trying to adapt to a gender role that does not fit them. They reported the support of others as being key to functioning well, support that is based on networks of friends, family, and community and that includes a spiritual life with access to a god – a higher power or deity that looks upon them with love and compassion. Finally, not noted in previous studies (or at least those reviewed for this study), is a desire by these older trans individuals of color to leave a legacy to future generations based on moving the world toward acceptance and justice. Social workers, gerontologists and elder care workers have a duty to work toward equity for this population through self-education, inclusive language and facilities, and allying to create just policies and practices.

Building Competence. As social workers it is our responsibility to work consistently at examining our values and beliefs and their impact on our practice and especially so with marginalized populations that we may not fully understand. It is imperative that we consider how our ideologies may affect our ability to work with various populations and that we seek out the kind of education that will help us do so in order to build sensitivity toward and compassion for all people.

In one of the few articles on resiliency factors affecting trans people of color, Singh and McKleroy (2011) state the following: "[P]ractitioners should conduct an extensive self-assessment interrogating one's potential biases and degree of knowledge, awareness and skills related to working with transgender people of color" (Clinical and Advocacy Implications section, para. 1). In this context, this means that all service providers must be in tune with the

probability that they have internalized society's disdain for transgender people and for people of color. To that end (that is, to counter this potential for internalization), it is imperative to educate ourselves about systemic racism and transgender oppression and to work alongside transgender communities toward social justice and especially with those who face more than one kind of marginalization, such as older transgender persons of color. It is also essential for workers in elder care facilities to be educated and sensitized to working with people who present bodies that do not conform to society's rigid gender binary. Beyond education, it is crucial that transgender clinicians and transgender clinicians of color are recruited into positions to help meet the needs of aging transgender populations.

Through education and better understanding of the needs and goals of older TPOC, social workers can help facilitate systemic change by promoting programmatic inclusivity, adopting transgender-inclusive language, attending to literature, and addressing issues related to physical space and safety for those who may have non-binary bodies. We can promote systemic change that benefits this population by speaking out against oppressive laws and practices while working to educate service providers of all types, who can and must in turn work to change discriminatory and otherwise harmful policies and practices at all levels.

In understanding this imperative desire to leave a positive legacy for future generations, social workers can prove valuable to older transgender people of color. If this aspiration is true of others, then it will be important for social workers to help older trans people of color to do that – to help them make a difference. Meaning making and having a part in the construction of a different world appears to be fundamental for these sample members as they advance into old age and social workers may prove vital in creating programming that gathers people together to

creating legacy-based actions beyond research and empowering these older TPOC who want to be remembered as fighting the battle and making a better world for others.

Research is Fundamental

Research on transgender populations, including simple census data gathering to get a clearer picture of the population and demographics of transgender people in the United States, is essential if this population is to gain better visibility and service in this society. Beyond numbers, research must be increased in both medical and social sciences so that people of color are included in studies that target transgender people; and further, the instrumentation of such research must be sensitive enough to show both similarities and difference between subgroups. Finally, it is vital that we identify and examine resiliency factors rather than continue a trend of deficit-based research. Only with knowledge of resiliency factors can policies and programs be developed to build capacity in ways that are proven helpful.

Transgender people of all ages also need more competent care by medical providers, which means that social workers must make themselves responsible educators of the medical world. With efforts toward education, social workers can begin encouraging the medical community to work toward understanding the long-term effects of hormone replacement therapy (HRT) by developing long-range research that can mitigate the negative effects of long-term use.

All of these mandates for expanded and better services have been noted by others in the few studies that do exist on elder transgender people or transgender people of color, but the finding that seems unique to this study is the desire of this sample, to leave a positive legacy for young transgender people. Social workers can encourage this through community programming that explores the meaning of the individual lived experience, such as the use of participatory action research. For example, involving these older adults in formulating the research questions

and in analyzing outcomes offers them not only a way to give back but also adds to actionable outcomes that make a difference to them and those who follow.

