

# CONTEXTUALIZING ABUSE AND NEGLECT AMONG TRANSGENDER OLDER ADULTS

BC Association of Community  
Response Networks

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A.J. Lowik, PhD Candidate

# LAND ACKNOWLEDGMENT

I respectfully acknowledge that we are gathered on the unceded, ancestral, and occupied, traditional lands of the x<sup>w</sup>məθk<sup>w</sup>əy'əm (Musqueam), Səl'ílwətaʔ (Tsleil-Watuth), Stó:lō, Shíshálh (Sechelt) and Skwxwú7mesh (Squamish) Nations of the Coast Salish peoples.

# WHO AM I?

**PhD Candidate,**  
GRSJ, UBC -

*"Gendered and Reproductive Becomings: Trans People,  
Reproductive Experiences and the B.C. Health Care System"*

**Graduate Academic Assistant,**  
BC Centre on Substance Use

**Book Editor,**  
Demeter Press -  
*"Reproduction and Parenting Beyond the Binary"*

**Freelance Trans-Inclusion Training,**  
[www.ajlowik.com](http://www.ajlowik.com)





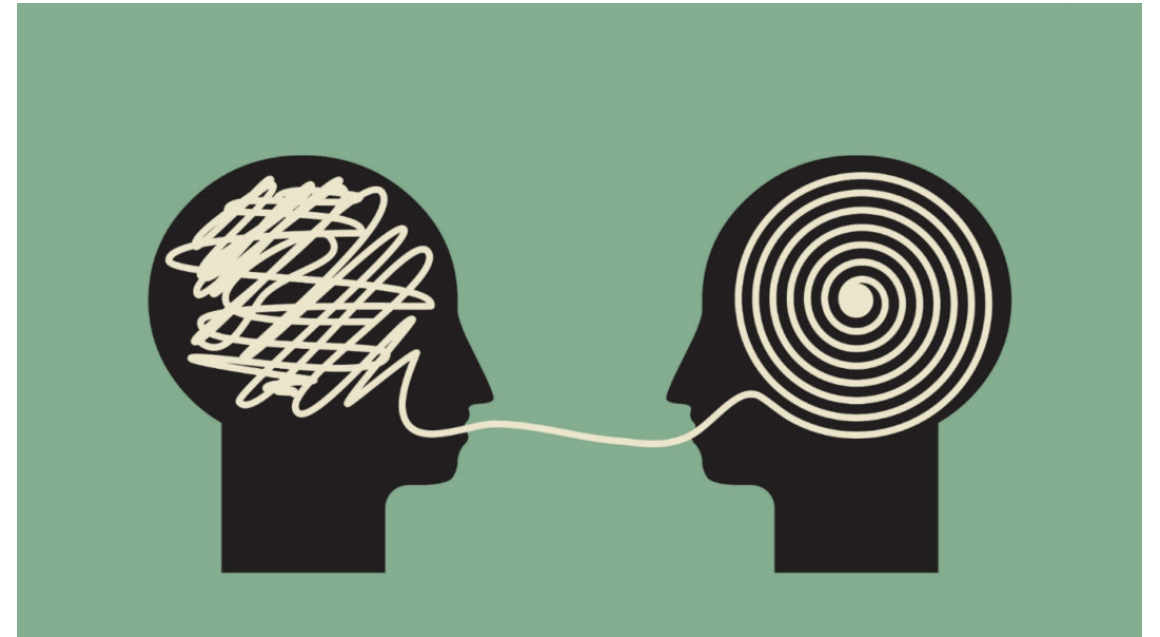
# TODAY

## Terminology and Language

- Definitions
- Pronouns
- How to ask questions and make mistakes

## Vulnerabilities of Trans Older Adults

- Informational erasure
- Disparities in health
- Disparities in care
- The role of fear
- Experiences in facilities
- Power of attorney, advanced care directives, incapacitation
- Abuse motivated by transphobia
- Visibility, invisibility and passing
- Specific preventions



# PART 1: TERMINOLOGY AND LANGUAGE



# DEFINITIONS

## Sex

- A medical and legal assignment typically based on a visual inspection of the genitals of in-utero fetuses and neonates.
- Available assignments are male and female where this is no expectation of ambiguity - yet, ambiguity does occur in 2% of the population, which we call intersex.

## Gender

- The social meaning ascribed to sexed bodies, including culturally and temporally specific roles, norms, expectations, stereotypes, etc.
- Gender includes both identity (an internal, felt sense of self) and expression (how one externally performs gender, including dress, mannerisms, actions, etc.)



