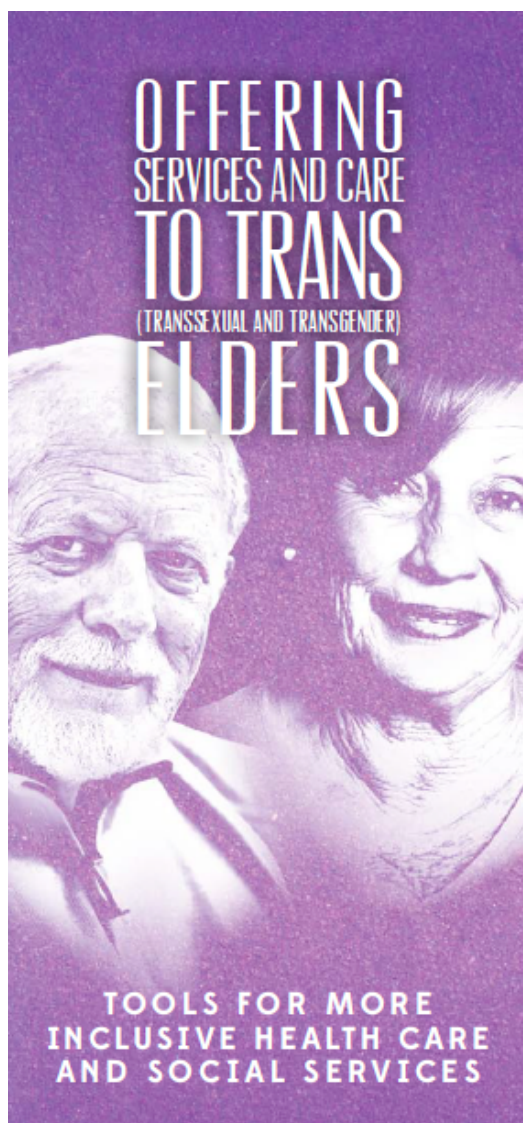


SIRA Trans Elders – Guide for healthcare providers

Offering services and care to trans elders: Tools for more inclusive health care and social services



CHAIRE
de recherche
sur l'homophobie
UQAM

 **ATQ** AIDE AUX TRANSSEXUELS
ET TRANSSXUELLES
DU QUÉBEC

All reproduction of this document, either in whole or in part, is permitted with adequate references. We recommend that any reference be written in the following formulation: Hébert, Billy, Michael Chacha Enriquez and Line Chamberland: *Working with Trans Elders: Finding the resources to make the health and social services sectors more inclusive (Intervenir auprès des aîné.e.s trans : S'outiller pour rendre les milieux de la santé et des services sociaux plus inclusifs), A Guide for Service Providers*. Aide aux Transsexuels et Transsexuelles du Québec (Montreal, 2013).

For any questions, please contact:

Aide aux Transsexuels et Transsexuelles du Québec

PO Box 476, Station C

Montréal (Québec) H2L 4K4

Telephone: (514) 254-9038

Email: ecoute@atq1980.org

Web site: <http://www.atq1980.org>

Index

Introduction

Introducing the service providers present

Project Presentation

The Workshop

1. Trans 101: who are trans people and trans seniors?
 - 1.1 Definitions
 - 1.2 Criteria for accessing medical and legal transition
 - 1.3 Diversity
 - 1.3.1 Diversity of paths to transitioning
 - 1.3.2 Male/female diversity
 - 1.3.3 Class and migrant status
 - 1.3.4 Premature aging
 - 1.4 Needs shared by most elderly people and those that are specific to trans seniors
 - 1.4.1 Trans seniors and LGBT seniors: similarities and differences

Introduction

Introducing the service providers present

Project Presentation

Our project is a research intervention financed by the Ministère de la Famille et des Aînés, and more recently, by the Ministère de la Santé et des Services Sociaux.

The project is a partnership between Aide aux Transsexuels et Transsexuelles du Québec (ATQ), a community organization that supports trans people, and the Chaire de recherche sur l'homophobie at UQÀM, presided over by Line Chamberland (PhD Sociology).

We undertook 17 interviews: 12 with trans people aged 54 to 81 years, and 5 with health and social services professionals/support workers from trans community groups.

All of the examples we provide in this text are taken from these interviews.

The Workshop

Today we are going share with you our knowledge of the realities and the needs of trans seniors on the topic of health care and social services.

First we will look at some basic definitions that will help you better understand who trans seniors are.