Limitations

This study does not offer generalizable data given its small sample size of nine participants. Further, that five of them are African American/Black does not allow for diversity of voice within various communities of color. Also, participants are self-selected, which brings a possibility that these particular individuals who agreed to participate and who also all have an interest in leaving a positive legacy, may have that agenda coming into the study. Furthermore, as the investigator, my interest in learning about these individuals is certainly biased by the fact that I am, by the standards of this study, an older transgender person.

In addition, the lack of available literature on older TPOC and the general focus on deficits in most of the literature on transgender populations that does exist leaves a gap in knowledge even as a foundation for problem formulation. For example, while I did not set out intentionally to look at resiliency factors, it became clear through the study that this was an untapped but important area to explore with this sample and probably with all transgender populations. However, because the current literature asks primarily what is wrong in life for this population rather than what is right, so to speak, I wanted to begin looking for supports and goals for the future, which mindset may also have created some bias in my focus and eventual analysis. That said, I do believe that the information gleaned from this small study sheds light on the experiences of this very vulnerable and poorly served population, adding something to the professional literature that can help to improve social work and elder care practice.

Future Studies

More research needs to include older transgender people of color and all older transgender people. Developing research in concert with older transgender communities, such as participatory action research, will be able to enhance research questions that are important in the lives older transgender people and will prove valuable to developing outcomes that are useful to transgender populations.

The development of long-range research projects is also necessary and will allow for hidden populations of older transgender people of color to be located, building larger study samples that enhance the generalizability of data. Because of stigma faced by this population and the inherent lack of trust for competency in social service and medical systems, it is vital to be sensitive to factors of marginalization. Researchers should look toward funding research that can offer larger, more appropriate stipends for participation for this highly marginalized population as a way to foster engagement in studies and offer recognition of the importance of this population's lived experience.

Medical studies also need to be generated to look at the long-term effects of hormone replacement therapy by studying not only older transgender people but by developing long-term studies to monitor the effects of HRT over a lifetime, something in which social work can and should be involved. Furthermore, studies need to examine not only the detrimental effects of being a transgender person in American society, as noted above, but must examine resiliency factors that can promote better practice and programming models in both social environments and medical settings.

Conclusion

We have learned that transgender people of color and older transgender people experience high levels of marginalization in society, and while this is true for the participants in this study, they also seem to be leading lives that are rich with social and spiritual support. They are very committed to and engaged in giving back to the generations that follow them and are attempting to leave a better world. As social workers we can help them to make that happen by becoming better educated and by forming alliances with them. Only by limiting the negative effects of a society that burdens the mental and physical health of these older adults can we help them to usher in old age with grace, dignity, and comfort.

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Appendix A Recruitment Letter

(I will personalize all letters)

Dear -----,

I am an MSW student at Smith College School for Social Work beginning a study of older transgender people of color. I'm hoping you will agree to help me locate study participants to for this important work that will further educate the field social work, gerontology on this vulnerable population.

There is growing literature on the experience of transgender people of color and also on transgender older adults. My study will link these new and distinct areas of research and look at the experience of older transgender people of color (TPOC). I will be conducting interviews this winter and I'm getting the word out now to find participants. My hope is that with your help and experience (organizing transgender conferences, working as a doctor/therapist with transgender populations) you know people that will be interested in interviewing with me.

Trans elders and especially older TPOC are under studied and I hope to add to the growing literature by focusing on those that may be doubly marginalized in society. I believe an introduction from a personal connection is the best way to reach people and I'm asking you to help me find participants interested in opting into my study.

If you believe you know transgender people of color age 60 years or older, please let me know and forward the attached flier to the interested parties. You also have my consent to send this letter to others who may help recruit potential participants for this study.

I appreciate your thoughtfulness in this.