# DEFINITIONS

## Transgender

- An adjective which describes a person whose current gender identity does not correspond with the gender commonly associated with the sex they were assigned at birth.
- Ex. A person who was assigned male at birth, but does not identify as a man. This person may identify as a trans woman, as a woman, as non-binary or as something else.

## Cisgender

- An adjective which describes a person whose current gender identity does correspond with the gender commonly associated with the sex they were assigned at birth.
- Ex. A person who was assigned male at birth, who identifies as a man.

# DEFINITIONS

## Cisnormativity

- The interconnected assumptions that there are only two sexes, only two genders, and that the 'natural' and inevitable order of things is for these to align in predictable ways.
- Cisgender people are natural and the default identity, whereas trans people are the exception, aberration, anomaly, 'problem.'
- We have built entire systems and structures on foundations of cisnormativity.

## Transnormativity

- The interconnected assumptions that all trans people are or ought to:
  - Identify along the gender binary (i.e. there are trans women and trans men only.)
  - Access medical gender affirmation technologies as part of their transition from one fixed gender position along the binary to *the other* (i.e. a trans woman uses hormones and surgeries to go *from* being a man *to* being a woman.)



# PRONOUNS

In English, pronouns are the words we use to refer to people without using their names.

Using the correct pronouns for someone is an important way to validate and affirm their gender identity. Conversely, using the incorrect pronouns (whether intentionally or accidentally) may result in a person feeling disrespected, invalidated, dismissed.

Until you ask, you cannot be certain of anyone's pronouns - do not make assumptions about someone's pronouns based on any factor.

# SOME COMMON PERSONAL PRONOUNS

	<b>Nominative</b>	<b>Objective</b>	<b>Possessive determiner</b>	<b>Possessive pronoun</b>	<b>Reflexive</b>
She	She laughed	I called her	Her eyes gleam	That is hers	She likes herself
He	He laughed	I called him	His eyes gleam	That is his	He likes himself
They	They laughed	I called them	Their eyes gleam	That is theirs	They like themselves
Ze	Ze laughed	I called hir/zir	Hir/Zir eyes gleam	That is hirs/zirs	Ze likes hirs/zirs hirs/zirs

# HOW TO ASK SOMEONE ABOUT THEIR PRONOUNS

## One-on-One

- Privately and politely, offering your own pronouns first.

## In Groups

- During introductions, invite people to share their name, their pronouns AND/OR any other bit of information that may be important for the group to know.
- Provide participants with name tags that include their pronouns. Encourage all attendees to indicate their pronouns, so that it is not only trans people who choose to share their pronouns.

## REMEMBER

- Not everyone will understand what you mean or why this is important. Be prepared to explain what pronouns are and why it's important to ask people about which pronouns they use.
- People's pronouns may change over time or differ by setting and that's okay!
- People may use more than one set of pronouns. They may or may not prefer one set of pronouns over another. Avoid referring to pronouns *in general* as 'preferred pronouns.'
- Not everyone will feel safe sharing their pronouns - do not make disclosing your pronouns mandatory.

# HOW TO MAKE MISTAKES



APOLOGIZE AND CORRECT YOURSELF.



REFLECT ON WHY THE MISTAKE  
HAPPENED AND HOW YOU CAN  
ENSURE IT DOESN'T HAPPEN AGAIN.



MOVE ON.

## PART 2: VULNERABILITIES OF TRANS OLDER ADULTS



Bobbie, 60, of Hanford, Calif., Jay, 59, of New York and Gloria, 70, of Chicago

Credit: Jess T. Dugan

<https://www.nextavenue.org/transgender-older-adults/>

# INFORMATIONAL ERASURE

- Existing literature is *extremely limited* and all LGBT people are frequently lumped together.
- We need better data to understand trans older adults' particular challenges and to design policies and interventions that would improve their lives.
- From the limited literature, we know that trans older adults are:
  - Living in isolation;
  - Without networks of knowledgeable or welcoming providers in aging, health and social services arenas;
  - Surviving in a landscape of systematic, actual and perceived: violence, abuse, discrimination and stigma in all facets of society due to cisnormativity and transphobia.
- Literature on poor, disabled, queer, non-English speaking trans older adults, as well as trans older adults of colour (etc.) is *even more limited*.
  - We can use a framework of *intersectionality* (Crenshaw) to hypothesize how systemic marginalization based on race, class, ability, sexuality, language intersect with cisnormativity and transphobia, and how trans older adults who experience these compounded oppressions fare worse than their white, rich, able, straight, English-speaking counterparts.