Then, we will talk about diversity amongst trans seniors, with emphasis on their health and social services needs – that is, both the needs they share in common with other seniors and those that are specific to trans people.

Finally, we will look at the barriers trans seniors face when seeking out appropriate services, and will recommend strategies that could help you to better accommodate trans seniors.

We have handed out our sensitization brochure as well as the document on notes and resources. These tools will help you to better accommodate trans seniors in your sector and to better inform your colleagues on the realities of trans people.

1. Trans 101: Who are trans people and trans seniors?

QUESTION

When you hear the term “trans person,” what comes to mind?

OR

Can you repeat some of the things, even if stereotypical ones, that you have heard about trans people?

1.1 Definitions

We will now propose some definitions that will allow us to have a common vocabulary for the rest of the workshop.

Sex – The term *sex* often refers to the biological facts that we rely on to attribute a given sex to newborns. We are referring here to anatomy (genital organs and secondary sexual characteristics), endocrinology (dominant sex hormones) and genetics (chromosomes).

Even if some intersex people (formerly referred to as *hermaphrodites*) may exhibit characteristics of both sexes, there are generally considered to be two distinct sexes: the male sex and the female sex.

Gender – The term *gender* is used in the social sciences to designate the non-biological differences between women and men.

Gender identity – The term *gender identity* refers to an individual's perception of the sex they ascribe to, i.e. whether they identify as male or female. It is often said that gender identity is “all in your head.” For trans people, their gender identity does not match the sex that is assigned to them at birth.

Gender expression – The terms *gender expression*, *gender presentation* and *gendered roles* refer to the behavioral and social characteristics traditionally associated with masculinity and femininity: personality traits, posture, mental attitudes, clothing (blue and pink, for example), amongst others.

Gender expression is therefore not synonymous with gender identity: hence, some men (which is to say male-identified people) exhibit characteristics deemed feminine, and some women, masculine characteristics.

Sexual orientation – The term *sexual orientation* refers to attraction (emotional or sexual) for the opposite sex, for the same sex, or for both sexes. Sexual orientation can express itself in identity-based terms like “heterosexual”, “homosexual”, “lesbian”, “bisexual”, etc.

Homophobia – The term *homophobia* refers to any display of systematic aversion (hostility, rejection or avoidance) towards homosexuals. Homophobia can manifest as any form of discrimination, violence or mistreatment towards homosexuals by individuals, organizations or institutions.

Now we will move on to definitions that involve trans people.

Trans (trans person, trans identity, etc.) – In its noun, adjective or prefix forms, *trans* refers to a wide array of identities assumed by or attributed to people whose gender identity does not correspond to the sex assigned to them at birth (or at least not exclusively).

For example, a person who has had a given sex assigned to them (either in childhood or subsequently) may identify as the other sex, or may simply not identify fully with the sex that has been attributed to them.

Trans identification can therefore be the case for people who identify as transsexual or transgender, and in some cases, for people who see themselves as gender non-conforming.

Transphobia – The terms *transphobia* refers to any display of systematic aversion (hostility, rejection or avoidance) towards transsexual and transgender people, or towards people whose identity or appearance is seen as gender non-conforming. Notably, transphobia can take the form of discrimination, violence or mistreatment perpetrated on trans people by individuals, organizations or institutions.

Trans men (FTM) – In order to respect the gender identity of trans people, we use the term *trans men* (or FTM for “female to male”) to refer to an individual who is assigned female at birth, but who identifies with the male sex.

Trans women (MTF) – In order to respect the gender identity of trans people, we use the term *trans men* (or FTM for “female to male”) to refer to an individual who is categorized assigned male at birth, but who identifies with the female sex.

Transition – The term *transition* refers to the emotional and physical process during which an individual is perceived to be undertaking a change in their

gender identity. Depending on the person, this process can either include or not include a *social transition*, a *medical transition* and a *legal transition*.

Social transition – The term *social transition* refers to the interpersonal and social aspects of transitioning. Someone's social transition may involve:

- Coming out (the moment when an individual reveals to close friends or family their desire to transition);
- Asking people around them to start using a name and pronoun (e.g. "he" or "she") that corresponds to their gender identity;
- Wearing clothing that corresponds socially to their gender identity may also be part of their social transition.

Medical transition – This term refers to the medical procedures aimed at sex reassignment. An individual's medical transition may involve using hormone therapy alone or along with surgical procedures.