Venae Rodriguez
MSW '16
Smith College School for Social Work

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

**Appendix B
Recruitment Flier**

If they were alive today

*Marsha P. Johnson would be 70 years old
& Sylvia Rivera would be 64*

Are you are an older transgender person of color?

Recently there has been growing media coverage about transgender people, but what is most often heard about trans people of color are stories of harassment and violence, and there is rarely anything shared about older trans people of color.

Where are our transgender elders?

If you are a person of color, 60 years or older and are transgender (transsexual, male to female, MTF, female to male, FTM, transwoman, transman, cross-sex, post-op, pre-op, two-spirit) please call or email to be part of a confidential study.

I am a transman interested in moving our communities forward and promoting informed education for social workers, eldercare workers, medical professionals and policy makers. This study is part of my Masters in Social Work (MSW) thesis.

*Please contact me today
To be part of a confidential study*

Venae Rodriguez
vrodriguez@smith.edu



This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC)

Appendix C
Amendment Approval – 100 Word Description



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 10, 2016

Venae Rodriguez

Dear Venae:

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor

Appendix D

100 Word Description

Where are our trans elders?

Growing media coverage examines transgender people, but rarely speaks of older trans people of color.

If you are a person of color, 60 or older, are transgender (transsexual, male to female, MTF, female to male, FTM, cross-sex, post-op, pre-op, two-spirit) please join this confidential study. Help provide informed education for social workers, eldercare workers, medical professionals and policy makers.

Venae Rodriguez
vrodriguez@smith.edu
xxx-xxx-xxxx

This study is part of my Masters in Social Work thesis. This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix E
Protocol Change Approval 2



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

February 19, 2016

Venae Rodriguez

Dear Venae:

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor

Appendix F
Alternate Flier

If they were alive today

**Marsha P. Johnson would be 70 years old
& Sylvia Rivera would be 64**

Where are our transgender elders?

If you are a person of color, 60 years or older and are transgender/transsexual
please call or email to be part of a confidential study
about your trans and POC identity, social supports and desires for the future.

I am a transman working to promote informed education for
social workers, eldercare workers, medical professionals
and policy makers.

All participants will receive a \$10 gift card.

Venae Rodriguez
vrodriguez@smith.edu



This study is part of my Masters in Social Work (MSW) thesis. This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee.

Appendix G

Protocol Change Approval 3



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

March 31, 2016

Venae Rodriguez

Dear Venae:

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor

Appendix H
Alternate Flier 2

If they were alive today

***Marsha P. Johnson would be 70 years old
& Sylvia Rivera would be 64***

Where are our transgender elders?

If you are a person of color, ~~60~~ 50 years or older and are transgender/transsexual
please call or email to be part of a confidential study
about your trans and POC identity, social supports and desires for the future.

***Now seeking trans people of color
50 years and older***

I am a transman working to promote informed education for
social workers, eldercare workers, medical professionals
and policy makers.

All participants will receive a \$10 gift card.

Venae Rodriguez
vrodriguez@smith.edu



This study is part of my Masters in Social Work (MSW) thesis. This study protocol has been reviewed
and approved by the Smith College School for Social Work Human Subjects Review Committee.

Appendix I
Protocol Change Approval 4



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

April 7, 2016

Venae Rodriguez

Dear Venae:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,



Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor

Appendix J
Spanish Language Informed Consent



Smith College School for Social Work • Northampton, MA
2015-2016

Consentimiento de Participar en un Estudio de Investigación

.....

Título de Estudio: What is the experience of older transgender people of color regarding personal identity, social support and desires for the future?

¿Qué es la experiencia de la más vieja gente de transgender de color en cuanto a la identidad personal, el apoyo social y desea por el porvenir?

Investigador (es): Venae N. Rodriguez, School of Social Work

.....

Introducción

- Le piden estar en un estudio de investigación de la experiencia de la más vieja gente de transgender/transsexual de color.
- Usted fue seleccionado como un participante posible debido a su identidad transgender/transsexual y porque usted es una persona de color, y porque ustedes son 50 años o más viejos.
- Preguntamos que usted para leer esta forma y pregunte cualquier pregunta que usted puede tener antes del convenir estar en el estudio.

