

AN EXPLORATION OF THE EXPRESSED LEVELS OF SOCIAL SUPPORT AND
ISOLATIONISM OF TRANSGENDER OLDER ADULTS

A Project

Presented to the faculty of the Division of Social Work

California State University, Sacramento

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SOCIAL WORK

by

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SPRING
2019

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Division of Social Work

Abstract
of
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Transgender older adults are amongst the most marginalized communities in the United States, both historically and presently. While many of the challenges experienced by this cohort are also common to the broader aging lesbian, gay, and bisexual population, the social support needs of this community are largely understudied. Alongside the inarguable amount of discrimination and obstructions that elder transgender individuals have experienced across decades, are the qualities of resilience and courage which should not be understated. This research examines the expressed levels of social support and isolationism of transgender older adults. A qualitative and exploratory research design will be utilized to identify statistically significant patterns by exploring six community members' account of the status of their social support system. This, in turn, will be helpful the field of social work and, most importantly, this underserved community at large.

_____, Committee Chair
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Date

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Chapter 1

INTRODUCTION

Within the literature pool examining the ways which social support, feelings of loneliness, and social isolation influence overall health, is a clear lack of representation of the distinct experiences of lesbian, gay, bisexual, and—most notably, transgender older persons. Research has long found resource-rich social support to be associated with improved health outcomes and greater overall happiness for older adults (Litwin & Shiovitz-Ezra, 2011), while perceived isolation and lack of social support to be associated with poorer physical and mental health outcomes (White, Philogene, Fine, & Sinha, 2009). Transgender older adults are amongst the most marginalized communities in the United States, both historically and presently, yet the social support systems of this particular cohort are still largely understudied within the social work practice (Bradford, Reisner, Honnold, & Xavier, 2013). This qualitative study was conducted to highlight the personal narratives of older transgender individuals to provide a legitimate account of social support barriers and lifelong experiences.

Background of the Problem

In order to ethically improve the quality of life for transgender older adults, it is imperative for social workers to understand how factors such as hetero and cis-normative culture, religion, and health and human services organizations have influenced their lives across decades. Western culture has long privileged cisgender values and has targeted transgender individuals for mistreatment in order to enforce their constructed gender boundaries. It is essential for social workers to recognize the way dominant Western

discourses have produced barriers to social support for transgender seniors in order to create positive change in their lives.

Transgender individuals are repeatedly subject to discrimination and isolation from society at large, thereby putting them at high risk for psychological distress, various types of abuse, and isolation. Transgender older adults are more likely to be single and/or be living alone than their cisgender and heterosexual counterparts (Fredriksen-Goldsen et al., 2013). Amongst significantly higher risks of poorer physical health outcomes, depression, and disability, research has found “significant indirect [and negative] effects of gender identity” on feelings of community belonging and lack of reported social support (Fredriksen-Goldsen et al., 2013). When compared to their lesbian, gay, bisexual, cisgender, and heterosexual senior counterparts, researchers stressed that transgender seniors were in greatest need of community-level support and health interventions (Fredriksen-Goldsen et al., 2013).

Further, it is of issue that the old age status of one’s intersectional identity has been largely unobserved within the context of queer theory, and old age has been primarily studied under the assumptions of the gender binary within the field of social gerontology and social work (Siverskog, 2015). In addition to common issues of aging, transgender individuals are simultaneously experiencing a variety of gender concerns and/or are perceiving the aging process differently than their cisgender, lesbian, gay, and bisexual counterparts. For instance, older transgender individuals may feel that their older age may be limiting their possibilities for performing gender (i.e., sex reassignment surgery), and others may report a positive experience with the “androgyny of old age”

and have become more comfortable in their body. The aging process those who are non-disclosing of their transgender history may be met with the fear of being “outed” when receiving intimate personal care or may feel limited in their caregiving and living arrangement options later in life (Siverskog, 2015). Despite the major implications of the array of experiences of transgender older adults, social work and gerontology have left those at this intersection to fall between the cracks.

Lived experiences of social support or exclusion received by family members, friends, the LGBTQ community, and religious organizations are unique for each individual, and can vary greatly between different members of this population. However, transgender people have been historically oppressed by religious organizations and been excluded from the larger LGBTQ community. Strains between sub-groups of the LGBTQ community exists, including ageism towards older persons and the ostracism of transgender and gender non-conforming persons. Given this trajectory, it is conceivable that transgender older adults may feel socially rejected on the basis of their intersectional minority statuses; facing dual discrimination based on their age and gender identity.

Research conducted on the social support challenges of transgender older adults have done a disservice by largely dismissing the strengths, resilience, and coping mechanisms that this cohort has developed in response to their trauma. For example, some older LGBT individuals may report feeling very connected and supported by the LGBT community, especially those who were active in political movements throughout their life (Messinger, 2011). Additionally, many LGBTQ individuals have also created robust “families of choice” in response to rejection from their families of origin

(Fredriksen-Goldsen & Muraco, 2010). Much of the little available research has been deficit-based and focused on the stressors of being a minority rather than exploring the strengths that have also been developed over decades.

Definition of Terms

It is imperative to begin by defining the “transgender older adult” population as it will be used throughout this research. Transgender refers to a person whose gender identity is incongruent with their assigned sex at birth according to their sex and physiological characteristics of their bodies (Fredriksen-Goldsen et al., 2014). A person’s gender identity refers to their own perception and awareness of “self.” The term transgender can be further expanded into a continuum that includes those who self-identify as gender non-conforming, transsexual, queer, genderqueer, drag queens, drag queens, butch, and so on. This paper will include all older persons whose gender identities variate from their assigned sex at birth. It should be made clear that a person’s gender identity is never dependent on any medical procedures they may or may not have had, the status of their genitals, nor how they physically present themselves to the world, as gender is an innate part of the individual’s identity. In regard to the criterion used to define “older adults” for the purpose of this study, transgender persons aged fifty-five and older are considered appropriate. Throughout this paper, I (the researcher) may use the terms “older adult,” “senior,” and “elder” interchangeably to reduce repetition.

In addition, it is essential to establish a concrete understanding of “social support” as it will be used here. Social support is described here as any form of assistance from others which address the individual’s needs emotionally, physically, and/or

psychologically. Social support often includes emotional support (quantity and quality), companionship, feelings of acceptance, and feeling listened to. Common forms of social support for queer older adults commonly come from (but are not limited to) the greater LGBTQ community, “families of choice,” support groups, religious/spiritual communities, healthcare professionals, family, friends, and pets. This research will also focus on social support such as transportation, activities of daily life (ADLs), errands, finance management, and general advice.

Other Critical Terms

Ally— A usually non-LGBTQ person who supports the rights of LGBTQ people (Dentato, 2018).

Cisgender— A person whose gender identity and expression matches with that of their assigned sex at birth (Dentato, 2018).

Cisnormativity— The presumption that everyone’s gender matches their assigned sex at birth and gender is immutable (Oakleaf & Richmond, 2017).

“Coming Out”— The process LGBTQ+ people go through when letting others know about their sexual orientation and/or gender identity (Dentato, 2018).

“Dead Name”— A colloquial term used to describe the non-affirmed name a transgender person was given before they transitioned and/or changed their name. “Deadnaming” occurs when someone, intentionally or unintentionally, refers to a person who is transgender by their “deadname” (Clements & Brito, 2017).

Gender identity— One’s own experience and perception of their gender (Morrow & Messinger, 2006).

Gender expression— The ways in which a person acts to communicate gender within a given culture, which may or may not be consistent with socially prescribed gender roles or his/her/their gender identity (Dentato, 2018).

Heteronormativity— The institutions, social structures, and dominant knowledge that privilege heterosexuality as the most intelligible form of sexual expression which is produced in almost every aspect of social and cultural life (Berlant & Warner, 1998).

Misgendering— The misclassification of one’s gender identity, from the perspective of transgender individuals (McLemore, 2015).

Non-binary, Gender-nonconforming, or Genderqueer— People who identify somewhere else along the gender spectrum, do not accept the gender binary, or consider themselves to be without gender altogether (Oakleaf & Richmond, 2017).

Passing— A description used for measures taken to conceal one’s transgender status, especially in public situations considered uncomfortable or unsafe (Oakleaf & Richmond, 2017).

Preferred gender pronoun— The preferred pronoun(s) a person chooses to use for themselves. For example, he/him/his, she/her/hers, or they/them. (Dentato, 2018).

Sex/Assigned Sex—A person’s sex assigned at birth (i.e., male or female).

Sexual Orientation—An individual’s physical and sexual attraction towards others (Dentato, 2018).

Stealth — A word often used to describe when a transgender person is able to live out their preferred gender without disclosing their transgender status (Oakleaf & Richmond, 2017). “Private” and “Non-disclosure” may also be used in lieu of “stealth.”

Transsexual— A term that may be used interchangeably with “transgender,” but may also carry implications (for some) that the person has undergone gender confirmation surgery. (Oakleaf & Richmond, 2017).

Importance of Research

It is critical that this area of study be explored due to the exponentially increasing population size of older adults, as the American Baby Boomer generation is reaching old age. Persons sixty-five years and over account for 15.2% of the overall population (United States Census Bureau, 2016) and this cohort is expected to rise to 20% of the overall population by year 2029 (American Psychological Association, 2014). Moreover, the diversity found within this group is expected to steadily rise alongside the Baby Boomer generation. It is estimated that there are 2.4 million lesbian, gay, bisexual, and transgender seniors living today and these numbers are expected to rise to three million LGBTQ older adults by the year 2030 (American Psychological Association, 2014).

While there is an influx of individuals reaching old age, there unfortunately is limited research that demonstrates how social workers can best serve this at-risk population. Even further, much of the little transgender older adult research available is conflated with lesbian, gay, and bisexual community research, despite the distinct experiences of transgender individuals. In absence of wholly sufficient research, the present project intends to explore both the strengths and shortcomings in terms of social support for this group. More importantly, I intend to contextualize these findings to encourage advocacy and to reaffirm social work’s foundational commitment to radical social justice on behalf of marginalized communities.

According to the National Association of Social Workers (NASW) *Code of Ethics* (2017), the primary goal of social work is to pursue social change on behalf of vulnerable groups of people, yet this commitment is left largely unfulfilled for transgender older adults. A void of research on the experience of this community has denied social workers the opportunity to provide the proper resources and challenge the rigid gender binary. On the larger macro level, it is hoped that the findings of this study will influence social workers to make policy changes working to resolve the social inequities and structural injustices that influence the lives of transgender seniors. To better bridge the micro and macro scale in social work, this research intends to promote a social worker's mindfulness of their own positionality, while additionally holding the primary goal of advancing the social work profession in fully supporting present and future generations of this population to come.

I have also made it an explicit goal to empower the participants by holding space for each to reflect on their life narrative. It is important for LGBT older adults to tell their stories (narrative therapy), to provide opportunities for processing that may not be accessible to them otherwise (Spira, Orwat, & Knepler-Foss, 2018). In order to fully comprehend the unique circumstances of transgender older adults, I have an obligation to explore potential strengths of their social support system rather than conducting research from a commonly used deficit-based, individualized model.

Theoretical Orientation

The present research is conducted under the guiding principles and ethics of queer theory. A queer perspective fundamentally challenges social norms that assume universal

heterosexuality and gender conformity and work to persecute those who resist normative expectations (Fabbre, 2015). This theory is also especially useful in understanding gender as fluid rather than a stable or fixed element of one's identity (Butler, 1990). By understanding gender and sexuality as performative, we are creating space for the lived experiences of those who have fallen outside of the binary, including transgender senior identities.

The aim of queer theory is to disrupt normative ideologies that marginalize queer communities (Lovaas, Elia, & Yep, 2006), making it particularly suited for studying transgender older adults. Rooted in postmodern and poststructuralist ideas, queer theory works to deconstruct dominant societal narratives. Queer theory's inclusivity of a range of gender non-conforming identities and performance of gender challenges the rigid two gender binary system of Western societies. A queer theoretical approach is applied in the present study as it highlights the impact of normative cultural pressures on transgender seniors' daily life and, more specifically, their social support systems.