Hormone therapy (or hormone replacement therapy) involves using hormones to change one's appearance or anatomy

- for trans men, testosterone is used for masculinization
- for trans women, estrogen and anti-androgens are used for feminization

Surgical procedures may involve:

- for trans men, mastectomy and torso reconstruction, hysterectomy, removal of the remaining reproductive organs or penile construction
- for trans women, mammary implants, vaginal construction (vaginoplasty), facial feminization including laser hair removal, (even though electrolysis does not involve surgery).

Legal transition – Transitioning may also include changes of a legal nature, such as a legal first name change or a sex designation change on identity cards (in Québec, the change occurs with the administrator of the Registrar of Civil Status)

1.2 Criteria for accessing medical and legal transition

Before we do an overview of the eligibility criteria that control access to medical and legal transition, we should specify from the start that trans people do not all have the same transition path and not always wish to access all of the physical and legal changes available.

Regardless of the age at which they started transitioning, some trans people have already sought hormone therapy or undergone sex reassignment surgery, and others not at all. In some cases this is by choice, i.e. they simply did not wish use hormone therapy or undergo surgery, and in others this is due to certain barriers to access.

Most general practitioners should be apt to assist their trans patients in obtaining hormone therapy, but in practice only certain specialists, mainly endocrinologists, do so. Furthermore, MDs almost always insist on obtaining a letter from a mental health specialist (psychologist, sexologist, or psychiatrist) to confirm a “gender identity disorder” diagnosis. The relevance of requiring this step, and that of a psychiatric diagnosis moreover, remains a contentious issue amongst trans people and trans health service providers; many consider that submitting to psychological evaluation does more harm than good.

While transitioning is a complex issue, we have nonetheless attempted a summary of the main points.

- Firstly, in the latest version of its publication on health care standards for trans people, the World Professional Association for Transgender Health (WPATH) – an association of health specialists and trans activists – recommends that practitioners move away from requiring a psychiatric diagnosis, which tends to lend a pathological element to transitioning.
- Secondly, in Québec, few mental health professionals offer services to trans people that are covered by the Régie de l’assurance maladie du Québec (RAMQ). This means that consultations with psychotherapists – essential for obtaining their letter – are potentially very expensive and may take several months. Many trans people cannot access hormone therapy because they do not have the means to pay for consultations with a therapist.
- Thirdly, access to surgical procedures for sex reassignment – and especially for those covered by the RAMQ – requires a certified statement that the person is undergoing hormone therapy as well as two letters from mental health specialists confirming their “gender identity disorder” diagnosis. And even if a person meets all of these criteria, not all of the services and health care needs entailed in a transition are covered by RAMQ; for instance, breast implants, facial feminization surgery, and electrolysis are not covered. Here again, many trans people must do without these procedures to lack of funds.
- Fourthly, for a trans person to change their given name (first name) with the Registrar of Civil Status still requires that they be diagnosed with “gender identity disorder” and that they be certified as undergoing hormone therapy. When it comes to the sex designation change, this is not permitted unless the person shows that his or her genitals have been structurally modified (hysterectomy for trans men, vaginoplasty for trans women) in addition to proving that they are on hormone therapy. Proving that they have undergone these treatments also requires at least two doctor’s letters attesting to these facts.

Given these many restrictions, many trans seniors do not have ID cards that match their gender identity or their appearance. Hence, these people are often exposed to mistreatment in the health and social services milieu. It is noteworthy that in Ontario, trans people can now change their sex

designation without undergoing surgical procedures, a recent decision that met with acclaim by the trans community.

1.3 Diversity

Many distinct factors may differentiate the narrative and transition process trans people undergo, including how they experience aging.

1.3.1. Variation in the transition process

We can distinguish between two categories of trans seniors according to their narrative: those who started their transition late in life, and those who started it earlier.

In terms of their psychological and physiological adaptation, and as well as their social adaptation, a trans senior who undertakes social or medical transition at 63 years of age has lived and will continue to live very different experiences from a trans senior of the same age who underwent their transition 25 years earlier.

There may be several reasons why an individual may decide to transition late in life, notably: retirement, children leaving the family home, or the death of their parents.

1.3.2. Male/female variation

There is a certain consensus on the fact that trans women are more vulnerable to hardships related to their trans identity or in their day-to-day life. We could certainly attribute this to the inherent difficulty of being a woman in a sexist and patriarchal society, but there is also the fact that trans women are often more visible than trans men, and that hence the latter have an easier time “passing” – which is to say they are *stealth* in the community lingo. Trans men therefore tend to have an easier time living without having to divulge their transition if they so decide. While many trans women may suffer from this heightened visibility, trans men may often suffer from invisibility, and from the fact that service providers may be completely ignorant of their situation.