Objetivo de Estudio

- El objetivo del estudio es de entender la experiencia de la más vieja gente transgender/transsexual de color en cuanto a las publicaciones(cuestiones) de identidad personal, el apoyo social y deseos por el porvenir. La mayor parte de la literatura de trabajo corriente social sobre la gente de transgender es enfocada(concentrada) en niños y adolescentes y totalmente no explora las vidas de las personas de personas en color y más viejas. Mientras ha sido visto que la gente de transgender de color es el más en peligro para el maltrato, y la más vieja gente de transgender puede ser ocultada y underserved, hubo poco enfocan como mejor servir una más vieja población transgender. Mi objetivo es de ayudar preparar a trabajadores sociales y trabajadores de servicio mayores para competentemente trabajar con la más vieja gente de transgender de color y efectuar el cambio de la política pública en cuanto al tratamiento respetuoso hacia la gente transgender/transsexual mayor de color.
- Este estudio está siendo conducido como una exigencia(un requisito) de investigación para mi amo(maestro) en el grado de trabajo social.
- En última instancia, esta investigación puede ser publicada o presentada en conferencias profesionales.

Descripción de los Procedimientos de Estudio

- Si usted está de acuerdo con estar en este estudio, le pedirán hacer las cosas siguientes: Le pedirán contestar preguntas de entrevista en la persona o sobre el teléfono. La entrevista será hecha en una sesión y puede tomar 60-90 minutos. Puedo pedir hablarle brevemente otra vez si hay algo de la entrevista que necesita la clarificación. Su

nombre e identidad nunca serán expuestos como la parte de este estudio o como la parte del reportaje de este estudio, toda la información participante será sostenida como confidencial. En mis esfuerzos de reclutar le pediré pensar en los otros a quienes usted puede saber(conocer) y a quién usted piensa puede estar interesado en la participación y le pediré darles mi información de contacto.

Los riesgos/Incomodidades de Estar en este Estudio

El estudio tiene los riesgos siguientes. Puede haber un riesgo de recordar la información incómoda que puede conducir a los sentimientos de incomodidad o angustia. Usted tendrá el derecho durante la entrevista entera para no contestar cualquier pregunta que pregunto o retirarme de la entrevista completamente. Debajo son transgrender la afirmación de recursos en el caso de que le gustaría extra el apoyo después de la entrevista.

- Trans Lifeline, 877-565-8860 (algunos altavoces(oradores) españoles disponibles)
- GLBT National Hotline, 888-843-4564

Las ventajas de Estar en el Estudio

• Las ventajas de participación son: La ventaja de participación puede estar en la oportunidad de hablar de su experiencia de vida, y el sentimiento de bien sobre la ayuda de una generación de la gente de transgender que le sigue.

• Las ventajas al trabajo/sociedad social son: El suministro de la información que puede ayudar a educar proveedores de servicio y trabajadores sociales sobre el funcionamiento con las más viejas personas transgender de color y también el potencial efectuar el cambio de la política pública que la preocupación(el interés) las vidas de más viejas personas transgender.

Confidencialidad

• Su participación será guardada(mantenida) confidencial. Los registros de este estudio serán guardados(mantenidos) estrictamente confidenciales. Guardaré(mantendré) todos los registros de investigación en un archivo cerrado, y toda la información electrónica será cifrada y asegurada usando un archivo protegido por contraseña. Con su permiso, la entrevista será de audio registrada, y tomaré apuntes escritos a mano como hablamos. La grabación será transcrita en un documento escrito. Puedo usar transcribir pagado para transcribir el documento. Si hago, el transcribir firmará un acuerdo de confidencialidad para guardar(mantener) toda la información de identificación confidencial. Una vez que grabaciones de audio son transcritas a un documento escrito, todo el personal que identifica la información será quitado, y la grabación de audio será suprimida. Puedo usar cotizaciones en la literatura publicada o la presentación de las conclusiones de esta entrevista, pero nunca incluiré ninguna información de identificación en el reportaje de este material. Su identidad nunca será revelada en ningún material que es publicado o presentado; cada esfuerzo será hecho para disfrazar su identidad en todas las publicaciones y/o presentaciones.