# DISPARITIES IN HEALTH

Among trans adults over 65:

- 70% have delayed transition to avoid discrimination in employment.
- 13% have reported abusing alcohol and drugs to cope with mistreatment.
- 16% have reported at least one suicide attempt.

As compared to their cisgender counterparts, trans older adults are more likely to:

- Be living with HIV/AIDS.
- Be engaging in survival sex work.
- Be using drugs, hormones and silicone injections in unsafe ways.
- Be coping with complex trauma from years or decades earlier, including child abuse, sexual violence, physical or verbal domestic violence, stalking, etc.
- Be in poor health in terms of physical health, mental health, stress, disability, etc.

## DISPARITIES IN CARE

Among surveyed trans people (of all ages):

- 75.3% report negative experiences during physician visits.
- 42% report verbal or physical harassment or denial of service by a doctor or hospital staff person.
- 21% report avoiding emergency services even when they needed them, due to medical mistrust.
- 54% report having to educate their providers on transgender issues.
- 24% of trans women and 20% of trans men report care refusal, including among long-term care and medical services.
  - Among those denied care, the suicide rate is 60%.



# THE ROLE OF FEAR

Despite feeling that they have aged successfully, many trans older adults are *fearful* about their futures. These fears include:

- Not being able to live independently and as their true selves;
- Not being able to access competent health and aging-related care;
- Being ostracized, ridiculed or harassed in residential care environments that do not affirm their gender identities and expressions;
- Loss of privacy and dignity;
- The potential for abuse and neglect that could occur while physical care needs are being met;
- End of life care plans not being respected, disrespect during and in death.

As a result of these fear, trans older adults are more likely to:

- Delay or avoid seeking needed care, including gender-affirming care;
- Engage in self-imposed isolation and disengagement from social networks;
- Conceal their identities, which is linked to significant increases in depression;
- Ponder and plan suicide/self-euthanasia.



## EXPERIENCES IN FACILITIES

Characterized by:

- Being forced to live in their so-called 'original gender', including being forced to wear incorrectly gendered clothes;
- Use of incorrect names and pronouns;
- Refusal to initiate or continue gender-affirming hormone therapies;
- Abuse, neglect and a lack of dignity while physical care needs are being met;
- Prevented from using appropriate restrooms or showers;
- Forced segregation to placate transphobic others;
- Ill-prepared providers, resulting in differential treatment, harassment, violence, assault, denial of care.

# POWER OF ATTORNEY, ADVANCED CARE DIRECTIVES, INCAPACITATION

- Trans older adults who are legally or medically incapacitated are particularly at-risk if a non-affirming guardian is appointed to make decisions for them;
- A majority of trans people do not complete advance health care directives and do not have a power of attorney for health care decisions (only ~37-39% have a durable power of attorney);
- A minority of trans people know who will care for them in the event of major illness or if the need arises;
- Guardianship typically falls to spouses or children, but family abandonment and rejection make this particularly challenging for trans older adults;
- Courts are typically ill-prepared to suggest gender-affirming and trans-aware guardianship due to:
  - Cisnormativity and the assumption that all older adults are cisgender;
  - Biases against gender non-conformity;
  - Fear-based concealment by trans older adults;
  - Complications in the case of dementia.

# ABUSE MOTIVATED BY TRANSPHOBIA

- Trans older adults experience all of the known kinds of abuse (physical, sexual, emotional, psychological, neglect, financial and material exploitation, abandonment, self-neglect) PLUS abuse motivated by transphobia, which has its own emotional and psychological consequences, including:
  - Street violence and harassment;
  - Family abandonment and being denied access to one's children;
  - Spiritual isolation due to difficulties finding accepting places of worship;
  - Discrimination in sex-segregated spaces like bathrooms;
  - Self-neglect due to economic instability, mental illness, disability;
  - Micro and macro-aggressions in nearly every facet of society;
  - Poor treatment when reporting illegal acts of violence due to transphobia in policing and judiciary mechanisms;

\*Abuse can take place in any setting and be perpetrated by anyone. However, research suggests that violence and abuse of trans older adults is typically at the hands of family members, friends, or in social settings. A large proportion of family and friend interactions that trans people label as 'abuse' would not fit any legal definition of the term.

\*Transphobia *intersects* with ageism, racism, classism, ableism, etc.



## VISIBILITY, INVISIBILITY AND PASSING

Being visible (i.e. not passing as a cisgender person, being identifiable as trans, being gender non-conforming in expression) can contribute to particular additional vulnerabilities. For example, when a provider learns that a patient is trans, the incidence of discrimination and abuse *increases*.

However, being invisible comes with its own risks. If a person is invisible in that they are 'read' as the gender associated with their sex assignment, this may lead to misgendering, erasure of identity, etc. If a person is invisible in that they pass (i.e. they are read as being cisgender, are not identifiable as trans), this may lead to the erasure of their unique experiences as a trans person, feelings of community isolation, etc.

# SPECIFIC PREVENTIONS

- Support groups for trans older adults run by trained therapists and qualified facilitators;
- Combating transphobia in law enforcement, adult protective services and long-term care facilities;
- Anti-violence programs that are aware of both elder abuse generally and trans older adult's vulnerabilities specifically;
- Funding and increasing availability of trans-inclusive self-help opportunities including books, Internet forums, survivor groups, bodywork practices, etc;
- Therapists that are trauma-informed and culturally competent;
- Need for housing, employment, economic security, etc;
- Improved health and providers of all kinds having a better foundation of knowledge;
- Need for community support and engagement to alleviate social isolation - trans older adults should be welcome into senior centres (which may not be trans-inclusive) and LGBT community centres (which may not welcome elders);
- Foster trans older adults' resilience by: nurturing spirituality, encouraging exercising of agency, fostering climates of self-acceptance, encouraging the development of caring relationships, creating opportunities for advocacy and activism where trans older adults are understood as leaders with expertise to offer; encouraging trans older adults to continue leading healthy, active lives.



THANK YOU!

QUESTIONS?

\*All references on slides 24 and 25

# REFERENCES

- Cook-Daniels, L. (Undated). *Abuse of Transgender Elders*. American Society on Aging. <https://www.asaging.org/blog/abuse-transgender-elders>
- Cook-Daniels, L. & munson, m. (2010). Sexual Violence, Elder Abuse and Sexuality of Transgender Adults, Age 50+: Results of Three Surveys. *Journal of GLBT Family Studies* 6(2): 142-177.
- Fredriksen-Goldsen, J.K., Cook-Daniels, L., Kim, H.J., Ersheva, E.A., Emlet, C.A., Hoy-Ellis, C.P., Goldsen J. & Muraco, A. (2013). Physical and Mental Health of Transgender Older Adults: An At-risk and Underserved Population. *Gerontologist* 54(3): 488-500.
- Grant J. M., Mottet L. A., Tanis J., Harrison J., Herman J. L., Keisling M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Heng, A. et al. (2018). Transgender Peoples' Experiences and Perspectives about General Healthcare: A Systematic Review. *International Journal of Transgenderism* 4: 359-378.
- McFadden, S.H., Frankowski, S., Flick, H. & Whitten, T.M. (2013). Resilience, Multiple Stigmatized Identities: Older transgender/intersex-identified persons reflect on aging. In J. Sinnott (Ed.) *Positive Psychology and Aging*, pp. 247-267. Springer Publishing Company.
- Redman, D. (2011). Fear, Discrimination and Abuse: Transgender Elders and the Perils of Long-Term Care. *Aging Today: The Bimonthly Newspaper of the American Society on Aging*. <https://www.asaging.org/blog/fear-discrimination-and-abuse-transgender-elders-and-perils-long-term-care>



## REFERENCES

- Services and Advocacy for GLBT Elders (SAGE) and National Center for Transgender Equality (NCTE). (2012). *Improving the Lives of Transgender Older Adults: Recommendations for Policy and Practice*. <https://transequality.org/issues/resources/improving-lives-transgender-older-adults-full-report>
- Steadman, S. (2018). It's Still Me: Safeguarding Vulnerable Transgender Elders. *Yale Journal of Law and Feminism* 30(2): 371-399.
- FORGE's Transgender Aging Network. <https://forge-forward.org/aging/>
- Witten, T. M. & Whittle, S. (2004). TransPanthers: The Greying of Transgender and the Law. *Deakin Law Review* 9(2). <http://www.austlii.edu.au/au/journals/DeakinLRev/2004/23.html>
- Witten, T. M. (2015). Elder Transgender Lesbians: Exploring the Intersection of Age, Lesbian Sexual Identity, and Transgender Identity. *Journal of Lesbian Studies* 19(1): 73-89.
- Witten, T.M. (2013). It's Not All Darkness: Robustness, Resilience, and Successful Transgender Aging. *LGBT Health* 1(1).