Further, first person language and queer affirmative terminology are intentionally utilized throughout this research to align with the ethics of queer methodology. The utilization of queer affirmative language informs a sensitivity to oppressive aspects of the lives of participants who are otherwise generally forced to conform to socially constructed binaries. A queer perspective entails a conscious effort in flattening the hierarchical power inherent to the research process and it is my intent to reduce oppressive practices wherever possible. As such, first person language is applied here as a subtle act of resistance to the systems of privilege commonly found in scholarship.

Limitations

There are several limitations of this study to be considered. As a cisgender young adult, I cannot be fully competent, but only an aware and respectful towards the transgender aging community. I understand the way which positionality can influence research and cannot guarantee that this did not cause any undue bias, despite being a committed ally. Additionally, the small sample size, homogeneity of racial and gender identities, and centered geographic location of participants limits the generalizability of the results. To address these limitations, future research should use a more comprehensive sample size which includes a wider scope of geographic location and participant identities.

Chapter 2

LITERATURE REVIEW

This chapter will include a review of literature on the social support and quality of life status of the transgender older adult community. The first section of this chapter will review literature on the physical and mental health outcomes of transgender persons to illustrate what aging means for this community. Next, I explore an array of areas of a transgender person's daily life, both historically and presently, and how social support can buffer the negative societal and institutional barriers. Then, I review literature centering around the response-based resilience and strengths of the community under the guiding values of queer theory. I will conclude with strengths and limitations of the literature and the dire need to address the gaps in a queer-informed manner.

It should be noted that throughout this chapter, I include research that is specific to the transgender senior population when available, however, much of the existing research is analyzed and reported under the "LGBT umbrella." Due to this limitation in transgender older adult research, some of the literature should be considered speculatively pertinent to transgender people specifically, as their needs and quality of life may, in some ways, differ from their LGB seniors in general. Moreover, it is considerable that transgender and sexual identities are not mutually exclusive. Because many transgender persons identify as gay, lesbian, bisexual, queer, or another sexual identity (e.g. pansexual or asexual), the review of larger LGBT research may be especially considerable and relevant. Lastly, it is important to note that I use the abbreviation LGBTQ throughout this research, however, some authors and organizations

cited throughout this chapter use the shorter version “LGBT,” which I will retain when referring to them.

Overview of Health Outcomes and Concerns of Transgender Seniors

Relatively little is known about the physical and mental health of transgender older adults (Witten & Eyster, 2012). Much of the research that is available focuses on the effects of hormone therapy (Berreth, 2003), despite there being critical uncertainties in terms of overall the health, drug use, and physical activity levels of this hard to reach population. However, the available research on the mental health of transgender older people has found that they are at an elevated risk of depression and attempted suicide attempts (Grant, Mottet, & Tanis, 2016). In comparison to non-transgender older adults, transgender older adults have higher rates of disability and reported feelings of loneliness (Fredrickson-Goldsen et al., 2011). The limitation of health data available puts this community at a disadvantage in terms of identifying risk factors and interventions to improve overall health.

Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS) (Fredriksen-Goldsen & Kim, 2017) is the first and largest federally funded national survey focused on the well-being of LGBTQ older adults to date. This longitudinal study included over 2,400 LGTBQ participants from age 50 to 100 with the goal of better understanding the health, social, and economic disparities of this community. Notably, this study found transgender older adults to be at the highest risk of poorer health outcomes amongst their cisgender LGB (lesbian, gay, and bisexual) counterparts and that they more likely to experience disability, distress, and mental health disorders

(Fredriksen-Goldsen & Kim, 2017). This study linked these poorer health outcomes to elevated rates of victimization, discrimination, and lack of access to responsive care, which are critical aspects of transgender seniors' lives to consider.

Discrimination and Violence

The context of the larger social environment may have a substantial effect on the health outcomes of transgender persons, as this community experiences a relatively high degree of violence, abuse, and hate crimes (Grant, Mottet, & Tanis, 2016; James et al., 2015, Witten & Eyler, 2012; Xavier & Simmons, 2000; Richmond, Burnes, & Carroll, 2012). In one study, 46% of transgender adult respondents reported having been verbally harassed or physically attacked due to their gender identity or expression in the year prior (James et al., 2015). In fact, the aforementioned study found disparities between transgender people in the survey and the overall population in occupational, housing, and social support (James et al., 2015).

While transgender advocates and coalitions have worked to improve visibility of the transgender community in recent years, there is still limited public awareness of this population's risks and safety concerns. Unfortunately, the extent of research on violence experienced by transgender older adults is very limited (Lombardi, Wilchins, Priesing, & Malouf, 2002), but available research indicates epidemics of violence towards the transgender community continue to persist at alarming rates. The Human Rights Campaign (HRC) and Trans People of Color Coalition (TPOCC) found 2017 to have the highest rate of anti-transgender fatal violence in at least a decade (HRC & TPOCC,

2017). Over the last five years, more than 100 transgender people have been killed in the United States (HRC & TPOCC, 2017).

There are risk factors associated with being attacked, including being of lower socioeconomic status and being a male-to-female transgender person of color (Richmond et al., 2012). Transgender women experience higher rates of violence and discrimination than their nontrans lesbian, gay, and bisexual counterparts (Ard & Makadon, 2011). Multiple studies have shown transgender persons of color to be alarmingly affected by physical, verbal, and fatal violence (HRC, 2017; Galvan & Bazargan, 2012), as transgender women of color live at an intersection where racism, misogyny, and transphobia threaten their existence.

Lifelong mental and physical health disparities experienced by transgender individuals are likely linked to the stigma and victimization they frequently experience. 82% of LGBT older adults have been victimized at least once and 64% report experiencing victimization at least three times in their lives (Fredriksen-Goldsen et al., 2011). Consequently, high rates of violence and interpersonal violence produce negative physical and psychological outcomes, including being significantly more likely to attempt suicide than those in the community who have not encountered violence (Testa et al., 2012). Further, high rates of violence are found to increase this cohort's risk of developing Post-Traumatic Stress Disorder (Richmond et al., 2012) and substance abuse (Testa, et al., 2012).

Historical Context and the Current Political Climate

It is imperative to recognize the historical and biopsychosocial challenges and achievements transgender older adults have encountered over decades. The lifetime endurance of intolerance and discrimination impacts an LGBT individual's perceptions of support, expectations for acceptance or rejection, and the ability to develop resilience (Butler, 2004). From a macro policy level to the most micro health-care and public interactions, pronounced homophobia and transphobia have endured throughout time and have created a significant number of obstacles for the transgender aging community. Notwithstanding, transgender seniors are pioneers of the gay liberation movement, second wave lesbian feminist movement, and HIV/AIDS movement, and have continued to exist in the face of a cisnormative society for decades.

Many of these older adults have lived through periods where they may have been forced to undergo harmful medical treatments to change their transgender and/or lesbian, gay, or bisexual orientation. Post-World War II, homosexuality was considered an ailment and a crime, thereby subjecting homosexuals to shock therapy, lobotomy, and genital mutilation (Messinger, 2011). Depending on their decade of birth, this community has lived through times of significant oppression of minority groups, such as the Great Depression and the American civil rights movement. These individuals have also lived through the Stonewall Riots of 1969, a protest against police harassment led by brave transgender women of color such as Marsha P. Johnson and Silvia Rivera, and also a brave butch lesbian woman of color, Storme DeLarverie. This event sparked the gay

liberation movement that allowed the future LGBT community to surface from the margins of society.

One of the most significant historical challenges faced by older generations of transgender people was surviving the HIV/AIDS epidemic during the 1980's and early 1990's. AIDS was initially referred to as "Gay Related Immune Disease" (GRID) by the Centers for Disease Control due to a high incidence of transmission amongst gay men. Despite widespread concerns and rising death toll, there was nearly a decade of inaction and appropriate response to the HIV/AIDS crisis from local and federal government officials. Homophobia and stigma on the LGBT community persisted through this tragedy, but this historical event led to a strengthening and rise in political activism within the LGBTQ community including groups such as ACT UP in 1987 and Queer Nation in 1990 (Dentato, 2018). A turning point of action began around 1996, when the first effective long-term therapy was made available: Highly Active Anti-Retroviral Therapy (HAART). From enduring the losses of loved ones to finding hope in effective treatments, the long-term impacts of the HIV/AIDS epidemic on LGBTQ older adults has likely played a role in shaping their identity, sexuality, health, and mental health (Dentato, 2018).

Unfortunately, the rich life narratives of this minority group have been largely left untold because of experiences of discrimination and victimization that still very much threaten their existence in the United States today. Most presently, the Trump Administration has shown support in allowing businesses to discriminate against LGBT individuals on the basis of religious beliefs (Wang & Cahill, 2018). Many of the federal

protections for transgender people (i.e., The Affordable Care Act), and critical research initiatives are at risk under the present administration. The Trump Administration rolled back the collection of population-level data that is critical to address health disparities of LGBT Americans by removing sexual and gender identity questions from the National Survey of Older American Act Participants (NSOAAP) (Wang & Cahill, 2018).

Research studies on the current political environment point towards an exacerbation of barriers to care and increased discrimination for transgender people (Wang & Cahill, 2018). Any momentum in the direction of enacting regulations that serve to prohibit discrimination are seemingly coming to a halt, despite being necessary to ensure the health and safety of transgender people of all ages. Despite this, transgender persons of the Baby Boomer generation will continue to rise in numbers and immediate action and advocacy for this community from the field of social work will become even more vital.

Institutional Mistreatment within Mental Health and Healthcare Systems

The aging transgender community has also lived through decades of being heavily pathologized by the mental health and healthcare systems. The mental health and healthcare fields both broadly understand social support as an influencer of physical and mental health outcomes and morbidity for elderly patients (Ali, Merlo, Rosvall, Lithman, & Lindstrom, 2006).

DSM-5 stigma. Transgender individuals have continuously been pathologized within the field of mental health. Despite “homosexuality” being removed from the *Diagnostic and Statistical Manual* (DSM) in 1973, transgender identities have been clinically diagnosable since 1980. The American Psychiatric Association initially

specified a diagnosis of “Gender Identity Disorder” in relation to the distress a person experiences as a result of the sex they were assigned at birth. In 2003, the “disorder” label was removed, and the diagnosis subsequently changed to Gender Dysphoria in the DSM-5 (American Psychiatric Association, 2013). The DSM-5 explains Gender Dysphoria as marked distress related to the incongruence between one’s experienced gender and assigned sex at birth, occurring over a period of at least six months (American Psychiatric Association, 2013). While removing “disorder” from the diagnosis is considered possibly less pathologizing, transgender identities had already been stigmatized by society. Today, this diagnosis, along with a thorough assessment and evaluation, are essential to receiving a physician’s referral to begin hormone replacement therapy (HRT), a process where sex hormones are administered for the purpose of physical feminization or masculinization of the body.

Mental health system. Historically, transgender people have been mistreated by mental health professionals (Lombardi, Wilchins, Priesing, & Malouf, 2002). Still today, well-intentioned clinicians may be unintentionally re-victimizing or creating an environment where issues related to their transgender identity are not properly being recognized (Nylund & Temple, 2016). For example, therapists often do not know the how to use identity affirming language or even preferred pronouns when working with transgender persons (Alegria, 2011). Diversity training in graduate programs is considered fundamental to successful practice; however, current models often teach students in congruence with the gender binary and do not include robust education on transgender identities. Thus, there are not nearly enough mental health professionals who

are knowledgeable or comfortable in working with transgender individuals (Byne et al., 2012) and therefore, a critical form of social and mental health support is less accessible.