• Todos los materiales de investigación incluyendo grabaciones, transcripciones, análisis y consienten/consienten documentos será almacenado en una posición(ubicación) segura durante tres años según regulaciones federales. En el caso de que los materiales son necesarios más allá de este período, ellos serán guardados(mantenidos) asegurados hasta más no necesario, y luego ha destruido. Todos los datos electrónicamente almacenados serán la contraseña protegida durante el período de almacenaje. No incluiremos ninguna información en ningún informe que podemos publicar lo que haría posible de identificarle.

Pagos/regalo

• Usted recibirá el pago/regalo siguiente: No habrá ningún pago o reembolso para su tiempo, pero usted recibirá una pequeña señal de apreciación en forma de una tarjeta de regalo de 10.00 dólares incluso si usted don no completo la entrevista.

Derecho de Rechazarse o Retirarse

La decisión de participar en este estudio es completamente hasta usted. Usted puede rechazar participar en el estudio en cualquier momento hasta dos semanas después de la entrevista (cuando comenzaré a hacer un informe) sin afectar su relación con los investigadores de este estudio o el Colegio de Smith. Su decisión de rechazarse no causará ninguna pérdida de ventajas (incluyendo el acceso a servicios) al cual usted de otra manera es titulado(dado derecho). Usted tiene el derecho de no contestar cualquier pregunta sola, así como retirarse completamente hasta el punto notable debajo. Si usted decide retirarse, no usaré ninguna de su información tranquila para este estudio. Usted debe notificarme de su decisión de retirarse por el correo electrónico o el teléfono por hasta dos semanas

después de la entrevista. Después de aquella fecha, su información será la parte de la tesis, la disertación o el informe definitivo.

Derecho de Hacer Preguntas y Preocupaciones(e Intereses) de Informe

- Usted tiene el derecho de hacer preguntas sobre este estudio de investigación y tener aquellas preguntas contestadas por mí antes, durante o después de la investigación. Si usted tiene más lejos preguntas sobre el estudio, en cualquier momento se siente libre(gratis) de ponerse en contacto conmigo, Venae Rodriguez en vrodriguez@smith.edu o por teléfono en xxx-xxx-xxxx. Si le gustara un resumen(sumario) de los resultados de estudio, uno le será enviado una vez que el estudio es completado. Si usted tiene cualquier otra preocupación(interés) sobre sus derechos como un participante de investigación, o si usted tiene cualquier problema como consecuencia de su participación, usted puede ponerse en contacto el Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consentimiento

• Su firma debajo indica que usted ha decidido ofrecerse como un participante de investigación para este estudio, y que usted ha leído y ha entendido la información proporcionada encima. Le darán una copia firmada y datada de esta forma para guardar(mantener). También le darán una lista de remisiones y la información de acceso si usted experimenta publicaciones(cuestiones) emocionales relacionadas con su participación en este estudio.

.....

Nombre de Participante (impresión): _____

Firma de Participante: _____ Fecha: _____

Firma de Investigador (es): _____ Fecha: _____

.....