1.3.3. Class and immigrant status

Other factors may contribute to the hardships that seniors face in the health and social services milieu, namely their socioeconomic situation and not having a visa, permanent residency or citizenship.

We have already addressed the fact that low-income trans people will likely be unable to pay for consultations with a psychotherapist, or for medical and

surgical procedures that are not covered by RAMQ. Furthermore, only people who have citizenship are allowed to make a name or sex designation change in Canada, and only people who have a visa or permanent residency are covered by the RAMQ; these factors can complicate migrant peoples' legal and medical transition considerably.

Trans people are often more susceptible than the rest of the population to living below the poverty line and hence to living with diminished revenue related to aging.

Social isolation is particularly hard for trans seniors, notably due to lack of support services, to having difficult family relations, or living rejection outright from their peers or in their community. Trans seniors have undergone and continue to undergo various forms of mistreatment, from discrimination (in the workplace, with housing, etc.) to outright violence. All of these factors can feed into each other and increase the difficulties trans seniors face in the health and social services milieu.

1.3.4. Premature aging

Our research suggests that many trans seniors experience health and social problems that in the general population are normally only experienced by people who are older than them still. This would suggest that, as with many vulnerable populations, trans seniors may undergo premature aging.

1.4 Needs common to all seniors and needs specific to trans seniors

In this next section we will address the health and social services needs of trans seniors.

In many respects, the needs of trans seniors are the same as those of other seniors; the decline in overall health, mobility and autonomy that affect all seniors will affect them as well. All seniors who seek out health and social services should be treated with the same respect, dignity, and compassion as the rest of the population, trans seniors included.

That being said, trans seniors often face prejudice and ignorance in the health and social services milieu, and are more susceptible to experience mistreatment and violence. These problems particularly affect “visibly trans” people because of their appearance or their anatomy, because their bodies are gender non-conforming or because their identity cards show a name or denote a sex that does not correspond to their appearance or gender identity.

Due to such difficulties, and to the violence and mistreatment that they have experienced in the health and social services sector – throughout their lives, in some cases – many trans seniors dread the prospect of future declines in

their health and autonomy that go along with aging. Many confided in us that they are afraid to receive at-home care, of having to go to the hospital or of having to live in a seniors' residence. Added to all of this is the fear of experiencing even more isolation, especially if their family has rejected them or is not aware of their transition.

Moreover, trans seniors have needs that are specific to their transition process: hormone therapy follow-ups, care and follow-ups following an operation, psychological support that takes into account their trans reality without reducing it to that, as well as the need for information and sexual health care adapted to their body and gender identity; all of this in addition to access to housing, shelter, and social assistance in spite of their identity cards not matching their gender identity.

Many of the difficulties, hurdles and barriers we will address in the remainder of this workshop are relevant not only to trans people over 50 years of age, but also to trans people of any age. However, trans seniors are vulnerable to experiencing these hardships more often, namely because of premature decline in health and due to social isolation.

QUESTION

We have just gone over some of the realities connected to aging. What do you see as the possible differences and similarities between the lived experience of trans seniors and that of LGB (lesbian, gay, bisexual) seniors?

1.4.1. Trans seniors and LGB seniors: similarities and differences

In the literature and in the activist milieu, gay, lesbian, bisexual and trans people are often grouped under the abbreviation LGBT. While this grouping may help shed light on the realities and challenges that *sexual and gender minorities* have in common, the LGBT “umbrella” has the disadvantage of lumping people together whose day-to-day experiences may differ greatly.

First of all, it is necessary to distinguish between sexual orientation and gender identity, because trans people may be heterosexual, gay, lesbian or bisexual.

Secondly, when LGB seniors go to the hospital or into a seniors' home, they may hide their emotional attachments to same-sex partners in order to avoid possible displays of homophobia. Whether it be due to their appearance, their identity cards, or for medical reasons, trans seniors often do not have the choice to conceal their transition and are thereby vulnerable to transphobia. Furthermore, trans seniors who are gay, lesbian or bisexual run the risk of experiencing the combined effects of homophobia and transphobia.

Gay and lesbian seniors who went through the process of coming out early in life, and trans seniors who began their transition at a young age have in common the accumulated negative experiences related to homophobia and transphobia that significantly impact their quality of life. The compound discrimination in the workplace, in housing, rejection by peers and family, mistreatment and violence, as well as other factors may themselves impact the socioeconomic status, health and well-being of LGBT seniors. These experiences may cause these people to fear relying on the health and social services sector in spite the greater needs associated with age.