Healthcare system. Transgender older adults also have the risk of experiencing discrimination within health care settings and may fear seeking care due to fear of prejudice (Alegria, 2011). One research study found one in three persons who saw a health care provider in the last year reported having at least one negative experience related to being transgender, with higher rates for transgender persons of color or those with disabilities (James et al., 2015). Negative experiences include being verbally harassed, physically or sexually assaulted, refusal of treatment, and transgender patients having to provide transgender education to physicians in order to receive appropriate services. More than a quarter of transgender adults report having been denied health care insurance due to their gender identity (Bradford, Reisner, Honnold, & Xavier, 2013), while those who do have health insurance report many transgender-related medical needs are not covered (American Medical Association, 2008).

A common experience reported by transgender individuals of both healthcare and mental health institutions are their professional's lack of cultural competence and awareness of how to effectively work with transgender individuals. Health and mental health professionals receive insufficient training on transgender issues, despite the American Psychological Association (APA) recommendation that health professionals receive cultural competence training (Sanger, 2008). As a result, transgender individuals are often left to educate the professionals in order to get their medical needs met (McMahon, 2003) or they avoid seeking assistance altogether (James et al., 2015). The

2015 *U.S. Transgender Survey* found that 23% of transgender adult respondents did not see a doctor in the past year because of fear of mistreatment (James et al., 2015).

Furthermore, formally educating professionals on the social, psychological, and health needs of transgender clients is imperative to providing successful care (Benson, 2013).

Given the evidence of adverse mental and physical health outcomes, public health institutions throughout the United States should require employees to be knowledgeable in working with transgender individuals and a basic understanding of the day-to-day barriers faced by those who are aging.

Concerns of Living Arrangements and Long-term Care

Two of the most significant aspects of a transgender person's older adulthood are finding living arrangements and/or long-term care facilities that are accepting of their identity. While there are many similarities in terms of necessary care between cisgender and transgender seniors, there are considerable psychosocial issues and concerns specific to the transgender senior population. In response to increasing concerns about housing access and discrimination, community organizations have implemented community-based housing, such as LGBT senior developments and targeted housing programs; however, little assessments have been done to verify how well the programs are implemented (Ranahan, 2017).

Three out of four LGBT seniors worry how they will be treated in long-term facilities (AARP, 2018). Research documenting the experiences of LGBT older adults residing in senior living communities report various forms of mistreatment including threats of "outing," derogatory statements, receipt of misinformation about pricing and

availability, an absence of recognition of same-sex partners and “families of choice,” and even physical and sexual assault (Addis, Davies, Greene, Macbride-Stewart, & Shepherd, 2009; Movement Advancement Project & SAGE, 2010; Ranahan, 2017). Research has also found that long-term care facilities are often unwelcoming to LGBT older adults and employees are not receiving proper training to address needs of their diverse resident population (Henning-Smith, Gonzalez, & Shippee, 2015).

Nonetheless, it is imperative that employees and service providers at long-term care facilities receive continual education on the unique needs of LGBTQ older adults to provide comfortability, safety, and visibility. Providers of long-term housing have been encouraged to develop safe spaces for LGBT seniors, as doing so supports LGBT residents in aging in place and expand their social networks (Sullivan, 2014). Moreover, it is encouraged for intake assessments and care plans to include identity-affirming terminology, such as using the person’s preferred name and pronouns.

The Intersection of Aging and a Transgender Identity

Older transgender peoples’ lived experiences differ from younger transgender people in terms of medical decision-making and to their additional intersection of age (Siverskog, 2015). For instance, there are sizeable health risks and concerns for older adults who begin accessing transition-related medical treatments later in life (Persson, 2009) versus undergoing this process at a younger age. Access to gender-affirming hormone therapy and surgeries is associated with improvements in quality of life for transgender adults, however, older adults experience considerable barriers and risks unique to their cohort (Persson, 2009). While it is not uncommon for transgender

individuals to undergo gender confirmation surgery at age sixty or older (Ettner & Wylie, 2013), older adults are more likely to have chronic health and/or age-related health conditions that can delay or disqualify them for undergoing desired transition-related treatments.

Older transgender adults' perceptions of their aging bodies can vary greatly between individuals, as aging can affect their ability to perform gender expressions in positive or negative ways (Siverskog, 2015). Siverskog (2015) finds that some older transgender adults perceive an androgyny to their aging bodies that supports them in performing their gender, while others feel that this is a counterproductive and limiting factor. For example, bodily aging may make it more difficult for a person to wear certain shoes, clothing, or make up, thus feeling less comfortable in the ways which they are able to present themselves. Aging can be perceived very differently depending on their health and how they wish to present themselves.

Social Support and the Transgender Senior Community

In the present research thus far, I have reviewed literature exemplifying how transgender older adults face unique challenges in relation to their gender identity, age, and/or sexual orientation, which in turn influences their safety, relationships, support networks, housing, access to health care (Fredriksen-Goldsen & Muraco, 2010; Ranahan, 2017). How is it, then, that many transgender older persons continue to live and thrive despite the aforementioned circumstances of their lived realities? This question is at the forefront of the research being conducted in the present study. One possible answer is the ways in which social support and acquired qualities of resilience may act as a buffer for

the discrimination and high degree of violence and abuse that transgender persons face across a lifetime (Alegria, 2011).

Benefits of Social Support and Risks of Isolationism

A large body of literature has recognized the connection between robust social support and better physical and mental health outcomes (Barker, Herdt, & de Vries, 2006; Graham et al., 2014, Moody & Smith, 2013). Research indicates that as an older adult's level of social support and utilization of community-based services increases, occurrences of depression are found to decrease and their ability to perform activities of daily life rises (Lam, Cervantes, & Lee, 2014). Perceived social support is also shown to protect against chronic pain and inflammation by improving bodily responses to stress (Lam, Cervantes, & Lee, 2014).

Conversely, a lack of social support is associated with poorer physical health outcomes, greater risk of depression, and poorer mental health outcomes (Davey et al., 2014; Erosheva et al., 2016). Social rejection and perceived lack of social support are stressors that have long-term negative effects on health, such as an increase in disease susceptibility and risk of mortality (White, Philogene, Fine, & Sinha, 2009). In fact, adults age 65 and older who have the perception of loneliness and disconnection have a 45% greater risk of death than those who felt connected to others (Perissinotto, Cenzer, & Covinsky, 2011). Risk for an older adult developing depression is positively correlated with lesser means of social and emotional support and living alone (White, Philogene, Fine, & Sinha, 2009).

Types of Social Support

Social support is fundamental in combating the issues of isolation, poor health, and loneliness that older adults face (Valtorta & Hanratty, 2012). Yet, only until recently has research focused on the social support needs of transgender older adults in the United States (Erosheva et al., 2016). Given the impact of social support on overall life satisfaction and quality of life, identifying the strengths and gaps in social support for transgender seniors are essential in social workers' ability to bolster the community's social support resources.

A person's social support network may include relationships with various individuals, including family, friends, neighbors, coworkers, health professionals, and fellow community members. From a mezzo and macro perspective, social support facets may include senior centers, religious groups, long-term care facilities, and other community resources. Two of the primary forms of support explored within the literature pool of social support research are instrumental and emotional support (Everard, Lauch, Fisher, & Baum, 2000). Instrumental support refers to various forms of tangible assistance that others may provide, including housekeeping, transportation, or monetary assistance. Emotional support includes help from others that bolster a person's sense of self-worth or feelings of being cared for (i.e., encouragement, advice, positive feedback). Within LGBT social support literature, specifically, affirmation of the person's identity and "families of choice" are widely considered types of beneficial social support (Davey et al., 2014).

Emotional support. Psychological research has shown expressing emotion and sharing significant aspects of oneself with others, whether interpersonally or therapeutically, are important factors of physical and mental health maintenance (Meyer, 1995). LGBT older adults are more likely than heterosexual and non-transgender older adults to access emotional support from close friends, including seeking advice and guidance in personal matters or emergencies (Erosheva et al., 2016). While many transgender seniors have developed families of choice and other interpersonal relationships to support them, some are socially isolated and do not feel they are receiving adequate emotional social support. In addition to these interpersonal relationships, religious/spiritual groups and the larger LGBTQ community are common ways for a transgender senior to access beneficial emotional support (so long as these opportunities are available and welcoming towards the transgender person).

Romantic relationships and marriage. The disclosure of one's transgender identity is likely to have implications within the context of marriage, domestic partnerships, and/or romantic relationships (de Vries, 2007). For example, partners or spouses of a transgender person may be betrayed, shocked, or led astray if their partner discloses their identity when already married or in a serious relationship (de Vries, 2007; Israel, 2005). Relationships may especially undergo stress or challenges if traditional gender roles and expectations already existed in the relationship (Samons, 2009). A relationship may have once been viewed as heterosexual or homosexual and may undergo significant changes, depending on how the partners view their relationship and sexual identities. In contrast to negative experiences, intimate relationships and marriages may

undergo positive changes, such as improved communication (Harvey, 2008) and relationship enrichment due to an improvement of the overall well-being of the transgender partner (Samons, 2009).

Religion and spirituality. Religious and spiritual community have been historically oppressive and non-inclusive towards LGBT individuals, but religious practice and beliefs may increase feelings of self-worth and provide the social engagement that is necessary to healthy aging. Niose (2006) finds that, despite discrimination and exclusion, LGBT individuals may find more open-minded individuals within their religious communities; however, they are “rarely placed in esteemed positions” nor are their identities often fully recognized. It is a disservice to the well-being of this cohort to feel that one or more of their identities are not being acknowledged by their religious community, as receiving simultaneous acceptance of religious beliefs, gender identity, and/or sexual orientation is the best outcome. An interview published in the *Journal of American Society on Aging* (2016) of an older adult transgender woman and prominent LGBTQ Christian advocate finds that “many churches are becoming more progressive” and, in turn, transgender older adults are creating close-knit community ties and meeting their social needs through these affirmative faith-based organizations (Fredriksen-Goldsen, 2016). In fact, religious community support may be most important to a person who is undergoing significant life changes of older age such as retirement (Erosheva et al. 2016).

Experiences with the greater LBGT community. There is also a sense of social support (or in some cases, social exclusion) found from within the larger LGBTQ

community. The scarce amount of research available finds opposing views on the degree of inclusion or exclusion of older adults from within the LGBTQ senior community and/or LGBTQ community at large. Throughout history (and, notably, during the Gay Liberation Movement) strain between sub-groups of the LGBTQ community have existed, including ageism towards the older adult members or the dismissal of issues pertinent to transgender people. Due to this, it is apparent that transgender older adults have the potential to feel socially excluded due to their intersectional minority statuses, experiencing simultaneous discrimination based on transphobia and ageism. Conversely, older LGBT individuals may feel very connected and may have found social support from the LGBT community, especially those who were active in political movements throughout their life (Messinger, 2011). Positive feelings of feeling inclusion from the LGBT community is associated with better physical health and lower levels of depressive symptomology for transgender older adults (Fredriksen-Goldsen et al., 2014).

Instrumental support. Instrumental support is often defined as action-based or productive assistance. This classification of support can be especially vital to an aging person who is more likely to be experiencing issues of mobility, independence, or cognition. Instrumental support might be provided by persons or organizations in the form of transportation, finance, or other resources/services. Instrumental support can also be understood in terms of information and services received from healthcare providers, clinicians, or social service providers.

Senior centers and volunteer programs. Studies have found that formal volunteer experiences may increase an older adult's health and physical activity (von

Bonsdorff & Rantanen, 2011). Research also indicates that LGBT seniors' utilization of identity-affirming senior centers may be a protective factor against isolation and negative health implications of living alone (Yang, Chu, & Salmon, 2018). Unfortunately, many transgender seniors feel unwelcome at senior centers and volunteer programs, as there are minimal organizations that strive to create a safe, LGBT-affirming space. While LGBT older adults may be at risk for poorer health outcomes, they are far less likely than cisgender older adults to use aging network services, senior centers, and meal programs because of fear of discrimination (Frederiksen-Goldsen et al, 2011). Although the transgender senior community might benefit most from the social support of these programs, there are not always programs that are for and/or about LGBT older adults and their concerns.

Identify-affirming support. Aspects of social support systems that are unique to the LGBT community are identity disclosure and the receipt of identity-affirming social support (Erosheva et al., 2016). Some transgender older adults may not be public about their transgender identity, whereas others have chosen to disclose their identity to all persons in their lives. For others, they may not ever disclose their transgender identity to certain persons in their life. However, the receipt of identity-affirming social support from other people is shown to have many positive effects including greater life satisfaction in living authentically and a decrease in depression (Alegria, 2011). Despite the positive factors of being “out” and having their gender identity accepted by others, there is a very real risk of being rejected and discriminated against by loved ones, employers, landlords, and others in public. Transgender persons who choose to live

privately (also known as “closeted”) may run the risk of negative psychosocial consequences (Alegria, 2011), although it may be considered a protective factor in terms of reducing discrimination and victimization (Erosheva et al., 2016).

Identity-affirming support can be received from various individuals and may exist multidimensionally. Disclosing of a transgender identity and receiving responses from others that are accepting of their gender identity is hugely important for transgender people. People who provide gender affirmative support may choose to use the transgender person’s preferred pronouns or have a positive attitude towards their change in lifestyle and clothing. For example, a male to female transgender person might request to be recognized by the pronouns “she,” “her,” or “hers,” and a form of gender affirmative support would be acknowledging the person accordingly. Identity affirmation might also be reflected by greater society in terms of protection policies for the transgender community and media representation that includes the narratives of transgender persons.

Families of choice. Many LGBTQ individuals have, instead, created “families of choice” in response to the neglect and trauma experienced by society and members of their family of origin (Fredriksen-Goldsen & Muraco, 2010). Families of choice are described as a network of friends that provide social support and assistance to the LGBTQ older adults. The types of support that the person receives from their families of choice vary from transportation, responding to illnesses and major life events, and listening to the LGBTQ older adult in times of need. Many LGBTQ seniors feel that they can rely on their families of choice and evidence supports that experiences with families

of choice are comparable to cisgender and heterosexual persons' families of origin (Allen & Roberto, 2016).

Approaches to Social Work Practice & Research with Transgender Seniors

Only recently have researchers of transgender communities began conducting research from strengths-based or resilience perspectives (Riggle, Rotosky, Mccants, & Pascale-Hague, 2011). Researchers in this field focus on qualities of successful LGBT aging, such as social support systems and positive self-image (Graham et al., 2014). Rather than focusing on the health deficits, trauma, and transphobia experienced by the community, research focuses on the resilience and skills developed in response to this trauma.

A Response-Based Resilience Approach

As noted throughout this research, older LGBTQ adults have frequently been studied from a deficit, pathologizing model of research and, consequently, the resiliency this community has developed over generations is largely unexplored (Higgins, Sharek, & Glacken, 2016). Resilience can be defined as the ability to handle adversity and challenges (Fredriksen-Goldsen et al., 2016). For LGBTQ persons, this quality of resilience often emerges in response to stressors related to their sexual orientation or gender identity. Despite its significance, there is a dearth of research crediting the innovative coping and adaptation skills older transgender adults have developed to persevere when facing adversity.

Some recent research has found that the aging LGBTQ population shows strong evidence of resilience and high rates of successful aging (Johnson, 2018; Fredriksen-

Goldsen et al., 2014), despite certain health and safety risks associated with this cohort. According to *The Health and Aging Report*, LGBT older adults display resilience, which may work to counter the negative consequences of LGBT-related stressors such as discrimination, internalized homophobia, and victimization (Fredriksen-Goldsen et al., 2014). Fredriksen-Goldsen et al. (2014) also finds many transgender older adults display signs of resilience in terms of having a sense of belongingness and involvement in their community, especially among religious, spiritual, or LGBTQ communities. Some argue that LGBTQ older adults are more equipped to handle the aging process because of the coping strategies and traits of resilience that are acquired (Johnson, 2018).

Research that includes resilience in addition to health and risk factors is important because it provides a comprehensive understanding of LGBT older adults' health across the life course (Fredriksen-Goldsen et al., 2014). In comparison to prior models of research that concentrate on coping and stress, such as the Minority Stress Model (Meyer, 1995; Mirowsky & Ross, 1989; Pearlin, 1989), newer resilience and health-focused models of research comprehensively consider the fluctuating historical and social contexts of LGBT lives and the ways which they have coped, built communities, and created social support systems. For example, Fredriksen-Goldsen et al. (2016) coined the term Health Equity Promotion Model for a framework they describe that "provides a guide to consider the multiple levels and intersecting influences on the full continuum of LGBT health, especially as they relate to equity and resilience in LGBT communities" (Fredriksen-Goldsen et al., 2016, pg. 655).

Queer Theory

Queer theory questions taken-for-granted presuppositions and normative ideologies, including matters related to sex, gender, sexuality, time, and society (Lovaas, Elia, & Yep, 2006). A queer critical perspective invites clinicians to radically question truth and knowledge of normative frameworks by highlighting subjective accounts of life experiences, cultural meanings, and relational processes (Hartman, 2017). Michel Foucault, a French Philosopher, developed the fundamental postmodern framework for challenging socially constructed ideas such as gender roles and sexuality, whereby queer theory is largely derived from.

It is imperative for social workers to use a queer critical lens to create space for marginalized communities to share their stories (Hartman, 2017). LGBTQ seniors' perception of social and emotional support has a greater positive impact on their overall health and wellness than the actual support received (Shippy, Cantor, & Brennan, 2004), making it even more important to unearth and promote the individual's insights.

In comparison to other theoretical frameworks in gerontological studies, a queer perspective challenges the normative assumptions of "successful aging" and pays special attention to cultural relevancy (Fabbre, 2015) and minority identities. Most models of successful aging utilized in gerontology are developed within a heteronormative, Western cultural framework and are thereby not inclusive of diverse gender and sexual minorities' perceptions of health and wellness (Fabbre, 2015). While many concepts of successful aging (i.e., avoidance of illness and maximization of independence) may be generally

preferred, queer theory widens the paradigm of successful aging to include diverse narratives and the ways which intersectionality and dominant social forces can influence the lives of minorities. In terms of gender, gerontological frameworks tend to explore this concept while relying on stable, binary gender identities (Witten & Eyler, 2012), where queer theory welcomes fluid, nonbinary identities.

Summary

More social work research needs to be performed which identifies the transgender older adults' diverse perceptions of the aging experience, including social support access and applicable qualities of resilience. Social work has an obligation to explore resiliency and individual narratives of queer older adults so that we may further promote the cultivation of these traits when creating and improving services for the community. The present research intends to uncover these stories in alignment with the guiding principles of queer theory and response-based resilience, while also recognizing the implications of past and present societal constructs of gender identity and aging.

Chapter 3

METHODS

This chapter describes the research methodology used in the present study. First, I will explain the thoughtful selection of a qualitative and exploratory design in order to accomplish the goals of this research. Next, I will include a description of the participant population, including criteria for participation and measures taken for the protection of human subjects. Lastly, the data gathering procedures and methods of data analysis will be thoroughly detailed.

Research Design

An exploratory qualitative methodology was selected to address the research question: “What are the common strengths and barriers to emotional, physical, and identity-affirming social support for transgender older adults?”

Qualitative Approach

A qualitative approach to this study was thoughtfully selected in order to effectively examine the research problem. A qualitative methodology is considered best suited because it allows for researchers to explore and understand understudied phenomenon (Creswell, Hanson, Clark Plano, & Morales, 2007), such as the social support experiences of transgender older adults. Marlow (2011) proposes that the primary goal of qualitative analysis is to identify data patterns while also maintaining a focus on the original context of the data.

Through intensive qualitative interviewing, researchers can utilize participants’ real-life experiences to understand the topic of study. Rather than attempting to explain

phenomena numerically, qualitative research has the flexibility to allow for intensive information gathering and storytelling to explain the multifaceted reality of a given situation. As such, qualitative methodology creates space for trans narratives to be heard without imposing the rigidity of quantitative numerical frameworks upon them. Further, qualitative research tends to be effective in gaining a rich understanding of intangible factors, such as social support, gender, and religion, which make this methodology particularly apt for the present study.

Exploratory Research

In addition to being qualitative, this research will also utilize exploratory research methodology to gather data and investigate the research question. As the name implies, the aim of exploratory research is to explore an understudied topic primarily through unstructured interviewing. Open-ended questions were asked to allow participants to use their own words, opinions, and experiences. The exploratory nature of interviews gives researchers the flexibility to ask additional “probing questions” to gather richer accounts of participants’ experiences when more information is desired. Kopala & Suzuki (1999) finds a semi-structured, exploratory interview style to be extremely beneficial for generating knowledge that may have otherwise been unanticipated, while also allowing for the objective comparison of data. Despite these strengths, a considerable shortcoming of exploratory research is that it is typically not generalizable to the population at large.

Sampling Population

The participants of this study consisted of six transgender older adults living in the greater Sacramento, CA region. Each of the participants met the qualifying criteria

prior to participating in this study, including: identifying as transgender/non-cisgender and being ages fifty-five and older.

This study utilized a non-probability convenience sample of available transgender older adults due to the study population being particularly difficult to reach. Participants were informed about volunteering for this study through their counselors at the Gender Health Center in Sacramento, California, a non-profit mental health agency for the transgender community. An e-mail was sent to all current counselors and employees of the Gender Health Center to aid in recruiting participants (See Appendix C for the recruitment email). If clients were expressed interest in participating, they were provided with my contact information to schedule an interview. Of the seven participants that expressed interest in participating, six were available at the time of data collection and committed to the project.

Protection of Human Subjects

The following procedures were used to protect the confidentiality and wellbeing of human subject participants in this research:

- 1) This research was approved as a “minimal risk” study by the Research Committee of the Division of Social Work at California State University, California.
- 2) Prior to collecting data, each participant was informed that their participation is completely voluntary and may be stopped at any time and without penalty. It was also clarified that no compensation would be given for participating via the consent form.

- 3) All interviews were conducted in a familiar and transgender-affirming space
- 4) All digital/audio recordings were saved on my solely owned and password protected device.
- 5) No identifying information was collected, and all data files were saved under a numerical pseudonym.
- 6) Data files and recordings will be destroyed following the completion of this study.

Data Gathering Procedures

The participants of this study consisted of six transgender older adults living in the greater Sacramento, CA region. Each participant implied consent to take part in this study via a voluntary consent form prior to the collection of data (See Appendix A for consent form). The consent form detailed the voluntary nature of the study and their agreement to participate in a face-to-face interview with myself. Further, the consent form explained the goal of this study, possible risks associated with participation, and their right to forfeit participation at any point throughout the study. It should also be noted that no signatures were required on the consent form so as to further protect participant confidentiality.

The face-to-face interviews were conducted in a private therapy room at the Gender Health Center. This location was chosen because it is a familiar and transgender-affirming organization for participants. Each interview began with a verbal introduction from myself to reiterate the purpose and exploratory nature of the interview (See Appendix B for introduction paragraph). The interviews lasted one to two hours and

were recorded on my personal password protected device. Confidentiality of digital data will be maintained by being stored and labeled under a numerical pseudonym.

During the interview, the researcher asked open-ended questions regarding their personal experiences with social support, including family, friends, transportation access, health/mental health organizations, religious/spiritual organizations, etc. (See Appendix B for interview questions). The interviews were flexible in that I asked follow-up questions to elicit a more detailed account of their social support experiences. Semi-structured interviews and open-ended research questions provide comparable qualitative data, while giving participants space to describe how they see and understand the topic as the experts of their own experiences. Examples of interview questions include, “Who has been accepting/supportive of you since you became public about your transgender identity?” or “What have your experiences been like in public spaces, such as public transportation, restrooms, restaurants, or events?” The interview was semi-structured in that probing questions were generated if the depth of participants’ responses were minimal. Follow up “probing questions” were asked with the intention of bringing more in-depth information or particular events to the surface of the interviews.

Data Analysis

Recorded interviews were manually transcribed by the researcher after conduction. To ensure accuracy, the supervising professor reviewed and compared the transcribed data with the recordings. In addition, each participant was given the option to review the transcribed interviews for auditing and confirmation of correctness, however, no participants wished to do this. The inclusion of participants in validating the

transcription for correctness not only improves accuracy of data, but also promotes empowerment of participants through their active involvement in the research process.

After transcription, the researcher cross-analyzed the data for reoccurring themes in participants' perceptions of social support. Specifically, researcher-constructed patterns related to different sources and types of social support were identified and kept within context. This style of content analysis entails connecting the subjective interpretation of data with themes and patterns (Leedy, Ormrod, & Johnson, 2016). For example, if numerous participants describe a certain type of support provided by their mother, I grouped these as an emerging theme. The themes that were developed from the participant interviews were informed by a review of research available regarding the experiences of transgender seniors, as well as understood as potential new ideas generated by the participants themselves. These themes will be listed and elaborated on in Chapter 4.

There are several limitations to this study to be considered. Firstly, due to the small sample size of this study, the data collected cannot be made generalizable to the overall transgender older adult community. Therefore, the non-probability convenience sample of this study limits the internal and external validity of the data. Further, the participants of this study include five female and one non-binary transgender adults (ages fifty-five and older), thereby focusing on the experiences of male-to-female and non-binary individuals and does not include the personal viewpoints of trans male older adults. It should also be taken into consideration that the patterns and themes drawn from interviews are limited to my own interpretation of the data as a young cisgender female,

although interpretations are informed by extensive investigation of the research topic. As such, I acknowledge that conclusions drawn from the gathered data are also subject to my personal biases and privileges.

Chapter 4

FINDINGS

This chapter will focus on the common themes and insights of the transgender senior participants regarding their social support experiences. The data was compiled from 1 hour to 90-minute interviews conducted in a transgender-affirming environment with six voluntary members of the community of study. The participants were asked a series of open-ended questions (See Appendix B for interview questions) regarding their social support experiences, qualities of resilience, and any advice they had to improve the lives of others in the transgender senior community. All recordings were transcribed into word processing documents and highlighted for content analysis. The data was then analyzed for key similarities, differences, concepts, and underlying themes as they relate to social support experiences.

This chapter will be divided into five parts: 1) pertinent demographic information of participants, 2) reported strengths of participants' social support systems, 3) barriers to accessing social support, 4) participants' personal strengths, and 5) recommendations from participants. Data analysis will include direct quotes from the participants, with adjustments related to grammar being made to improve the flow for readers. Concentrated efforts were put into respecting the context of the data while making grammatical alterations.

Participant Demographic Information

A total of six transgender older adults were interviewed in this study. Participants' ages ranged from fifty-nine to seventy-two years old and all participants primarily reside

in the greater Sacramento, California area at the time of data collection. Due to the availability sample, all six of the research participants are Caucasian/white. For the purpose of this protecting participant identities, each participant will be identified by a single-letter pseudonym.

The gender and sexual identities of participants moderately ranged. All six participants disclosed their assigned sex at birth to be male. It should be noted that all participants who contacted the researchers with interest to participate were transgender women who were assigned male at birth. Participants' disclosed gender identities ranged from "transsexual," "trans female," "female," "woman/feminine female," to "non-binary." In regard to participants' sexual identities, four participants identified as "lesbian," and two participants identified as "straight" or "heterosexual." One participant began living as her preferred gender at the age of twenty-six, while the remaining five participants transitioned in their later years (ranging from the ages fifty-two to sixty-eight).

Strengths of Transgender Seniors' Social Support Systems

There are several frequently mentioned sources of social support which emerged as major categories/themes of this study. The reoccurring resources included: family, friends, fellow community members, medical professionals, support groups, neighbors, and religious/spiritual groups. These sources of social support offered a range of identity-affirming, social, and emotional support for participants. Further, practical forms of support received from mental health and other healthcare professionals/specialists were frequently discussed throughout the interviews.

Friends Amongst the Transgender Community

All participants stated their friendships with other transgender individuals were valuable assets to their social support system. While the length of these friendships varied, all friendships with transgender people developed while the participants were processing their identities or after they became public about their transgender identity. One of the participants mentioned that her transgender friends are the only people who have been fully supportive of her since becoming public:

I've got a selective group of friends. They're all trans... They have provided me a lot of support. I talked to a couple [transgender] people as far as advice, dressing, and that kind of thing. They've given me some ideas on how to dress. We talk a lot about trans issues.

In another case, it was another transgender woman who aided the participant in discovering her own transgender identity and provided her with resources for transgender care. This participant said:

I met a woman who had already transitioned. I spoke with her a bit more in depth about my life and having always 'felt different.' She was the one who told me transitioning might be a good idea for me. She.. then.. introduced me to the Gender Health Center.

Transgender Support Groups

Transgender support groups were cited by all six participants of this study as a valued asset to their social support systems. Despite mentioning it was difficult to find a group that fits their needs or is within their geographic location, supportive transgender groups did exist and were beneficial to some of participants.

Four participants were part of support groups and stated the groups were especially helpful when initially processing emotions and beginning to understand their gender and sexual identities. In the earlier stages of the participants' transition, support groups were cited as helpful in guiding the participants in challenging socially constructed ideas, such as gender roles and sexuality. One participant said:

At first, I was really questioning my sexuality—not my gender. I questioned my sexuality because I had heard of 'transvestites' and knew people in the gay world who were crossdressers, but it all didn't connect [for me]. I didn't know whether I was gay, queer, or homosexual. Because of the social support group, I was able to talk to people and was shocked to find the diversity! I'm very grateful for their existence.

A second participant echoed the importance of their social support group in being able to understand themselves:

It helps to have a [support] group where you can talk about health issues and those sorts of things. It helps to talk with other people who are on their journey, especially during the early stages when you're trying to get an idea of what the lay-of-the-land looks like.

Three participants discussed that support groups intended for discussing issues related to their gender identities were only beneficial to the earlier stages of processing their transgender identity. Support groups that provide opportunities for socialization and various "meet ups" were deemed as most helpful at the time of data collection. For example, V stated:

I told my therapist I can't go to the support group at Kaiser anymore. It's counterproductive for me... I get support from other transgender social support groups to have somewhat of a social life. I'm starting to go for the social aspects of it. Not anything else.

Two additional participants emphasized the diversity and value of the transgender support groups they attend. One example is provided by D, “The group I [attend here in Sacramento] is a ‘social group’ ranging from those who have had full surgery to crossdressers.” Lastly, M shared, “My trans senior social support group is very valuable. I hope we can continue having outings and expeditions and things.”

Mental Health Professionals

All participants disclosed that they have had past and present relationships with mental health professionals. Each participant stated they ultimately were able to find a supportive counselor or therapist to aid them in processing and performing their gender identities.

Despite past negative experiences, five of the participants felt they presently had positive relationships with their mental health providers. These five participants report they were able to receive the assistance necessary to proceed with the physical aspects of transitioning. In fact, participants used words such as “very fortunate,” “wonderful,” and “excellent” when describing their relationships with their therapists. For example, M said, “During the time leading up to when I got surgery, my therapist was absolutely wonderful.” D also shared an experience with a supportive therapist:

I saw a wonderful therapist. She was actually the one who recommended I go to the doctor in Portland, Oregon who got me prescriptions for (testosterone blockers) and (hormone replacement therapy) within the first visit. I’ve never had any problems.

D went on to further report it was her therapist that guided her in understanding she may be transgender, despite “fighting her on it” at first:

My therapist was the one to say, ‘It sounds like you may be transgender.’ I fought with her on it for six months. I thought, ‘No. I’m very mathematical. I’m very analytical. I’m very logical... These are all male traits.’ My therapist said, ‘Well, no. There’s a lot of women who are that way too.’ So eventually I got there, but it took quite a while... of receiving her support.

A key factor in feeling supported by their mental health professional(s) was feeling the professionals were educated on transgender issues and supportive of the participants’ wishes to medically transition. For example, V reported:

I explained to [my transgender identity] to the therapist and she said, ‘There’s no question in my mind that at your age, place in life, and the way you present yourself, that hormone therapy would be right for you.’ So I got started with that!

Transgender-Informed Health Clinics and Organizations

In addition to discussing relationships with individual therapists, all participants referenced certain clinics, hospitals, and health organizations to be part of their social support system. The three participants cite receiving counseling support from organizations such as the Gender Health Center, Veteran’s Association (VA), Kaiser Permanente, and UC Davis Health. For example, M stated, “I think the UC Davis Health System has generally been excellent. In terms of conversations around my trans identity... I’d say they’ve gone very well.” Another participant said, “I receive lots of counseling from the staff at the Gender Health Center.”

When exploring the ways which participants felt supported by organizations, there was a frequent mention of organizations using their proper pronouns as a primary act of support. For example, T reported she feels supported by the VA and the Gender Health Center when, “they use [her] proper pronouns and talk to [her] with confidence.”

Religious Communities

Religious and spiritual groups represented another frequently cited source of social support, despite not necessarily being perceived as completely supportive or accepting of the participants' identity. (Non-accepting experiences are to be expanded upon later in the chapter).

Five out of the six participants cited religious and/or spiritual beliefs to be very a important form of support. For example, D provided a rich example of a time which she felt accepted as a woman in her religious community:

I go to a really wonderful church that's fully accepting. So much so, that they have a women's retreat. I went last year and I'm going again this year. When I first saw a poster about the women's retreat, I asked [the organizing church member] if I could go, and she looked at me enthusiastically and said, 'Of course you can go! I can't believe you would even have to ask that!' I had several women come up to me and say they were really glad I was there.

In two cases, the participants viewed religion as an essential part of their life. One participant said, "I have to go to church. It makes me feel really good." The second participant who views religion as essential went on to describe how her religious beliefs helped her persevere after experiencing severe emotional pain related to her gender identity:

My plan was to get drunk and kill myself, but I woke up in the hotel room with the knife in my hand and thought, 'God, I need your help.' Although I wasn't a true believer at the time, God still listened to my prayers when I didn't believe in him... When I [eventually] went to the hospital for depression and suicide, I really felt like Jesus carried me at that time.

Spirituality and spiritual vows, rather than religious beliefs, were mentioned as important to two participants. Both reported they believe in a God or deity, but neither

had been affiliated with churches or religious groups. These spiritual vows and beliefs were considered a strength of their social support system. M described and listed her spiritual vows accordingly:

It's very interesting because I'm not really affiliated with any organized religion, but I have made spiritual vows. They are basically: Chastity, relative poverty, diligent obedience to conscience, nonviolence with reverence for life, and that I should never utterly despair in tribulations of technology.

One of the participants who describes herself as “spiritual” mentioned she avoided religious groups throughout her life due to their lack of acceptance of homosexuals, as she had been in a homosexual relationship for decades. However, she went on to describe how spirituality has become very important:

I used to be involved with organized religion... but they don't like gay or trans people. I found better elsewhere with spirituality. I believe in a 'spirit guide' or 'guardian angel.' They are an inspiration... and they are there for your protection.

Supportive Neighbors

Half of the participants mentioned that their neighbors have become members of their social support system, and notably, have become increasingly valuable as participants continue to age in place. While none of the participants cited that their neighbors were supportive as it pertains to their transgender identities, they felt supported by neighbors in a myriad of other ways. For example, J reported, “My neighbors are there. It's not necessarily related to me being trans, but if I need anything they'd be there for neighbor type stuff.”

Instrumental support, such as house-sitting, transportation, and exchanging emergency contact information were the frequently cited means of social support

provided by neighbors. M richly described the beauty of knowing she can rely on her neighbors for support:

The other evening, I needed to go to the pharmacy. I knocked on the door of a neighbor [in my apartment complex] and she said she could take me. I think it's just so wonderful to find that kind of support. It's quite beautiful.

Support with Appearance

Three participants mentioned it was helpful to receive support and/or advice on how to perform their preferred gender and appearance. Support with appearance commonly included trans-friendly store recommendations, makeup techniques, dress suggestions, speech, hair styling, and wig selection. This type of emotional and instrumental support typically came from others within the transgender community, cisgender women, speech pathologists, electrologists, makeup artists, and retail workers.

Two participants discussed how essential it was to have access to electrolysis to remove facial hair. J stated, "You really worry about your facial hair as a trans woman. My electrologist is wonderful. A trans lady referred me to them." The second participant felt that receiving electrolysis was essential to her safety:

I was very self-conscious [about my beard] and wanted electrolysis for safety reasons. If I go out in public and people see my beard, they're going to question it and I could be in trouble. So, [my health insurance] eventually authorized it.

Barriers to Social Support Amongst Transgender Seniors

Several themes emerged as barriers to social support from the participant narratives. These themes include complicated family dynamics with children and spouses, a shortage of transgender-competent health professionals, the absence of diverse

transgender senior support groups, unsupportive religious communities, and concerns surrounding mistreatment in long-term care facilities. Further, the participants shared similar sentiments on public discourses of transphobia and safety concerns, which have a significant impact on feeling socially supported from society at large.

Non-accepting Partners/Spouses

Spouses' levels of acceptance or non-acceptance of participant identities wavered amongst the participants and over time. Five out of the six participants of this study have been married. Of the five participants who have been married, two were divorced and one had a pending divorce at the time of data collection.

The two participants who have remained married report their transgender identities have caused stress on their relationship. Both of these participants had not disclosed or recognized their transgender identities until later in their partnership, thereby necessitating a renegotiation of relationship dynamics and roles. However, both presently married participants state that their partners continue to be a fundamental part of their support system, despite experiencing a wavering degree of support as it relates to the participant's identity. One of the married participants, J, elaborated on the ways which her gender identity has affected her marriage:

Right now, [my wife and I] are sort of in 'tolerance mode' as long as I don't push the envelope too far... My wife is not overly enthralled about me wearing a dress or skirt. There are days where we will begin to talk about [my identity], and she'll just say she has stuff to do.

Another married participant, E, elaborated on how the wavering degree support she receives from her husband has affected her:

[My husband] says, ‘The man I fell in love with just vanished and now there’s a woman sitting there. I miss the other person.’ That kind of made me cry a little bit when he said that. It’s not something I did. It just happened.

One participant reported their transgender identity as the biggest contributing factor of her pending divorce, as matters of sexual orientations were challenging for their relationship. D stated, “I will be getting a divorce because [my wife] is not a lesbian and does not want to be with a woman... There’s part of me that feels really guilty about it all.”

Strains and Complicated Family Dynamics

Three of the six participants reported they were parents to adult children. When asked about what relationships were most important to them, all three of the parent participants cited their connection with their child/children to be most significant. However, there was a theme of complicated family dynamics surrounding the participants’ gender identity for two of the parent participants. For example, J mentioned, “With my daughter, it’s ‘don’t ask don’t tell’ when it comes to my identity. We don’t talk about the subject. With my son... he’s not really pro trans.” In another example, D shared:

My daughters are most important to me, but I don’t really know what’s going to happen there. My older daughter doesn’t really care [about my identity], but my younger daughter is still having a rough time with it... It’s sad because [my identity] is hard on other people, especially my kids.

This same participant, D, went on to richly discuss the role that “choices” and “acceptance” plays in her relationship with her children:

Being transgender isn’t a choice, but it comes with lots of choices. First... I made a choice to investigate, then to accept, then to transition. Now the choice is on my

family. They have to choose to accept me or not, but ‘accept’ is a broad term, because accept to what level? Those are things they have to choose now.

The third parent participant stated her daughter has been supportive of her identity, but further discussed how she considers herself to be “fortunate,” as this is not always the case for transgender parents. V said:

I have a daughter... When I told her who I was, she never said, ‘I saw this coming.’ It was a surprise to her as much as it was a surprise to me, but she knows who I am, so I am very fortunate. There’s some [other transgender women] that can’t say that.

A Shortage of Transgender-Competent and Affirming Professionals

While all participants report they have positive relationships with their current health professionals, having access to supportive clinicians has not always the case for them historically. For example, D described an unsupportive experience with a therapist which occurred during a very difficult time in her life:

In January of 1992, I almost committed suicide. I thought, “What woman is going to want to be with me? Especially with this issue (being trans).” I was seeing a therapist at the time... and he called my crossdressing ‘monkey business,’ so I never saw him again.

Another participant, M, also had an unpleasant experience with a clinician shortly after beginning hormone replacement therapy:

I once had [a medical issue] that needed attention. The doctor ultimately gave me the medication I needed, but said he was disapproving of my transsexualism. It was not an ideal situation and was a lesson on what could happen.

In addition, two participants stated that some health professionals lack education and experience in working with transgender individuals. In one example, T said, “The VA (Veterans Association) is still learning. They’ve helped a bit too, but I think they

need to be educated more about transgender clients and their needs.” In another instance, J stated, “I would absolutely say doctors need to be educated on transgender care.”

Further, J reported they feel responsible for sharing literature with their doctor to have a better understanding of their situation and receive the best care. This participant shared:

This is where I am. I’m trying to understand myself. I even send some stuff to my doctor about hormones, being transgender, what to do about certain issues, and scientific literature. I’ve really got to be my own advocate.

Unaccepting Religious Communities

While five participants cited religious and/or spiritual beliefs to be a very important form of support, four also reported having experienced some degree of rejection, mistreatment, or non-acceptance from religious communities.

Two participants continue to be involved in their churches despite mentioning experiences of exclusion and/or non-acceptance from their religious leaders. One of the participants V, stated her church officials refuse to address her as a woman:

My religious leader said, “You’re welcome to come to church, but you may not go to Relief Society, as that’s for women only. You’re not a woman.” ... So, in the church’s view, I am male.

V also went on to describe the rules her religious leaders have set surrounding her use of the women’s restroom. However, V stated she “just goes home instead” if she needs to use the restroom. V stated:

The bishop laid out the rules to me and said, “You may not use the restroom unless you use the men’s restroom.” They said if I wanted to use the female restroom, I would have to contact one of the male leaders to stand guard in front of the door. The restroom thing, I sort of expected.

Other participants left their religious organizations which they perceived to be unaccepting of their identities. E shared, “I don’t get involved with organized religion anymore. I don’t think fundamentalist churches like gays or trans people... They aren’t very accepting.” In another example, T stated:

The pastors kept calling me by my ‘dead name’ and kept telling me I shouldn’t transition because God created me as who I am supposed to be. They kept pressing onto that all the time... and couldn’t accept me..., so I just left. I’m done with church for now until I can find one that can accept me for who I am.

The one participant who did not report negative experiences from their religious community did, however, reveal that she left the church for reasons related to her transgender identity status. She stated, “I quit going to the church, but it was out of respect for other people, not necessarily because they told me I couldn’t come.”

Concerns with Living Arrangements and Long-term Care Facilities

Four of the six participants stated they were concerned about potentially receiving long-term care as they continue to age. These participants stated they are unsure about who will take care of them or whether they will be able to age in place.

Two participants discussed they are unsure if they have an adequate social support system in place to assist with meeting their needs if they become unable to care for themselves. V shared, “I’m divorced and I live by myself. I’ll be 73 [years old] in April. I’m starting to think if anyone will be able to take care of me if I can’t take care of myself.” In another example, E said, “I’m alright and young for now, but I’m not sure [what I’d do] if I had to go into a home. I’m sure [my husband] would help me, but I really don’t know what I’ll do.”

Further, participants expressed serious concerns about being mistreated by staff or other residents of long-term care facilities and whether medical professionals will provide transgender competent care.

My biggest concern is abuse. Right now, society tolerates this abuse against the elderly. Most of the people who work there... are very culturally intolerant of transgender people. They might come in and say I'm a woman, then take my wig off and say, 'Oh you're really a man!' So, who's going to take care of me and protect me?

Two other participant shared similar concerns about caregivers not being transgender friendly. In one example, M stated, "[Me being trans] certainly could be of issue. My main concern would be respecting my autonomy, while also having trans-friendly people around." In another sentiment, participant J stated:

If I had to be in an assisted living facility or nursing home, that would bother me. Typically, the caregivers in these facilities are not transgender friendly. It worries me if I'm not going to get the care I want to have.

Additionally, one participant pointed out that while she does have some concerns, she fears that others in the transgender senior community may be more at risk and vulnerable than her in terms of receiving long-term care. M stated:

One possible advantage that I may have is that I have had surgery and have gone through the physical and social transition, so in some ways I may have more privilege in that situation than a lot of people in the trans community... I think that people who are transitioning or maybe have not yet been able to transition, in that situation, could be in lots of trouble.

This same participant went on further to state that there is certainly a need and benefit of cultivating LGBTQI housing options for older adults. Specifically, M said:

LGBTQI housing, or maybe projects for seniors, where [we] might be able to get integrated services if we do end up needing it, would be a good thing. Being a part of a community of that kind would be very helpful.” -M

Lack of Diverse Social Support Groups for Transgender Seniors

Three participants discussed various issues surrounding being able to access support groups for transgender older adults. While a select few helpful groups do exist, participants mention there are not enough groups that fit their preferences or needs. E stated, “I felt a little out of place. The people there are all a lot younger than me or are going through sex reconstruction, and I’m not going through any of those physical changes they are.”

Two other participants shared similar sentiments regarding being unable to find a transgender support group that does not focus on the topic of medically transitioning. J shared, “I am still looking for a good group for trans older people... One where we might not even talk about things that are clinical or dealing with hormone therapy.”

Additionally, D stated, “The problem I have with support groups is that they are too focused on being transgender and medically transitioning, when I just want to live.”

Safety Concerns

Five participants reported concerns of their personal safety and/or the safety of the transgender community at large, making it one of the most common themes of the interviews. Participants frequently mentioned that they are limited as to when and where they are able to perform certain activities. As transgender women, they avoid certain social scenes to avoid circumstances they perceive as unsafe to their wellbeing. V

shared, “I don’t go to bars anymore. I watched myself going through the parking lot as a man anyway, but I’m even more careful now because I know I’m prey.” Similarly, E stated, “I don’t go out in the streets by myself and I don’t think it’s safe for me to be out at night.”

J also went on to describe the frequent safety precautions she takes in public situations, especially at night:

This lady does NOT go out after dark! You have to be very aware of your personal safety. In any situation, I think, “What would a cisgender woman do in this situation?” [Such as] not going to certain parts of town after dark.

Another participant discussed how her personal safety concerns interfere with activities she wishes to engage in:

There’s a lot of things I’d like to do now, [such as] photography, but I can’t go by myself. [Before transitioning] I would do it without thinking twice, but now I’m vulnerable. I’m very cautious.

The single participant that did not cite any personal safety concerns did go on further to state she feels her case is “privileged” among the transgender community. She claimed:

I may have more privilege in my situation than a lot of people in the trans community might. I am very aware of that there are some people who are more at risk than I am, especially given the current state of things.

The aforementioned participant also went on further to attribute this privilege to her ability to “pass” as her preferred gender in public. Her sentiment was as follows:

I don’t know how “visibly trans” I am. I don’t think my [trans] identity is known to a degree... It is sort of an example of privilege that I’m not dealing with [safety concerns] so much.

Transphobic Experiences

Five participants mentioned having at least one negative experience in public, which was perceived to be related to their transgender identity. These transphobic experiences took place in areas such as restrooms, shops, restaurants, and even at their own places of residence. When discussing these negative experiences, participants commonly mentioned being purposely misgendered, mocked, or otherwise harassed.

There were two instances where the participants felt physically unsafe or threatened by authority figures and strangers. One participant recalled a time where her apartment manager began receiving anonymous letters and copies of articles the participant had written on topics of transsexualism, citing it was done “with the purpose of having my manager not like [her].” Another participant recalled:

I went to the women’s bathroom at the VA. When I was finishing up... I opened the door and there were two military police standing outside. They said, “You don’t belong in this restroom.”... I had to show them my ID and court order... It put me in shock for a couple days.

A few participants reported times where others purposely misgendered or were verbally disrespectful towards the participant. In one example, T recalled, “At a store, there was someone who kept purposely calling me ‘sir’ and I kept saying, ‘No, it’s ma’am.’ They were very unfriendly and intentionally doing it.” Another participant shared:

After I had just transitioned, I found an open seat next to this guy at the bar of [a restaurant]. He looked over at me and said, “Oh hello dear!” and [stuck his hand out flamboyantly] to mock me.

Two participants also mentioned they feel “stared at” or “noticed” by others in public. One of the women recalled, “There was a time where some people... laughed at me and looked like they were going to start trouble with me. I can tell by the way people look at me. You pick up on those things.” Another recalls the struggle of feeling constantly noticed by others:

At [a makeup store] these teenage girls were noticing me. [People] notice there’s an outlier. That’s just the way it is, but I don’t feel good about it.

Qualities of Strength and Resilience

Another critical aspect of this research was the exploration of participants’ self-reported qualities of strength and resilience. Certain capabilities, viewpoints, and responses to adversity were repeated across the interviews. While there was variability, common sentiments included self-advocacy, self-confidence, positive responses to negative scenarios, and the capacity to serve others.

Self-Advocacy

One of the most common self-reported strengths from the participant narratives was the inherent necessity and ability to become a self-advocate before, during, and after reconstructing their identities. Embarking on a journey to align themselves towards their preferred gender identities was initially viewed as a difficult hardship, but the participants began perceiving themselves as expert advocates for themselves and others in the community. Repositioning themselves as expert advocates did not come without an obligation to do so, however, becoming an advocate was reported as an essential part of their identities.

Some participant narratives of being their own advocate were in direct respect to navigating complex systems in order to have their medical needs met. For example, J asserted, “You have to be your own healthcare advocate in the whole process. Once you become incapable of doing that, you’re in trouble.” Similarly, E shared, “Everyone is on their own journey. I had to discover things about myself and sort them out on my own.” In another example, V described how she had to write in-depth appeal letters and “fight for it” to eventually have gender-related medical treatments authorized. V further stated, “When I want to do something, I’m going to do it. It’s who I am, and because of that, I have temerity.” In addition, participant T shared the expertise she has developed in the field of advocacy below:

I have become pretty successful at accessing health and knowing where to go and who to talk to. It was difficult at first, but I had to navigate through [systems] and learn to advocate for myself.

Others spoke of being an advocate for their rights and/or for their unique transgender journey to be accepted. These participants spoke of the ways which their self-advocacy and activism for transgender equality and acceptance has occurred across decades. For example, M shared, “As a lesbian feminist... and transsexual woman... I believe we have room in feminism for diversity. I’ve written about that in 1973 and I still do today!” J, too, recognized the importance of transgender activism:

Trans care and rights did not happen by a light switch. People have been fighting for this. To me, I’ve come to the realization that if trans people want equal rights, we’re going to have to fight for it.

Self-Confidence and Believing in Oneself

The most frequently mentioned strength from the participant interviews was related to the positive self-image and confidence that they have developed over the years. Some participants developed a sense of “peace” and “confidence” upon transitioning, and others believed confidence is a strength they’ve had their entire life. J shared, “It’s taken time, but just being myself. I just enjoy being me and I pursue things that give me satisfaction. That’s it.” Similarly, E asserted, “I believe in myself and have a good self-image” when discussing her strengths. Likewise, D shared, “Self-assurance and being confident in who I am comes to mind. As difficult as it is for other people to accept me, I know I’m good.”

Responses to Adversity and Positivity

Despite the many obstacles these research participants have faced, recurrent themes of positivity and resiliency were found. After decades of experience, some of the transgender senior participants shared their way of responding (or in some cases, avoiding) adverse situations to be a strength.

Three participants discussed their responses to negative situations to be one of their greatest assets. Their ability to find common ground with others, remain positive, or “move on” after negative encounters occur were common themes. T shared, “After a bad situation happens, I get over it pretty fast and just go on with my day. I don’t dwell on it for the day, night, or the next day. I just get over it pretty quick.” T also stated, “I take things day by day. I look at the new day as positive... and I’m pretty happy.” In another participant example, V stated:

I'm tenacious. I've lost so many times... I get docked down all the time, but I get up every time. It may take me longer each time I get knocked down... but I never quit in the long term. Because of that... I'm more "me" now than I've ever been.

M shared her preferred method of responding to disagreements or adversity is as follows:

My caution based on four decades and a bit more of experience with this, is to not focus necessarily on the most unpalatable statement a person makes, but [to] look for certain areas where we know each other as people.

Serving Others

Four of the participants mentioned their ability to provide help to others as a positive attribute. This included providing support in the form of community service, assisting others in the transgender community, and providing emotional support to important people in their life. One participant cited one of her greatest strengths as "helping out other transgender people with resources," whereas J stated she volunteers at church events and homeless shelters.

Participant Recommendations

The final goal of this research was to uncover participants' recommendations for professionals working with transgender seniors (including social workers, healthcare providers, etc.) and for other individuals who may be experiencing similar thoughts, situations, and adversities.

Recommendations for Social Workers and Healthcare Providers

The recommendations for social workers and healthcare providers varied significantly amongst the six participants. Two participants recommended healthcare professionals cultivate more open communication and learning opportunities between themselves and their transgender clients. T suggested, professionals should, "Be patient

with [trans people]. Learn from them and learn from yourself. You'll grow, and the client will be able to gain confidence." Another participant, M, offered a similar recommendation:

We need to have a conversation and I think we can learn from each other. It is very important to appreciate the diversity of the community and that people are coming from different places.

Two participants also cited that healthcare professionals, especially doctors and social workers, should educate themselves on transgender care and should develop an appreciation the diversity amongst the community. One person stated, "Professionals... need to be more educated about being transgender and issues related to being transgender." Further, M shared advice for social workers, specifically:

Generally, to appreciate the diversity of the community would be very important to social workers. If you were to select a group of women, men, or non-binary people randomly, you would have immense diversity. That is true of the transgender community as well.

Another participant shared that healthcare professionals should pay more attention on assisting transgender people with self-confidence rather than their appearance:

Helping with the outward... and how you can present yourself... is good, but focusing more on the inward part and how we feel about ourselves is most important.

Finally, one participant felt that that healthcare professionals should not be so agreeable when offering services to transgender people. Rather, she believes the professional should challenge the transgender individual to consider their options more

fully. V recommends, “Don’t be so agreeable. Don’t be afraid to challenge... Make people really think it through.”

Recommendations for Other Transgender Seniors

Finally, the participants offered advice to improve the lives of other transgender people who are experiencing similar obstacles. The advice was assorted, but able to be broken down into several themes. Participants offered advice on staying true to yourself, advice on mental and physical health, finding community support, safety and wellbeing, and managing unsupportive acts by others.

On being true to yourself. After years of life experience, all six of the transgender senior participants shared similar advice on staying true to yourself, in spite of what others think. For example, Participant V recommended, “Be yourself. Be true to yourself. Be honest with yourself and know who you are.” Another senior, J, wanted to put it simply: “Do what you love.”

When further elaborating on how others facing similar obstacles can “stay true to themselves,” a few participants described it as living authentically, regardless if others are disapproving. For example, participant E said, “Everyone has their own concept and idea about how a certain gender should be, but not everyone fits that. Don’t allow yourself to be stereotyped!” Similarly, D offered the advice: “Be yourself. You don’t need other people’s approval.” A closing sentiment from E on this theme of advice was:

It doesn’t matter what people think about you. I know it’s not easy, but other people’s opinions are just their opinions... How you see yourself and feel about yourself is most important

On physical and mental health. Participants had various pieces of advice relating to physical and mental health. One participant said, “If you are having questions about [yourself and your identity], deal with it sooner rather than later.” In consideration of mental health, J suggested others, “Get a good doctor and deal with the psychological aspects. Getting psychological help does help.” Additionally, another participant cautioned others to heavily consider their overall health and longevity when making transition-related medical decisions as an older adult. V posed the following advice: “Ask yourself, do you really need to do anything to your body or have surgery to [be] yourself? Be sure to think about your posterity.”

On finding community support. Two participants also shared advice on finding a sense of community. M recommended, “There is strength in community and having an LGBTIQ culture of solidarity. Get involved in [the] community.” In another example J stated, “If a support group is available, that will help.”

On safety and managing unsupportive acts. Finally, four transgender seniors shared sentiments on how one might handle unsupportive situations and protect their safety. When it comes to protecting your personal safety, E offered the advice of “being very aware of your personal safety and environment” to other transgender individuals. The four participants also made the recommendation to take on more of a passive role should you find yourself in an unsupportive situation. For example, T recommended that you patiently “share your pronouns with others” when others do not understand or are purposefully being unsupportive. V shared, “I’ve never wanted to stick it in anybody’s face. I just want to be me, so I am. Be patient and don’t force it on other people.” In a

similar fashion, J stated, “I recommend that if you find yourself in a confrontational situation, just avoid it. Don’t linger on situations that may call you out.” M also shared a final piece of advice on this topic:

Live and let live. Don’t be so eager to seize upon the most extreme statement you can find and assume any person who has any affiliation with that group or person making that statement must feel the same. Find a common median place with others.

Summary

In this chapter, findings of the interviews were described, analyzed, and separated into important core themes as they relate to the overall purpose of the study. An exploration of the transgender seniors’ perceived experiences of social support, in many ways, upheld and address important gaps in the existing literature on this topic. The following chapter will be a description of the conclusions, recommendations, limitations, and implications for social work practice.

Chapter 5

DISCUSSION

This chapter will summarize the key findings of the present research study and describe their implications for social work practice. The significant and unanticipated themes of transgender older adults' experiences with social support will be discussed in further detail. Additionally, this chapter will specify limitations of the study and bring forth recommendations for future studies in this area of research.

Conclusions

The primary purpose of this study was to capture a legitimate account of the barriers and strengths of social support for transgender seniors, as well as explore the recommendations and advice participants have to offer. Most findings of this study align with conclusions drawn from the small pool of existing transgender older adult literature, however, there are a few noteworthy exceptions to be discussed.

One of the most compelling findings of this research was the participants' strong relationships with others in the transgender community. Strong themes of belongingness and involvement with others in the transgender community were certainly salient in the narratives of participants. All six participants described relationships as operating symbiotically, where they both receive and extend support for other transgender people in their unique ways. Further, each shared the ways which they have benefitted, at one point in time and/or still today, from transgender support groups, friendships, and social outings. Alongside these findings was an apparent desire for more support groups and social groups specifically for older transgender adults, as most existing trans groups do

not fit the needs or interests of their age cohort. These findings are in alignment with existing research indicating there is a lack of groups and programs working to address the concerns and interests of older LGBT persons (Frederiksen-Goldsen et al, 2011). These conclusions on the importance of inner-transgender relationships indicate significant opportunities for transgender senior program cultivation, especially in the greater Sacramento, California region.

Another meaningful finding of this research was the participants' overwhelming concern of being mistreated by staff or other residents in long-term care facilities. This finding is an example of a very real concern for transgender older adults, as their later years of life may present a unique set of challenges in long-term care. Common fears of the transgender elders were being placed in an unsupportive facility that will force them into their assigned sex at birth, provide them with a lower level of care, or even abuse them due to their trans identity. As discussed in Chapter 2, many long-term care facilities are, in fact, unwelcoming towards LGBT persons (Henning-Smith, Gonzalez, & Shippee, 2015), thus indicating there is validity to the participants' concerns for their safety and well-being.

While nearly all of the participants emphasized their religious or spiritual communities as a very important form of social support today, all of them report feeling historically ostracized. Those with strong ties to a religious community either feel fully or somewhat supported in relation to their gender identity. These findings are in alignment with existing research discussed in Chapter 2 asserting: 1.) transgender older adults' identities are usually disapproved of or not fully recognized by religious

communities, and 2.) transgender individuals are increasingly creating close-knit ties with affirming faith-based organizations (Niose, 2006). However, long withstanding discourses of religious intolerance and persecution of LGBTQ individuals certainly resulted some participants foreseeably turning away from faith-based communities. Despite the wavering degree of acceptance and intolerance perceived by the transgender individual, those who presently affiliated religious communities report it is beneficial to their well-being and sense of purpose.

Similar to relationships with religious communities, relationships with immediate family (i.e., spouses and children) were of utmost importance, but were marked with complicated dynamics related to their gender identities. Each of the married participants reported significant challenges and stressors occurring after disclosing their identity to their partner. While some previously discussed research indicates improvements on relationships may occur after disclosure, such as improved communication (Harvey, 2008), none of the participants discussed their disclosure as having a positive impact on their marriage or romantic partnerships. This same notion is mostly upheld in consideration of the transgender senior parents' relationships with their child/children. All parent participants assert their relationship with their children as most important, but not every child is supportive of their transgender parent's identity.

All participants highlighted pervasive transphobia as an inhibiting factor on feeling socially supported, being able to participate in their desired daily activities, and on their overall well-being in past, present, and future contexts. Nearly all participants have experienced transphobia in public spaces. Transgender older adults are constantly

navigating their lives in a society that reinforces the gender binary, and unfortunately this has serious implications on feeling supported from society as a whole, as well as on their mental and physical health.

Results also yielded themes of participant strengths and qualities, which further promote resiliency. Two overwhelming themes of strengths reported by the participants were their excellent self-advocacy skills and ability to maintain a positive outlook on life, despite significant obstacles. Participants demonstrate their self-advocacy skills when navigating through complex medical systems. Transgender seniors necessarily developed strong self-advocacy and coping skills in response to the oppressions and lack of information available to promote an understanding of their transgender experience. Further, many reported they are optimistic about each new day and have found appropriate coping mechanisms for dealing with unsupportive acts received by others. Many participants gleaned their ability to “remain positive” and “maintain a positive sense of self” to be strengths which have allowed them to persevere. Despite the significant obstacles, there certainly appears to be a theme of hopefulness, confidence, and positivity in the lives of transgender older people.

Limitations

Many of the limitations of this study are ones inherent to the exploratory qualitative research method being utilized. As with most qualitative research studies, the author is subject to a degree of undue bias in the interpretation of themes and conclusions. In addition, it is generally agreed upon in social science research that findings of qualitative research studies cannot be replicated given the subjectivity of each

interaction and conversation (Berg, 2018). While generalizability and transferability were not implicit goals of this research, the limitations to an exploratory qualitative method are considerable.

There are also several limitations that resulted from the population of study being especially difficult to reach. The small sample size, racial homogeneity, and the suburban geographic location of participants are considerable limitations of the sample pool available and willing to participate. The transgender community is highly diverse and being transgender is only one aspect of each individual's identity. There are many other intersectional aspects to their identities, which could impact the individual's perceptions, strengths, and needs. Moreover, a non-probability convenience sample of available transgender older adults may generate participation from individuals already linked to mental health services. In the present study, the participants were already linked to the Gender Health Center as a potential social support resource.

Implications for Social Work

One main motivation behind this research was to directly seek out the advice transgender older adults have for social workers serving their community. An amalgamation of significant research conclusions and advice solicited from the participants offer direct implications for our micro, mezzo, and macro-level work with transgender older adults.

Overwhelmingly, transgender seniors emphasized the importance of social workers being knowledgeable of transgender issues, while also having an appreciation for the extreme diversity found within the community. Not only in terms of gender identity,

but also in other areas such as socioeconomic status, interests, and degree of being disclosing or non-disclosing. Following this advice would necessitate social workers to be more cognizant of the larger cultural context and public discourses that shape the life of trans individuals. Further, social workers may also utilize this research as a tool for providing culturally competent services and further developing their professional knowledge on intersectional identities.

In further consideration of the community's expert advice, social workers may become more effective in our work with transgender seniors by routinely adopting a queer theoretical lens in micro level practice. Viewing the participants as experts in their own lives, as seen with in Narrative Therapy practices (Freedman & Combs, 2009), allows the practitioner to take on the position as a learner of each individual's unique "story" and social context. The act of listening and validating each individual's story and respecting their name and pronouns were cited as ways social workers can promote confidence and empowerment. Exploratory qualitative research in and of itself grants the unique opportunity for transgender individuals to process and discuss their experiences, thereby promoting additional benefits and incentives for social workers to adopt this research method in a queer-informed manner.

In addition, the research findings of this project may also contribute to social work practice on the macro and mezzo scale. Social justice and the empowerment of oppressed communities are the most basic values of this profession, and the findings of this research imply there is still much work to do in this arena. The findings highlight significant opportunities for advocacy and improvement in services for transgender

seniors. While transgender older adults might benefit more from these programs than their cisgender or LGB counterparts, there are still many gaps in available resources that fit their unique needs.

Recommendations for Future Research

There are several gaps in transgender older adult research. Researchers should further explore what other strengths and recommendations transgender seniors have to improve the quality of life, health, and well-being. These findings can be further incorporated into our therapeutic work, LGBTQ educational outreach programs, and assistance program cultivation.

It also would benefit future research to explore perceived social support experiences from transgender seniors of different racial and geographical contexts. While there is an overall need for further exploratory research in the topic of transgender older adults at large, those who are also persons of color or are living in rural communities certainly have different experiences and needs to explore.

Summary

The social support experiences of transgender older adults continues to be a topic receiving little attention in social work research, despite the expected rapid growth in population size. The present research aimed to expand upon this largely understudied phenomenon in the form of exploratory, semi-structured interviews to begin exploring ways that social workers can build upon existing strengths and break down the recounted barriers. Another intention of this research was to afford the opportunity for transgender older adults' stories to be shared and heard under the guiding principles of narrative

therapy and queer theory. While there are limitations to this study, it offers meaningful insight on possible ways for social work to improve program cultivation, advocacy, and therapeutic approaches to benefit the lives of older transgender adults and tear down prevalent societal transphobia.

Appendix A

Informed Consent

Transgender Older Adults' Experiences of Social Support and Isolation: A Qualitative Exploration

Purpose

My name is Lauren Williams and I am an MSW student in the Division of Social Work at California State University, Sacramento (CSUS). The purpose of this research is to explore the social support experiences of transgender persons aged fifty-five and older. More specifically, this research aims to better understand participants' lived experiences with social support, including who has been there for them and in what ways they have or have not felt supported.

Procedure

As a voluntary participant, you will be asked to participate in an in-depth interview that will concentrate on various areas of your social support system. This single interview will last approximately 1 to 1 ½ hours and will be recorded for ease of transcription, however, you may choose to not be recorded during your interview. All interviews will take place in a private office located at Gender Health Center to ensure confidentiality.

Risk of Participation

Your participation in this study is completely voluntary. There is minimal risk expected in participating in this research study. Participants will be asked questions that some people consider to be sensitive, including about their self-identity, affiliations with religious or spiritual institutions, and experiences in the health/mental health system. However, if you feel uncomfortable answering any of the questions, you may choose to skip them or opt to discontinue with the interview. You have the right to withdraw your consent to participate at any time and without consequence. If participation in this

research causes you any discomfort, contact information for services (including, but not limited to Gender Health Center) will be provided by the researcher as requested.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. All identifiable participant information and consent forms will remain with the researcher in a safe, locked box and will be used only for the purpose of this study. Digital audio recordings will be saved on a password protected personal computer that is only accessible to the researcher. All data will be destroyed three years after the completion of this study, leaving only the produced research paper to remain.

Benefits of Participation

As a participant, you will not receive any compensation for taking part in this research. However, participating in this study may be instrumental in providing a greater understanding of what ways social work students and professionals can improve services and quality of life for the growing transgender older adult population.

Contact Information

If you have any questions or comments about this research at any time, please contact the researcher at transgenderseniorresearch@gmail.com or the supervising professor, David Nylund, LCSW, Ph.D at dknylund@csus.edu.

Appendix B

Interview Questions

Verbal Introduction from Researcher

“Thank you for participating in this research. I would like to know what it’s like to be a transgender older adult (age 55 and older). The goal of this research is not only to better understand any potential barriers to creating and maintaining social support, but also to explore who has been there for you, how they have been there for you, and what personal strengths you have drawn on over the years.”

Interview Questions

- To begin, I would love to know how you describe your identity
- Are you openly or privately trans?
 - Probing question:
 - Are there certain locations where you are or aren’t public about your identity?
- Who has been accepting/supportive/been for you since you have come out as trans?
 - Probing questions:
 - How can you tell they support you?
 - Can you tell me about a time when they showed you support or were there for you?
- Have there been times when you could not access the social support you needed?
 - Probing question:

- Have your experiences with social support changed once becoming openly trans?)
- What qualities or characteristics have you developed to continue moving forward when social support has not been an option?
- What relationships and resources have become most important to you as you move through older adulthood?
- Would you consider religion or spirituality to be a part of your social support system?
 - Probing question:
 - Do you feel you have experienced any degree of inclusion or exclusion from religious or spiritual groups on the basis of your identity?
- What are your feelings and/or concerns around accessing health and/or mental health services as a transgender older adult?
- What are your thoughts and/or concerns around potentially receiving caregiving assistance or possibly residing in long-term care facilities as a transgender older adult?
- How would you describe your relationship with the greater LGBTQ community, both historically and presently?
- What have your experiences been like in public spaces, such as public transportation, restrooms, restaurants, or events?

- Could you offer any suggestions to help others who have faced similar obstacles?
- Do you have any advice to social workers and other providers so that they can be more helpful and supportive to trans seniors?
- Is there anything else that you would like to add?

Appendix C

Recruitment Letter

Dear counselors of Gender Health Center,

My name is Lauren Williams and I am an MSW student from the Division of Social Work at California State University, Sacramento (CSUS). I am writing to in regard to my research entitled, “Transgender Older Adults’ Experiences of Social Support and Isolationism: A Qualitative Exploration” in hopes of assistance with the recruitment of participants of this study.

The purpose of this research is to explore the social support experiences of transgender persons aged fifty-five and older. More specifically, this research aims to investigate participants’ lived experiences with social support, including who has been there for them and in what ways they have or have not felt supported.

If you are seeing any community members that are transgender and ages fifty-five and older, they are eligible to be in this study. Participants will be asked to participate in one in-depth interview that will last approximately 1 to 1 1/2 hours. I would like to audio record the interview for ease of transcription, however, participants may choose to not be recorded during their interview.

While there is no compensation for participating, this study may be helpful in providing a greater understanding of what ways social work students and professionals can improve services and quality of life for the growing transgender senior population.

I kindly ask that you refer any interested participants to email or contact me at transgenderseniorresearch@gmail.com or at 916-524-2621. Please feel free to share this email with others who may be interested in participating in this study.

Thank you very much,

Lauren Williams

(Pronouns: she/her/hers)

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