[usando de audio o la grabación en vídeo, use la siguiente sección para firmas:]

1. Estoy de acuerdo con ser de audio dado un toque para esta entrevista:

Nombre de Participante (impresión): _____

Firma de Participante: _____ Fecha: _____

Firma de Investigador (es): _____ Fecha: _____

2. Estoy de acuerdo con ser entrevistado, pero no quiero que la entrevista sea dada un toque:

Nombre de Participante (impresión): _____

Firma de Participante: _____ Fecha: _____

Firma de Investigador (es): _____ Fecha: _____

Form updated

**Appendix K
Translator Confidentiality**

Volunteer or Professional Translator Assurance of Research Confidentiality Form

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional translators for this project shall sign this assurance of confidentiality.
- A volunteer or professional translator should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
- The researcher for this project, - *Venae Rodriguez* - shall be responsible for ensuring that all volunteer or professional translators are instructed on procedures for keeping participant identity and all shared information secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all shared materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, - *Venae Rodriguez* - for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Name of Translator

Signature

Date

Venae N. Rodriguez

Insert name of researcher

4/8/16

Date

Appendix L
Protocol Change Approval 5



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

April 26, 2016

Venae Rodriguez

Dear Venae:

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor

**Appendix M
Provider Informed Consent**



SMITH COLLEGE

2015-2016

**Consent to Participate in a Research Study
Smith College School for Social Work • Northampton, MA**

.....

Title of Study: What is the experience of older transgender people of color regarding personal identity, social support and desires for the future?

Investigator(s):

Venae N. Rodriguez, School of Social Work

.....

Introduction

- You are being asked to be in a research study of the experience of older transgender/transsexual people of color.
- You were selected as a possible participant because of your work with transgender/transsexual identified people-
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to understand the experience of transgender/transsexual older people of color regarding issues of personal identity, social support and desires for the future. Much of the current social work literature about transgender people is focused on children and adolescents and does not fully explore the lives of people of color and older people. While it has been seen that transgender people of color are most at risk for mistreatment, and older transgender people may be hidden and underserved, there has been little focus on how to better serve an older transgender population. My goal is to help prepare social workers and elder service workers to competently work with older transgender people of color and to effect change in public policy regarding respectful treatment toward transgender/transsexual elder people of color.
- This study is being conducted as a research requirement for *my master's in social work degree*.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: You will be asked to

answer interview questions over the telephone. The interview will be done in one sitting and may take 30-45 minutes.

- Your name and identity will never be exposed as part of this study or as part of the reporting of this study, all participant information will be held as confidential. In my recruiting efforts I will ask you to think about others who you may know and who you think may be interested in participating and will ask you to give them my contact information.

Risks/Discomforts of Being in this Study

The study has the following risks. There may be a risk of recalling uncomfortable information that may lead to feelings of discomfort or distress. You will have the right during the entire interview to not answer any questions I ask or to withdraw from the interview completely. Below are resources in the event that you would like extra support after the interview.

- Crisis Call Center, 800-273-8255
- Trans Lifeline, 877-565-8860
- GLBT National Hotline, 888-843-4564

Benefits of Being in the Study

- The benefits of participation are: The benefit of participation may be in the opportunity to report your experience as a provider and corroborate finding of the study, this may increase positive feelings about helping aging generations of transgender people and providers working with them.
- The benefits to social work/society are: Providing information that may help to educate service providers and social workers about working with older transgender persons of color and also the potential to effect change in public policy that concern the lives of transgender older people.

Confidentiality

- Your participation will be kept confidential. The records of this study will be kept strictly confidential. I will keep all research records in a locked file, and all electronic information will be coded and secured using a password-protected file. With your permission, the interview will be audio recorded, and I will take handwritten notes as we talk. The recording will be transcribed into a written document. I may use a paid transcriber to transcribe the document. If I do, the transcriber will sign a confidentiality agreement to keep all identifying information confidential. Once audio recordings are transcribed to a written document, all personal identifying information will be removed, and the audio recording will be deleted. I may use quotes in published literature or presentation of the findings from this interview but will never include any identifying information in the reporting of this material. Your identity will never be disclosed in any material that is published or presented; every effort will be made to disguise your identity in all publications and/or presentations.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will receive the following payment/gift: There will be no payment or reimbursement for your time, but **you will receive a small token of appreciation in the form of a \$10.00 gift card even if you do not complete the interview.**