LGB seniors and trans seniors may also suffer more from isolation associated with aging, especially in old people's homes, which tend to recognize only family relationships and may neglect the reality of LGBT seniors having "families" that are often made of loved ones with whom they have no biological or marital connection necessarily.

In considering the diversity of trans seniors, it is important to keep in mind these three facts:

- trans identification is one characteristic amongst many;
- every trans person is unique;
- many factors may contribute to barriers in obtaining healthcare and social services.

2. Health and social services: Barriers to access

We will now discuss some of the barriers that trans elders encounter when attempting to obtain appropriate health care and social services, whether or not the care and services are related to their transition.

We will also make some recommendations and outline strategies and tools that offer potential solutions to these issues—or that reduce their impact—in an effort to accommodate and serve trans elders and trans people of all ages. In this respect, the results of our study allow us to determine three target intervention areas:

- yourself as a service provider
- your immediate work environment;
- the general areas and contexts related to trans elders.

2.1. Resilience of trans elders

Before moving on, we wish to underscore that in spite of all the difficulties experienced by some participants in our study, many trans elders stated that they receive excellent care and services, either through their own doctor – whom they have educated about their own reality – or by working with professionals whose awareness of that reality has already been raised.

It is also important to state that the elders we met with displayed a hardy sense of resilience in the face of adversity, as well as ingenuity with regard to gaining access to the care and services they need.

EXAMPLE

59-year-old Céline transitioned over 20 years ago. When she is called to have a prostate exam, she always goes with a male friend. People think that she is his wife, sparing her the stigma of being called in the waiting room. Trans people whose identity documentation does not reflect their gender identity can also use this type of strategy.

Many of the trans people we met with emphasized the importance of community organizations created by and for trans people, as well as the informal exchange and support networks that they create with their peers.

2.2. Transition-related health care and social services

2.2.1 Barriers

We will now discuss the barriers and obstacles encountered by trans elders as they attempt to gain access to care throughout the various stages of their transition. Our research results allow us to identify four main types of difficulties.

- The first type of problem has to do with the rigid care regulations that govern access to various stages of medical transition in Quebec, as well as the decision-making power that these regulations confer on mental health professionals.

According to our research, the obstacles encountered by elders who initiated their transition many years ago and the trauma related to the “pathologization” of the transitioning process have a cumulative effect. In addition, persistent impediments that prevent access to transition-related care may lead to increased suspicion towards our health care and social services system by trans people, and particularly trans elders.

- The second type of obstacle is related to legal transition, and more specifically to the Registrar of Civil Status requirements that must be met when trans people are changing their name and sex designation.
- The third type of barrier concerns problems associated with aging that could complicate or even prevent access to transition-related medical care.

We especially note the difficulty that certain elders experience in obtaining information about transition-related care, due to a lack of Internet access or a lack of access to community organizations that could provide them with information and support them.

In addition, many health care professionals are not familiar with the possible interactions between hormone therapy and other medical treatments or health problems. Poorly informed doctors tend to respond with excessive prudence, often instructing a patient to interrupt hormone therapy at the slightest indication, or even as a preventive measure, when such an interruption is not truly necessary. That being said, while health professionals often show unjustified or disproportionate reluctance in terms of prescribing hormone therapy and other sex reassignment procedures to older patients, the actual medical contraindications, whether or not they are related to aging, may prevent certain elders from following through with the treatment.

EXAMPLE

Linda, 57, has two types of cancer. Unfortunately, she also has other health issues, including anemia and diabetes that prevent her from undergoing the operations that would both treat her cancer and complete her transition.

“Cancer is cancer. I am committed to certain operations related to that health condition. But I can’t obtain results [from a sex-reassignment surgery] before that. That stresses me out. It makes me very sad, because at this point, my transition should have been over and done with.”

- The fourth type of obstacle is related to the health care and social services system, where there is a lack of specialized services in non-urban areas for people who require psychological support and other care and treatments related to their medical transition. This lack of care and services means that some trans elders must travel far to receive care, sometimes having to wait long intervals between appointments with care providers because of their location. Post-operational care and monitoring is also insufficient.

May we also remind the reader that multiple costs related to transitioning are not covered by the RAMQ, even for people with citizenship.

EXAMPLE

Linda, 57, moved to Montreal when she decided to begin her transition in her mid-fifties. She could not find a doctor to treat her two cancers in Montreal, but neither could she find a mental health care professional that worked with trans people in the region she is from. She therefore had to make frequent returns to her hometown, located 7 hours from Montreal, to get treatment for her two types of cancer. Her precarious health does not allow her to travel to Montreal often to meet with the mental health care provider who had signed the document giving her access to hormone therapy, although she maintains a therapeutic relationship with her over the phone. Still, Linda must make the trip for hormone therapy monitoring by her endocrinologist because to her knowledge, no specialist offers that service to trans people in her home region.

Recommended strategies

- Firstly, take the time to find out about the various aspects of the health and well being of trans elders. Do not hesitate to contact trans organizations with questions, or to direct your trans client or patient towards the appropriate services. Your presence here today will help you to better serve trans elders, so thank you for being here!

There are numerous tools designed to inform you and your colleagues about the process of transitioning and the needs of trans people with regard to health care and social services. A couple of good examples are the guides produced by the community organization Action Santé Travesti(e)s et Transsexuel(le)s — ASTT(e)Q¹.

- Secondly, take the time to explain things to your trans patients or clients, and to answer their questions. Many trans people come out of health care and social services offices with more questions than answers, especially in terms of the care related to their transition. If their questions are beyond your field of knowledge or expertise, you can direct your trans patients or clients toward the community organizations listed among our resources. It may be helpful to assist these elders as they attempt to make contact with these organizations and other resources.
- Thirdly, you can support trans elders through their transitioning process, no matter what their approach or their choice.

To do so, it is often beneficial to use a harm reduction approach. Developed as a response to alcoholism and drug addiction problems, this approach does not aim to eliminate risky behaviour at all costs—for example, in the case of trans elders, taking illegally obtained hormones or other behaviour that may interact harmfully with hormone therapy—but rather reducing the harmful consequences of this behaviour and improving the quality of life of the person concerned.

Because wait times are too long, or because they do not meet the criteria that would allow them to access hormone therapy, many trans people obtain hormones without a prescription through the Internet or the black market. In our research, we met a trans new arrival who was not covered by the RAMQ. As she waited for her permanent residency, she bought hormones on the black market, took them unsupervised and ended up developing osteoporosis. Instead of refusing to treat her because she obtained the hormones illegally, her endocrinologist helped get her hormones down to a suitable level, thereby improving her health. This is a good example of a harm reduction approach.

¹ Copies of these guides can be ordered from the following address:
<http://santetranshealth.org/jemengage/en/order-your-copy/>

² The term *passing* describes the ability of trans people to be perceived as belonging to the gender to which they identify—for example, the ability of a trans woman to “pass” for a woman. In other words,

While hormone therapy is not advisable if the patient practices certain behaviours such as cigarette smoking or excessive alcohol or drug consumption, interrupting hormone treatment for these reasons may result in even more harmful effects on the physical and mental health of a trans person. If there is any doubt, consult a trans health care specialist.

2.3. Health care and social services unrelated to transition

We will now examine certain negative experiences described by our trans participants, this time concerning health care and social services that are not directly related to the transitioning process. These examples will help us understand the barriers that trans elders encounter in their efforts to receive appropriate care and services.

2.3.1 Vulnerability

Our research highlights four main vulnerability factors that may complicate trans elders' ability to gain access to appropriate care and services, or that increase the probability that trans elders would have negative experiences.

- The first factor is the impossibility of trans elders to “pass”² for a person of the gender with which they identify, and therefore to be able to choose whether or not to reveal their transition, because their appearance or identity documents do not reflect their gender of identity.
- The second factor is the possibility of living in a rural region or an area far from Montreal, which is where the large majority of service providers that understand trans issues are located.

EXAMPLE

Many participants who do not live in Montreal mentioned that they preferred to go to Montreal for health care and services despite the distance. Two elders, Monique (67 years old) and Pierre (58 years old) justify their respective trips of 1.5 hours and 45 minutes by suggesting that they are avoiding the discrimination they would experience in the health facilities in their home city or town if they were to reveal their trans identity. In these two cases, their Montreal-based general practitioners also monitor their hormone therapy, as it is difficult to find a generalist in the regions who would undertake that kind of monitoring.

² The term *passing* describes the ability of trans people to be perceived as belonging to the gender to which they identify—for example, the ability of a trans woman to “pass” for a woman. In other words, *passing* is the possibility for a trans person to blend into the rest of the population.

- The third factor is the possibility of being low-income and depending on RAMQ coverage. These people often find very few appropriate services to help them through their transition and provide them with holistic psychological support that goes beyond their trans identity, encompassing other aspects of their well-being.
- The fourth factor is the accumulation of negative experiences, especially in the area of health care and social services. Many elders have told us that they experience a lot of guilt and fear when they must use the health and social services system. Some are nervous about reliving certain experiences of discrimination or negativity, which leads them to neglect their own needs even if they know they have health problems.

EXAMPLE

Although she has had a vaginoplasty, and therefore no longer produces sex hormones, 58-year-old Sonia took hormones only for the first five years of her medical transition. Without hormone therapy, she is at risk of developing osteoporosis, and she knows it. However, she says that she “dropped out of the health care system” when an endocrinologist refused to continue prescribing her female hormones because she smoked.

“I can’t go back to my doctor to talk about my case. If I don’t take hormones, my hormone levels will be unbalanced, and I may have thyroid problems. It’s a result of the fact that at one point, my endocrinologist decided that because I was a smoker, he didn’t want to give me hormones anymore. I realize [...] that I stopped myself from going out to look for the care that I needed.”

We should add that Sonia’s experience was followed a few years later by another doctor refusing to treat her.

Recommended strategies

- Firstly, if there is any doubt as to the gender identity of a patient or client, it’s better to simply ask the necessary questions respectfully than to make assumptions. You can ask the person if they prefer “Mr” or “Ms,” and then make an effort to respect that preference, using the correct gender pronoun when addressing or speaking of that person.
- Secondly, remember that the trans identity of your patients or clients is only one aspect of their life among many others. Avoid associating all of their problems with their trans identity; this will help you serve them better. Don’t lose sight of the influence on health of such factors as poverty or ethnic minority status. Although trans people do not all correspond to the stereotypes—i.e. that they are all drug addicts, sex trade workers, or have mental health problems—it is

possible that some trans people that you work with will indeed be having these experiences. It is therefore important to have some knowledge of the relevant organizations and services so that you are able to assist them.

- Thirdly, if someone informs you of a person in their family or social circle who is going through a transition or questioning their gender identity, let them know that there are organizations that offer support services to friends and family of trans people. You can refer them to these organizations or find out more about the services they offer, in order to offer support to these people. As trans elders are often rejected by their friends and family, and as their isolation often has major consequences on their well-being, you can try to defuse some family conflicts by offering trans people (or their friends and family) resources to facilitate their integration into their family and social group.

2.3.2 Problems related to the attitudes and behaviour of health/social services providers

We will now turn to the three types of problems that emerge when health and social service providers are uncomfortable with the subject of trans identity. These professionals may have prejudices against trans people, trans elders or other people who do not conform to gender norms, or they may have an aversion to these people and to their physical appearance.

- Firstly, this uneasiness, prejudice or aversion can be manifested in different ways, from a simple sense of discomfort towards the anatomy of a trans person to a refusal to offer some types of care related to the genitals.

In addition, certain exams that become more common with age (mammographies, prostate exams, gynecological exams, etc.) can become a source of fear, humiliation and shame for many trans elders who are uncomfortable with revealing their anatomy.

Sometimes, trans elders are refused necessary exams—a prostate exam for a trans woman, for example—by ill-informed health care professionals who do not understand that these exams are needed.

EXAMPLE

Sylvie, 66, tells us that despite the positive relationship that she has developed with her doctor for over a decade, her doctor is still uncomfortable when talking about her genital organs.

- Secondly, the curiosity and prejudice of certain health professionals with regard to trans people may be harmful to the dignity of a trans person—for example, if a professional takes the liberty of asking a trans person about his or her sexuality or anatomy when these questions are not relevant to the care being provided, or if they expose a trans person to their colleagues without having first gotten the trans person’s consent.

EXAMPLE

Monique, 67, tells us that during a recent visit to the hospital, the staff did not respect her physical integrity. The attending physician revealed her trans identity to his colleagues without having asked for her consent.

“At one point, I went to the Saint-Luc for a urinary tract dilation [a regular treatment for her since her sex-reassignment surgery] and right away..., the fact that I was a trans person... There was so much staff around me... I was really uncomfortable. People are curious, even people in the health services field.”

- Thirdly, of course there may be homophobic or transphobic comments or actions by health care professionals, which can range from refusing to provide services to mistreatment and violence.

Recommended strategies

- Provide an example for your colleagues by respecting the identity of trans people. In your words and deeds, show your patients or clients that you recognize their gender identity and that you see them as they wish to be seen.
- Write the desired first name and pronoun of your patients or clients on their file, and request that your colleagues and reception staff use them (especially in waiting rooms).
- Cultivate a welcoming approach and establish a space in which trans people feel at ease revealing their trans identity. Simple acts like leaving out posters or brochures that portray trans people positively can make a huge difference in letting trans patients or clients open up and speak freely about their experiences.
- If you need to, ask questions. If you are wondering about the anatomy of a trans patient for medical reasons, you can ask if the patient is comfortable talking about his or her body and transition process, then explain what you need to know and why before asking any more delicate questions. A discussion with an open-minded health professional can be a first step toward better-adapted care and services.
- Be sensitive when you propose an exam related to the genitals (mammography, prostate exam, gynecological exam) and accept their decision if a trans elder does not immediately agree to go through with the exam.
- Treat the trans identity of your patients or clients as confidential information, to avoid embarrassing them, “outing” them without their consent, or exposing them to discrimination or mistreatment. Let your patients know if you have to reveal their trans identity to a colleague for professional reasons—for example, if your patient must have a genital examination or if his or her appearance, gender identity and identity documents do not correspond with each other. Again, use your judgment in these situations.
- A trans elder who has experienced discrimination or poor treatment in another area may turn to you because he or she trusts you. If this happens, offer the person assistance in finding the required care and services, or in lodging a complaint.

2.3.3 Structural problems

The last category of barriers that prevent trans elders from getting appropriate care and services comes from the institutional structure of the health and social services system. Our research has allowed us to identify three factors:

- Firstly, there is a trend towards information concealment and invisibility in the field of health care and social services, rendering trans people and their needs basically invisible. This concealment contributes to a lack of information about the realities and needs of trans people and also to trans people being perceived as anomalies in the field of health care and social services.
- Secondly, trans people of all ages experience an institutionalized form of concealment and invisibility because of the strict differentiation and segregation of the sexes in the field of health care and social services. Therefore, many trans people who have not been able to change their name or sex designation through the Registrar of Civil Status are not addressed by their current name or gender identity (i.e. in pronoun use) in the health and social sciences field.
- The third type of institutional barrier that our interviews have revealed concerns trans identity being pathologized. This may have an impact on the way that trans people—including trans elders—are perceived and received in the health and social sciences field. This pathologization stems from the requirement of a letter by a mental health professional attesting to a gender identity disorder diagnosis, which is a prerequisite to medical and legal transition. These requirements, which are based on the perspective that trans identity is a result of mental illness, may lead health professionals to perceive the health problems of trans people as psychiatric cases—especially if they are received at the emergency ward in a state of crisis (even when their emergency has nothing to do with their psychological state).

EXAMPLE

When Linda, 57, went to the emergency ward for respiratory problems, she was directed to see a psychiatrist without her knowledge or consent. She even feared that she might be committed; in the end, she was able to leave the psychiatrist's office.

Recommended strategies

These structural barriers and obstacles are generally the most difficult to overcome, and it can be difficult for you to change the current situation. However, you can play an important role in instigating change by taking concrete actions to support trans people.

- Firstly, it is important to initiate measures improving reception and treatment of trans elders by the health and social services field. You can contribute to this improvement in the various ways mentioned above, but also by asking your employer to adopt a policy that guarantees respect of gender identity when receiving trans people and processing their files. You can also encourage your employer to consult community organizations that offer training on the realities and needs of the trans population.
- Secondly, you can become an important ally to trans people by supporting their demands. According to our research, these can be summarized as:
 - facilitating the legal process of changing first name and sex designation by no longer requiring proof of medical procedures or letters from mental health professionals, including for migrants;
 - improving access to transition-related care (hormone therapy, surgery) by adopting an informed consent model rather than a medical diagnosis model, including for incarcerated people;
 - developing care standards (guidelines for trans health care) and distributing material produced by trans organizations so that more health care and social services professionals are able to offer services to trans people;
 - raising general public awareness to reduce general transphobia;
 - developing strategies to inform and train health care and social services professionals and community workers outside of Montreal about trans realities;
 - providing adequate funding to existing trans organizations and community services, and creating new organizations where needed;
 - offering protection against transphobic discrimination and violence, and coming up with strategies to ensure the well-being of trans people above and beyond the often inadequate enforcement of the law, which in and of itself can often be the cause of injustice among marginalized communities;
 - including trans people—and trans elders in particular—in the projects that target them and work to empower trans communities.