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time up to two weeks after the interview (when I will begin to report) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by up to two weeks after the interview. After that date, your information will be part of the thesis, dissertation or final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Venae Rodriguez at vrodriguez@smith.edu or by telephone at xxx-xxx-xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

[if using audio or video recording, use next section for signatures:]

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____

Date: _____

Signature of Researcher(s): _____

Date: _____

Form updated

**Appendix N
Transcriber Confidentiality**

Volunteer or Professional Transcriber’s Assurance of Research Confidentiality Form

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
- A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
- The researcher for this project, - *insert name of researcher* - shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, - *insert name of researcher* - for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature

Date

Venae Rodriguez

Insert name of researcher

Date

**Appendix O
Informed Consent**



**Consent to Participate in a Research Study
Smith College • Northampton, MA**

Title: What is the experience of older transgender people of color regarding personal identity, social support and desires for the future?

Name: Venae N. Rodriguez, MSW Candidate '16 **Phone:** _____
Name: Dominique Steinberg, DSW, ACSW **Phone:** _____

Introduction

You are being asked to participate in a research study about the experience of older transgender/transsexual people of color. You are being asked to participate because of your transgender/transsexual identity and because you are a person of color, and because you are 60 years or older. Please read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

The purpose of the study is to understand the experience of transgender/transsexual older people of color regarding issues of personal identity, social support and desires for the future. Much of the current social work literature about transgender people is focused on children and adolescents and does not fully explore the lives of people of color and older people. While it has been seen that transgender people of color are most at risk for mistreatment, and older transgender people may be hidden and underserved, there has been little focus on how to better serve an older transgender population. My goal is to help prepare social workers and elder service workers to competently work with older transgender people of color and to effect change in public policy regarding respectful treatment toward transgender/transsexual elder people of color. Ultimately, this research may be published in journals or presented at conferences related to social work, aging, people of color, and transgender or LGBTQ people; the study will also fulfill part of my M.S.W. degree requirements.

Description of the Study Procedures

If you agree to be in this study, you will be asked to answer interview questions in person or over the telephone. The interview will be done in one sitting and may take 60-90 minutes. I may ask to speak to you briefly one more time if there is anything from the interview that needs clarification. Your name and identity will never be exposed as part of this study or as part of the reporting of this study. In my recruiting efforts I will ask you to think about others who you may know and who you think may be interested in participating and will ask you to give them my contact information.

Risks/Discomforts of Being in this Study

There are no known risks to your well-being as a result of participating in this study, but there may be a risk of recalling uncomfortable information that may lead to feelings of discomfort or distress. You will have the right during the entire interview to not answer any questions I ask or to withdraw from the interview completely. Below are transgender affirming resources in the event that you would like extra support after the interview.

Trans Lifeline, 877-565-8860

Benefits of Being in the Study

The benefit of being included in the study is providing information that may help to educate service providers and social workers about working with older transgender persons of color and also the potential to effect change in public policy that concern the lives of transgender older people.

Confidentiality

The records of this study will be kept strictly confidential. I will keep all research records in a locked file, and all electronic information will be coded and secured using a password-protected file. With your permission, the interview will be audio recorded, and I will take handwritten notes as we talk. The recording will be transcribed into a written document. I may use a paid transcriber to transcribe the document. If I do, the transcriber will sign a confidentiality agreement to keep all identifying information confidential.

Once audio recordings are transcribed to a written document, all personal identifying information will be removed, and the audio recording will be deleted. I may use quotes in published literature or presentation of the findings from this interview but will never include any identifying information in the reporting of this material. Your identity will never be disclosed in any material that is published or presented; every effort will be made to disguise your identity in all publications and/or presentations.

Payments

There will be no payment or reimbursement for your time, but you will receive a small token of appreciation in the form of a \$10.00 gift card.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study up to two weeks after the interview (when I will begin to report) without affecting your relationship with me, or Smith College School for Social Work. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the interview process; additionally, you have the right to request that I not use any of your interview material up to two weeks after the interview.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Venae Rodriguez at vrodiguez@smith.edu or by telephone at: xxx-xxx-xxxx. If you have any other concerns about your rights as a research participant that have not been answered, you may contact Phil Peake, Co-chair of the Smith College Institutional Review Board at (413) 585-3914.

If you have any problems or concerns that occur as a result of your participation, you can report them to the Phil Peake at the number above. Alternatively, concerns can be reported by completing a Participant Complaint Form, which can found on the IRB website at <http://www.smith.edu/irb/>

Consent

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigator.

Subject's Name (print): _____

Subject's Signature: _____

Date: _____

Investigator's Signature: _____ Date: _____

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Investigator(s): _____ Date: _____

Appendix P Screening Survey

Screening Survey

What sex were you assigned at birth? female male intersex

What category(s) most closely match how you express your gender identity?

- | | | |
|--|--|---|
| <input type="checkbox"/> pre-op transsexual | <input type="checkbox"/> two-spirit | <input type="checkbox"/> drag queen |
| <input type="checkbox"/> post-op transsexual | <input type="checkbox"/> transsexual | <input type="checkbox"/> drag king |
| <input type="checkbox"/> non-op transsexual | <input type="checkbox"/> intersex | <input type="checkbox"/> genderqueer |
| <input type="checkbox"/> man | <input type="checkbox"/> intergendered | <input type="checkbox"/> gender radical |
| <input type="checkbox"/> woman | <input type="checkbox"/> transman | <input type="checkbox"/> differently gendered |
| <input type="checkbox"/> cross dresser | <input type="checkbox"/> transwoman | <input type="checkbox"/> queer |
| <input type="checkbox"/> transvestite | <input type="checkbox"/> FTM | <input type="checkbox"/> bigendered |
| <input type="checkbox"/> transgender | <input type="checkbox"/> MTF | <input type="checkbox"/> other(s): _____ |

What is your age? _____

What is your race/ethnicity?

- African American/Black
- Asian American/Pacific Islander
- Latina/Latino/Hispanic
- Native American/American Indian/Alaska Native
- Mixed/Multiracial/Multiethnic (specify) _____
- White
- other: _____

please return to: Venae Rodriguez: vrodriguez@smith.edu

This survey has been adapted in part from: Factor, R., The Trans Project.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix Q Interview Guide

PERSONAL IDENTITY

1. Please talk to me about how you identify your gender.

Probes: What words do you use to describe yourself?

How long have you understood yourself in this way?

Do you feel your gender identity is perceived accurately by strangers?

At what age did you first experience yourself as different from your assigned birth sex?

Are you currently or have you ever taken hormones or had any surgical procedure to alter your body? Why or why not?

2. Please talk to me about your racial/ethnic identity.

Probe: Does your racial or ethnic identity give meaning to your gender identity, or presentation of your gender?

3. What is your sexual orientation?

Heterosexual

Lesbian

Gay

Bisexual

Pansexual

Omni-sexual

Queer

Other (describe):

SOCIAL SUPPORT

4. Please talk to me about your system(s) of personal support.

Probes: Do you have family and friends that you're close to?

Do these people understand and accept your gender identity?

Do you attend any groups or meetings with like-minded people?

What about spirituality or religion or anything like that?

FUTURE DESIRES/GOALS

5. Please talk to me about how you think about your future.

Probes: As an aging person, how do you think about your future?

What are your hopes and dreams for your future?

What are your thoughts about your health now and in the future?

6. Is there anything else you would like to tell me that would help me to understand your experience of being an “older trans person of color?”

Thank you for your help.

**Appendix R
HSR Approval Letter**



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

December 13, 2015

Venae Rodriguez

Dear Venae,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor