

GENDER IS JUST PART OF WHO I AM



Stories from Trans Australians: Exploring the experiences and needs of trans people for health and aged care services

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Foreword

The barriers stopping trans Australians living their fullest possible lives remain unacceptably pervasive.

An important component of tackling discrimination and ill-treatment is raising the visibility of human stories and how the actions of others can harm trans Australians. That's what *"Gender is just part of who I am"* seeks to do.

Trans Australians can live extraordinary and successful lives. But they can also be filled with significant difficulties and pain.

Many trans Australians face significant internal tensions throughout their childhood and teenage years. Lives are often lived as less than their whole selves. And trans Australians face unacceptable rates of violence and discrimination from a broad cross-section of society.

Yet the aspirations of trans Australians are the same as all others: to live a full life, to be able to wander the streets safely, to have and hold a job, have a roof over their head and food on the table, to have meaningful friendships and relationships, and to love and be loved.

These aspirations should never be out of reach for anyone, and especially during vulnerable stages of life.

Through the use of human stories these resources gives a clear narrative about how policy and practice can lead to denying trans Australians their full dignity. This work fills an important gap in the policy space around supporting trans Australians who are ageing and in need of aged care.

"We're people first" methodically identifies the problems and, where possible, identifies solutions to take the discussion around trans ageing forward. Importantly, it develops a framework for aged care providers to support trans Australians in a way that respects their individual dignity.

What comes through from these resources is how readily simple and mindful changes in policy can be made to improve the experiences of everyone. The key is raising visibility and awareness of the challenges so that they can be addressed in a respectful way.

No one should fear the denial of access to medical care, unnecessary legal problems or having their wishes disrespected simply because of who they are.

All the parties that collaborated to develop these resources are to be commended. It is through collaborative leadership that the lives of ageing trans Australians will be improved.

We should all aspire to have a nation where every person can expect to be treated with dignity and care during the vulnerable stage of their life. As this work identifies, trans Australians rightly argue "we're people first", and that is precisely how they should be cared for.

Tim Wilson

Australia's Human Rights Commissioner

Preface

While working on the *My People* project in 2008 I had the privilege of interviewing Nancy, an older trans woman living in a faith-based residential aged care service. Nancy was a remarkable woman who had an incredible story to tell. She'd been in the navy, prison and *Les Girls*. She'd spent her life battling to have her gender recognised and fought transphobic discrimination on a daily basis. People made rude remarks to her in the street. Health service providers called her "he". Co-residents threatened to assault her. But Nancy was able to navigate her way through all of this. The final service she lived in advocated on her behalf and respected her right to dignity. It struck me then the power aged care service providers have to make a difference to the lives of trans people.

Nancy asked me to continue visiting her, which I did over a number of years. When she was dying I'd visit several times a week. I was horrified to see that her battle continued until the end. It was only after her death, when Nancy's family rang me and said "She's gone" that they acknowledged Nancy's gender, and it came too late.

Nancy was a very beautiful person – but many could not see beyond the fact that she was trans. I made a pledge to find ways of making change happen. Nancy – this is for you.

Catherine Barrett

It is not easy to tell our stories. As a trans man myself, I know this. Being trans is almost inevitably a journey that includes rejection, stigmatisation and discrimination. That's why it takes such courage to pursue. For older trans people especially, little is known about their ageing needs or experiences of ageing. The stories told in this resource come from those brave people willing to share their stories with me and with you. They are at times challenging, and they were oftentimes difficult to hear.

What we have aimed to do in this publication is present these stories in a way that will help service providers to understand something of what it is like to be trans, some of the complexities we face, and some of the ways you can help us.

What happens when we go out in public, try to get a job, try to change our documents or access services is that we have to trust that the person we are talking with, the people around us, won't be prejudiced. What we need is for people to understand that we are people first. Trans people need fillings, we need walking assistance, we need help transferring, we need care because we are human. Unfortunately, this is often not how we are treated. I hope in reading these stories, you will become committed to practicing trans inclusive care.

Many of the issues we documented in "*We're people first*" can be rectified simply and with little hassle. We just need people, like you, to recognise the importance of making services trans inclusive and to take the steps necessary to change. On behalf of everyone who contributed to this research, thank you for your support.

J. R. Latham

Introduction

This resource was developed as part of a research project undertaken by Val's Café at the Australian Research Centre in Sex, Health and Society, La Trobe University, in partnership with FTM Shed, Transgender Victoria and The Gender Centre (NSW). The aim of the project was to document trans people's experiences of ageing and their health and aged care needs, and to develop resources that privileged the voices of trans people to promote the development of trans inclusive services.

The stories in this resource come from interviews conducted in 2014 and 2015 with 15 trans people aged between 49 and 79 (3 men, 11 women and 1 gender diverse person), two of whom were living with dementia. We also interviewed seven service providers, who contacted us, about their experiences caring for older trans people, including Susan Baker, a trans woman working in aged care. The names of all research participants have been changed (to similarly gendered names they agreed with) to protect their privacy, with the exceptions of Susan Baker and Jayne Cummings, who wished to be identified.

This resource consists of abridged stories from all the people we interviewed. Part 1 comprises 16 stories from trans people about their personal experiences. Part 2 comprises stories about caring for trans people shared with us by service providers. Each story includes some discussion questions to help facilitate conversations about the experiences of trans people with the purpose of educating service providers on how to best care for trans people. The stories from service providers are not intended as examples of good practice. Rather, they highlight some of the complexities and difficulties of trans inclusive care. Most of these stories are from residential services, yet the issues they raise are applicable to a range of other care environments, such as home and community aged care and health services more broadly. We encourage you to adapt the stories to your setting. As well as discussion questions, each story includes a reference box that indicates some of the related sections in *"We're people first"* to help guide discussion. This resource also includes a list of support services for trans people (p. 50).



"Gender is just part of who I am" has been designed to be read together with *"We're people first"*: a summary on trans health and ageing with an evidence-based guide to inclusive services (available from valscafe.org.au).

"We're people first" outlines what trans means, background issues in LGBT ageing, legislative, policy and medical contexts for trans people, describes key issues in trans health and ageing, including trans people living with dementia, provides practical guidance on how to create trans inclusive services and information on the importance of advocacy. If using *"Gender is just part of who I am"* for staff education, we suggest you follow the interactive education program described in *"We're people first"* (p. 18).

PART I: STORIES FROM TRANS PEOPLE

I. Alfred: “Every so often I have to do something impossible”

I’m old. I don’t think I’m in the right generation to profit from the current legislative reforms. I just don’t want to be put in an old people’s home, so I’ve set my house up so that I can stay at home. So maybe I’ll be lucky and get some carers, some trans friends like carers, who knows. But, no, it’s been my life that if I don’t do it myself it doesn’t happen.

For different things, you just have to prove who you are. You just keep going and going and going and either you win or you lose, and the loss is money you have to pay and the win is just “oh, you should have told us,” sort of stuff. So I keep every piece of paper I can possibly get hold of, because if you don’t and it comes to the fight, you’ve got nothing. So I’m expecting when I’m 67 for another fight because then I go on to the next phase of “pensioner,” so I’m really expecting a fight. I’ve been fighting them all my life.

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

“You’ve got to have a hysterectomy to get your birth certificate. If you want that male birth certificate you’ve got to be sterilised. It shouldn’t matter really ...”

Nowadays you go down to get your birth certificate changed and you pass them the old one and get a new one. You’ve got an original birth certificate. And then when they passed the law to say that you can have a new one with “male,” so I was there that day the law was passed, or the day after, and [I had] already had done the [gender clinic] program twice. I’ve done conversion therapy three times and I’ve done the [gender clinic] program twice. So basically I had been forcibly sterilised. I had all that, all there, so I already fitted [the criteria to change my birth certificate]. I already had all the paperwork they needed because the [gender clinic]

program gave you all that paperwork. So I went down and had to explain myself to an 18 year old boy. He couldn’t have been much more. And then I answered the questions and everyone – the whole office just stopped and stared at me for quite a while, but I’m used to that.

You’ve got to have a hysterectomy to get your birth certificate. If you want that male birth certificate you’ve got to be sterilised. It shouldn’t matter really, because I have no intention of starting a family or any of that sort of thing, but if we were forced sterilising women who had AIDS or we were forced sterilising women who had SARS or something else, there’d be a human rights outcry. That we don’t choose to use those organs is not the point. The point is you have to go through an operation. And nobody is sure if the hysterectomy does you good or does you bad, whether having a hysterectomy makes the T[estosterone] work better or makes your bones brittle – nobody knows. The autopsy on me would be quite a thing because I don’t know if they’ve autopsied guys that have been on it so long. So when I saw that hysterectomy is good for our health anyway, it’s just the Government saying, “We can’t have people that can reproduce and be freaks. We can’t have more freaks.” So, it’s forced sterilisation. What else could you call it? If you want that male birth certificate you’ve got to have the hysterectomy. And some people take to it and some people don’t. It’s whether your body puts up with it, how you recover from it. It’s a big operation. And you can get six weeks in hospital if you’re a lady. I got a night.

I don’t know any trans men older than me. [I had one mate,] he was older than me by about six years. We did [the gender clinic] program together. But it’s an issue, because the suicide rate is so high. And you’re trans and you’re getting old. Never mind you’re young and you’re trans and you’re out to beat the world.

You're old and you're trans and you can't get out of the bed chair, a lot of people it just does their head in. "Oh, I'll choose when to die." Well, yes and no. Today, tomorrow, next week, two weeks Friday, it's hard. It really is. Because there's nothing wrong with me, except I'm trans.

In the earlier days I ate out of bins and stuff and these days I don't eat much, I don't do anything. I mean, I'd love to party. I'd love to smoke and drink and go out but you can't, can't afford it. I live a very sedate life. Everything I just save save save if I can. I'm no different to anybody except my reality is a lot more real than theirs. If I had some generally accepted disability and I was getting old, there'd be a whole lot of community groups and stuff there to help me and get help, but I can't think of one that does that for trans. I can't think of anyone I could ring up and say, "Look, I'm old and I'm trans and I need help."

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

One of the biggies is they've got to ask us what sort of testosterone we're on and every time I go to hospital it's withheld. They take it away from you. So you're trying to get better and survive without hormones, and there's only one way you go without hormones – is you die. They've got to remember that we're human first.

I'm a person first. It's all right saying we treat everyone. It's how you treat. If I was an every day woman, I'd have rights. I'd be able to go to the Ombudsman. I'd be able to wave my arms. I'd be able to ring up the newspaper and say, "I was abused and attacked. I was standing there" – well, I was lying there – "and my pants were pulled down and, this is wrong," and people would say, "Yes, that's terrible." But for me, it's like I ask for it.

No one is going to look after us so we're going to have to look after ourselves. So basically I have to rely on myself and if myself gets dementia or something, I'm at the mercy really. And I don't have any siblings or family or anything so I can't go and live with my sister or my brother or anything. I have to look after myself.

Discussion questions

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

Prejudicial treatment
Be aware of document issues
Advocate

2. Alison: “Somewhat reluctant to get involved”

I identify as lesbian. I got married over 40 years ago. Gillian and I still live together today and we have grown up children. I transitioned about 15 years ago. My transition was a journey for all of us. Gillian doesn't identify as lesbian so we have separate bedrooms. I think we have a better relationship than many heterosexual couples because we had to revisit what our values were and we had to re-decide if we wanted to do that with each other. We have a lovely relationship. We just don't have a sexual relationship. But Gillian is very supportive of the trans community.

I'm fairly confident in my own self. I still find I get judged a lot. I do over the phone because my voice isn't where I would like it to be. I find if I need to go into a new medical setting I am somewhat reluctant to engage and I am sometimes disappointed with myself that I am reluctant to engage. I still feel judged when I go to a different medical provider and I try to avoid that if I can. And sometimes it's not in my best interests to do that and I struggle with myself, and I don't know why. I'm very confident, I'm very out, but in the medical setting I sometimes still struggle to do what I should do. And I guess most of us have had some experience where we've had to talk about trans where trans wasn't relevant for the current discussion and felt that we were providing training at our cost to someone else to get up to speed. And I've had that experience myself and it just makes me somewhat reluctant to get involved.

“One of the challenges is that trans bodies in an aged care setting potentially don't meet expectations.”

I think I should be seeing an endocrinologist at the moment and my doctor suggested I go and see [an endocrinologist at a gender clinic]. I find him unsatisfactory to deal with. I don't think that he particularly enjoys working with trans. He doesn't give the impression that he enjoys working with trans. I've heard of many having unsatisfactory experiences with him. I refuse to go back to him. He told me that there were only two hospitals here where endocrinologists were comfortable or prepared to

work with trans clients. Most of those endocrinologists have made a moral decision that hormone treatment for trans people is experimental and they are not going to support it.

The Government needs to try and break down that barrier and that moral decision. Hormone treatment for trans women in particular has been around for more than 60 years, and I find it abhorrent that what is accepted by WPATH [the World Professional Association for Transgender Health] and is accepted around the world as being the appropriate treatment, can then be deemed on moral grounds to be 'experimental' and therefore outside of their need to support patients.

I don't know where to go and I find that disturbing. I find it alarming in fact. And one wonders for trans people going into aged care settings who might need to have more than a GP monitoring their hormone levels and so on, how are they going to get the appropriate support?

There is not enough research around the impact of stopping hormones. I think most of us are being advised that we're really on hormones for the rest of our lives and therefore, I guess, the most important thing is that people continue to be given hormones in an aged care setting. It's an area which you would think would be difficult to be in stealth about. You would think that if you have a need for hormone medication that potentially differentiates you from others and it needs to be addressed. We need care plans that address needs both from a physical health point of view but also a presentation point of view.

My concern is that there are many older trans people who have experienced that same difficulty and frustration, some of whom I know have been scarred from those experiences, and that's a challenge for us as we go into aged care settings. There's still a lot of distrust in the trans community and that can impact on how they relate to medical providers.

The expectation is that some trans people are going back into the closet when they're going into an aged care setting. One of the challenges is that trans bodies in an aged care setting potentially don't meet expectations. I think it's important to understand how some of those people would like to be treated when

they're going into an aged care setting and are potentially needing help with showering and washing and so on, which then might expose their difference. For example, what if there was a trans woman who had had reassignment surgery and she doesn't want anyone to know that she's trans and she just wants to be treated like a woman. And that might not actually be the right conclusion that she's come to because her vagina could well need a different treatment as she gets older than a ciswoman [nontrans woman]. We need to be trying to find a way that trans people are going to be comfortable to disclose information in an aged care setting that's in their own best interests.

It's about striking a happy balance between privacy and information – we don't want someone's being trans and having a body that's different to expectations to be a gossip item.

I think for post op trans women there's clearly a need for some sort of vaginal health assistance and that might involve dilation or it might involve insertion of a pessary of some sort. I have a pessary on a regular basis and fairly clearly it is going to be best for me if I continue to have that potentially after I'm unable to do it for myself. So that becomes a fairly personal need and one can imagine many trans women would have the same need. So for trans women I guess [we need to] try and ensure that there are appropriate personal care plans that are developed which enable a person to be dressed the way they want, have their hair done the way they want, have make-up done the way they want.

Another experience that many in the trans community have witnessed relates to attending the funeral of a trans person. I had only ever known this person as trans and they lived full time as trans and had transitioned some years earlier. The person's family did not accept their transition and the person was only referred to as their sex assigned at birth and their christened name and not their preferred gender or name. They had not been dressed in the clothes of their preferred gender. And for that person – a trans woman – then to be dressed as a male, referenced as a male, and for trans people to be ignored or disdained in terms of the funeral and at the reception afterwards, is about the most distressing thing that I've done in my life, and it's happened on multiple occasions. This was totally ignoring, hiding, denying the real life of this person and absolutely abhorrent for their true friends. The family did not want us there and we were shunned throughout. Unfortunately, this is not an isolated situation. I have been to other funerals with a similar story.

We still have a hell of a lot of providers that say, "You'll get over it. You'll grow out of it." and therefore denying that being trans is a viable alternative to male and female. It's not a lifestyle choice. The majority of us would prefer not to be trans. It would be a damn sight easier for us to be (a) or (b) rather than somewhere in between. The reality is we're somewhere in between and therefore our needs still need to be met and addressed.

"It's about striking a happy balance between privacy and information – we don't want someone's being trans and having a body that's different to expectations to be a gossip item."

Discussion questions

1. What do you think Alison means by "talking about trans when trans isn't relevant"?
2. What do you believe the impacts would be on a trans person using your service if their trans status became a "gossip item"? What would your service do to make sure this did not happen?
3. What steps can your service take to assist trans people in documenting their end-of-life wishes?

Be respectful and professional
Respect privacy needs
Be attentive to legal rights

3. Beatrice: “I’m looking forward to life now”

I’m almost sixty-seven and I didn’t understand anything about the trans world until four years ago. That’s been a pretty huge leap for me, overcoming a lifetime of conditioning. When I look back there were tell-tale signs along the way that I never linked to my condition or the way I am in life. That’s possibly the background. I’ve got four children and many grandchildren. I’m still with my wife Mary, and she’s very supportive.

I never went to pubs unless it was for a meal with friends or business associates. I had an extremely quiet teenage years. I was a homebody. I didn’t get out. I didn’t feel I had links with the male community that went any further than, “How are you? How’s your wife? Good. How’s your footy team going? Yes, good. And the weather’s nice, isn’t it?” I needed people to be able to share things at a deeper level than I thought males could or would or did for me.

One of the big stressors over my time, one of the things that took me close to the self-harm area, was worrying about the effect I had on my wife and tearing her away from her friends by virtue of where I was at. While they said I couldn’t care, I said, “Well, if you want to” – you know, I told them so they could tell the congregation: If anybody was going to leave the church because of me, because it’s an older congregation, I said I would leave. We left that church and that was a very big thing for my dear wife Mary.

“I’m a better person because of this change that’s come roaring like an out of control vacuum cleaner through my life.”

The pain caused to my children, which is ongoing, has meant that I haven’t been able to see some of my grandchildren, or one of them in particular at all. I think I’ve probably been luckier than so many by having a caring wife. We’ve been married for over 40 years, so it’s a long-term relationship.

I now understand a lot more about how minorities feel and it’s been a wonderful lesson in humility for me. I’m a better person because of this change that’s come roaring like an out of control vacuum cleaner through my life. I’m looking forward to life now.

I first became aware of myself, what I was, at work one day about five years ago. My wife was away helping my daughter who had a medical issue and I was pretty down. I just walked out of my office, into my car where no one could hear or see me. I broke down howling unmercifully for ten minutes. Fortunately I rang a transgender support group. I felt so terrible and someone started talking me down. My self-image was an all-time low. I felt like the lowest of the low and that I was the only person in the world that was like me. I think that story is fairly common until we find there is a community of normal human beings around us that have a similar birth condition.

I broke the news to my wife soon after that day. She had just returned from helping my daughter and of course it caused hell on wheels. She couldn’t deal with it and had huge difficulties with it. But fortunately she’s put it on the backburner so I’m thankful.

The first time that I started to feel good about myself, that there are other humans like me, was at a trans event. Both Mary and I went to those events and had a wonderful time. Fortunately she saw how wonderful many of my brothers and sisters, mainly sisters, were.

I’m going to have SRS (sexual reassignment surgery) next week. I’ve been waiting for this procedure for eighteen months and it’s been a big thing on my mind. I’m interested in medical safety and looking after myself and I went and got the oestrogen implants. I couldn’t get them from an endocrinologist nearby. I had to go [interstate]. It’s been a very difficult wait, frustrating, because the endocrinologists don’t seem to understand. I’m concerned about the endocrinologists. Perhaps they’re just used to talking down to women, but it doesn’t feel like they’re at the leading edge of the support of transgender women.

My experience at the gender clinic – I started out with one psychiatrist, and he was good. The interface was a bit clunky it seemed to me, but they might be understaffed or whatever. I was in the self-deprecating mode at that stage, deeply in that negative territory. So I saw him for a long time. I saw the other senior psychiatrist for confirmation of the surgery, to obtain the agreement from two psychs for surgery intervention. Since

then I've seen nothing the organisation in terms of intervention, nothing like a counsellor from there ringing me to say, "G'day" or anything like that and I understand they do have a counsellor. So on the whole, pretty ordinary.

One of the major issues I found that the GPs I visited and the psychiatrists in my small town have very little active knowledge about folks like me. The GPs are just going through their training, it seems they're not even training them in understanding the transgender world at all. I'm having to tell them about stuff rather than the other way around. At the level of GP training I think there should be at least some attempt to make some progress in understanding transgender patients. With the surgeon, it was positive all the way from his receptionist down. He explained stuff well and that sort of thing.

The main important things for doctors is to recognise that the people they are dealing with often have experienced really tragic family rejection. Doctors should be prepared to recognise that and to understand that it's not something that we ask for, it's something that we're born with, whether or not you're going to have a late onset person like me or someone that knows that mum's dressed him in the wrong clothes from age five.

"No one wants them in the front office, no one wants them in the retail, it's just bloody tough, and we're humans first, we're just other humans."

Other issues are important too, like employment. It would be nice for people to know that if you employ a transgender person they're probably very likely to be a pretty loyal employee because they know that jobs aren't hanging off the wall for them. My friend had a number of interviews and they've told her, "There's no hope for you basically." This is because – they've been realistic saying, "You're a 50 year old person today to start with. Secondly, you're transsexual. Thirdly, you don't have a degree." So she's in a world of hurt. We know women who have been driven to the streets. No one wants them in the front office, no one wants them in the retail, it's just bloody tough, and we're humans first, we're just other humans.

One of the really big things I'm keen on is when transgender people get into aged care facilities to have at least some understanding of our rights as humans and to give us reasonable treatment which isn't necessarily the case when people don't understand other ways of life.

I think it's important to be presenting a human face to training folk in aged care establishments, just letting them see we're humans. This will help with delivering the understanding and acceptance to the wonderful staff that work in the aged care establishments. If they can understand this a little bit, it makes it easier easy for them to do their jobs. The more understanding you can get into that equation, the better.

Discussion questions

1. What do you think the cumulative effects of the rejection Beatrice describes might be (by her children, from her church)? How might they impact her experience of ageing?
2. What do you think Beatrice means by "when people don't understand other ways of life"?
3. Beatrice conveys the importance of going to a trans event in helping her and her wife feel good about themselves. What steps can you take to assist trans people access trans support services?

Trans histories
Be considerate of physical issues
Be respectful and professional

4. Caren: “All the shame came back”

Depraved is how I felt for most of my life. I mean my greatest fear in the world has been to be seen as gay, sissy, wimp, unmanly, because here I was living with my family and my brother. We immigrated to Australia when I was eight. I got beaten up and bullied as soon as we got here because I was different. I was absolutely sure I was only the person who behaved like this or felt like this or did this. That’s why I felt deprived. It’s like, you know, it’s the tribe thing, if you do something that’s different from the rest of the tribe there’s a terrible fear of being left behind – or cast out or ostracized or – punished. And I was desperate to belong to the tribe but unfortunately the tribe didn’t.

I felt ashamed of myself. It made me avoid situations. It used to horrify me and terrify me because I didn’t know how to talk like a bloke, or act like a bloke, I tried very, very hard. Blokes who are blokes know how to talk like blokes and they’re comfortable in blokey company. I never was. I’ve always adored women, females, girls. I’ve always had more girlfriends than you can poke a stick at, and I’ve always adored them so much. But at the same time I’ve always known that I didn’t want to have them, or seduce them, I wanted to be them.

I got married twice and had beautiful children. Neither of my partners knew that I had needs and leanings towards dressing and acting female. I hid it very, very well. I had stashes of clothing up over the ceiling tiles, there was stuff everywhere and it’s all still there.

Then I met another woman. We were very, very, very close, good friends. But before we actually made any commitments I outed myself completely to her, she was my fiancé at that stage. I remember I wrote her a 49-page letter. I had a cask of red wine and a baked potato in a little caravan and I wrote, and I wrote, and

I got drunker and drunker and wrote more and wrote more. It was an amazing thing. I told her exactly how I felt and that I needed to dress and that if she would accept that it would be wonderful, but if she couldn’t, well, I couldn’t hide it anymore.

She thought for about a week and then she said, I accept you as you are and we’ll see how we can work the need to dress into the marriage and we did. It was lovely for about three, four years, we’d go out together and she’d buy me clothes, and we’d dress up together and take photos of each other.

“I would love it if they would accept that I’m demonstrating to them that it doesn’t matter what you do as long as you seek your own happiness and do whatever it takes to find that.”

But after about three, four years, one day I remember we were walking along the road, going for a walk and I remember she said that she didn’t want to participate in that side of things anymore. She said that if I wanted to continue to dress and do that she’s perfectly happy for me to do it but she didn’t want to be involved. I felt like I’d been shot. All the shame came back. I moved out and lived in some pretty crumbly places for a number of years hoping for a reconciliation.

One of my sons has not spoken to me for two years. I left his birth family when he was six, he was quite angry then. I remember he bashed me up and kicked me and all kinds of things, he was quite angry. He’ll come around one day. I’ve explained it as much and as often as I could that I didn’t choose this. This is who I am, and that I would love it if he and the other children would accept it as a courageous strong thing to do. I would love it if they would accept that I’m demonstrating to them that it doesn’t matter what you do as long as you seek your own happiness and do whatever it takes to find that.

I wouldn’t say the children have been supportive. They have tolerated it, they’ve been amused by it and they are quite comfortable with it now. When I first started I tried not to dress as a female when they were with me and particularly if I went anywhere near their school or their friends. I’d go to their school functions and things like that as a male to avoid embarrassing them because kids can be so bloody cruel. They still call me dad or Andy. I don’t think either of them has ever called me Caren. Dad is fine. You know, it’s what they’ve always called me.

I found out there's a GP clinic, they are very kind to gay and lesbian and transgender people. I threw myself at one of the GPs and said, "Can you guide me through this process?" The first thing he did was to refer me to a psychiatrist. I went there once a fortnight for about five or six times and delved into things really, really deeply and he eventually at the end of that time, he basically assessed me as a true transsexual person and that he recommended that I begin taking oestrogen and at any stage he would fully support my application for any kind of surgery.

I am trans, I'm in a male body but I prefer to have a female personality so I can't avoid being trans. I am as close to female as possible. I realised that I'll never be female, I've got a male body with male genitals, so I'll never be female. But what we decided is that now I'm me. And the me that is real, the me that I'm expressing and demonstrating right now and living as, is as close to the female stereotype image as I possibly can. It's who I am. I feel that I have the kind of emotional life of a female person, I cry a lot. I've been doing this for three years that's all. And I'm having the most wonderful time.

If I won Tattsлото tomorrow I would book in firstly for facial feminisation, secondly for breast augmentations, and thirdly for SRS or GRS (genital reconstructive surgery). The surgery is quite expensive. People go to Thailand and get it done more cheaply, but there's so many horror stories.

On occasion I've thought I'd love to be in a nice old retirement home, wander down to the dining room to get dinner and things like that. But the organisation would have to acknowledge the fact that I choose to dress and act as female. I would need to be in a place where I was treated at all times as a woman, not as a transgender person, and not as a freak, and not as a weird person but purely as a woman. I could not live somewhere where I had to modify my behaviour or keep the staff and residents and management happy by trying not to come up against their preconceptions. But to walk into a place where I was dependent upon staff who don't have that awareness or that consciousness, I would find extremely difficult.

If I could not find a place that would allow me to be a woman I would suicide, without a hesitation because I will never go back to that pretence, to that vigilance, to that exhaustion of trying to keep everybody happy by pretending to be something I'm not. I'd rather die. I can feel the grief and the depression and the sadness. I've got a little teary eyes just imagining trying to live in a place where I wasn't able to be myself again. I did that for 60 bloody years.

"If I could not find a place that would allow me to be a woman I would suicide, without a hesitation because I will never go back to that pretence, to that vigilance, to that exhaustion of trying to keep everybody happy by pretending to be something I'm not. I'd rather die."

Discussion questions

1. Lots of trans people have similar experiences of rejection and abuse as Caren describes. How might this impact her need for services?
2. What would you do to communicate to Caren that she will be respected as a woman by your service?
3. Some trans people, like Caren, transition in their middle or later years. How would your service address the needs of a person who was transitioning?

Trans histories
Fear of discrimination in services
Be respectful and professional
Advocate

5. Gary: “We have to be a template for our own health”

I transitioned seven and a half years ago. I realised that some of the stuff that medical people say about our health is not true. There is no medical reason why we should have to have a hysterectomy. So all this bullshit of forcing people into enforced sterilisation is all lies and bullshit by the medical profession. Half the things they say is shit. As far as I can see I think we have to be a template for our own health. It's really important because it's only our own lived experience that is going to document it. The transgender clinic I go to, they are extremely transphobic.

This one nurse is a real prick. You know, he's just a transphobic fuckwit. He'll push young guys into conversations that they don't want to have with him. He's already supposedly had people come and educate him on trans stuff, therefore that says to me he is deliberately doing it. He is not even unconsciously doing it. He's deliberately doing it. It means he's a perpetrator. Like it sounds like it's nothing, but it does, it impacts on your mental health.

I had problems with him when I first was diagnosed [with a serious illness], because I just got sick, like really sick and now I'm very disabled. Anyway, I found out at the same time that I had to have another operation and a hysterectomy and you've got to do it in a certain way. So anyway, I rang the hospital because I was totally freaked out because of all the misinformation because everyone says, “Oh well, you either have it out as, you know, female and it's free, or if you get your Medicare sex listed as ‘M’, then you just got to pay for it.” I was very stressed thinking “Well, fuck, I haven't got any money to pay for it.”

“It was good to have someone who's talking to you about your health just like you're a regular person, like your body isn't really that different.”

So I went to see another GP and he was like, “Pigs arse. Bullshit. We have Medicare. You'll get it free. You have to have this out. It will kill you if you don't.” I ended up just going to the hospital. I got one of the top surgeons there, who was fantastic. Actually, the gynaecologist was unbelievable and the staff at that hospital were fantastic. It's weird that the clinic where we all get our [testosterone] shot is really transphobic, yet you go to the hospital with everybody else and I don't have any drama.

It's sort of funny that I ended up having to have a medical hysterectomy. For me I said when I had a hysterectomy, I'm anti hysterectomies, anti-Government forcing people into hysterectomies and them making out that it's all about health when it's lies. And its people saying, “Oh, you'll have to pay for it yourself,” when you don't. I think for me that is really important because that was one of the biggest things that stressed me out because I thought I had to find five grand for the surgery because of all their lies.

At the hospital where I had the hysterectomy, I haven't had any problems. I got one of the best gynaecologists and he was really cool and didn't feminise me at all. I did have an incident where one of the nurses wanted to catheterise me. There was a bit of language stuff and I just went into overdrive. It was just normal procedure with what you would do. It just was part of my body that I had gender dysphoria so it pressed that button, and they didn't realise that that they were doing that – but they got Lawrence in straight away, who's my carer, and he was like, “If everyone can just leave him alone.” He calmed me down and it was all right.

The care was good because they just didn't feminise me. The gyno didn't do the silly things that the gender clinic nurse does. Just because I didn't have a penis and I had a uterus, they didn't actually treat me like I was a female patient. It was just like whatever. You know, “We're going to do this surgery and this is what's going to happen.” I even went back in and he was like, “Oh, mate, I'm so sorry but we found ovarian cancer.” He said “I know how much you hate gynaecologists but you have to go and see another gynaecologist now and I'm really sorry.” It was good to have someone who's talking to you about your health just like you're a regular person, like your body isn't really that different.

He just talked to me. He was just a really nice person. All the staff were the same. Actually, they bent over backwards for us, Lawrence as a carer as well. As soon as he walked in, if he wanted anything they were just like, "Yep" and got whatever he wanted. He felt like he had a lot of power as a carer.

I'm lucky because there's these young people around here to help me. Like he is my nominated carer, but there's at least – there's like a team around me, like probably a team of 10 young – under 30s that look after me. It isn't just him. A lot of them will come and pick me up and take me to lunch at their place and stuff. So I'm pretty lucky actually. I get all these kids that their parents don't want them, it shows them chosen family is much better than blood family.

As a carer, they do seem to carry quite a lot of weight. Lawrence can go down and get my meds and sign things for me. It's really good, you've got this voice, so you're not really alone. If you go to the hospital by yourself it's hard to find nurses, especially when you're sick, whereas having him as an extra voice helps because he knows I'm like, "Don't let them do this. Don't let them do that." It makes a huge difference that you have a carer that knows about you and loves you, you feel a lot safer. The community is only small but it's quite close.

I just think, being sick – everyone knew that I was trans because of my situation and people didn't make a big deal about it, you just have a normal conversation. They don't have to talk to them about their gender or what they do. Just treat people like any other male patient that you have.

"I think different things will work for different people. For me the best thing was that they just treated me like any other bloke really."

What sort of stuck out for me was that, I mean, they talk about the public health system but I had my own room. I thought that was really gender sensitive that they'd organised it so I could have my own room. It helped to have my own toilet and shower and stuff like that so we could just shut the door. And that's under Medicare. I don't have private health insurance. So it really was a very good experience.

I think different things will work for different people. For me the best thing was that they just treated me like any other bloke really. And the first doctor he's just really interested in trans people and just talking about trans stuff and so it wasn't any big mystery or anything. And because he didn't feminise me, I didn't feel like a freak.

This has been the best seven and a half years of my life actually, I've been sick and argued with numerous people but inside internally I'm very happy.

Discussion questions

1. What myths about trans health and medical care does Gary describe experiencing?
2. What steps would your service take to ensure the privacy needs of trans people are respected?
3. How does Gary describe the benefits of having his carer Lawrence with him? How would you advocate for a trans person in Gary's situation who did not have someone like Lawrence?

Misinformation and no information
Prejudicial treatment
Be considerate of physical issues
Respect privacy needs
Advocate

6. Jeanine: “This room that I just didn’t enter”

I was sitting back the other day and thinking it’s like being in a house and you have this room that you never quite enter. Or you do enter it at times but then it’s shut off and you don’t go back in there again. I considered this a part of my life, meaning this room that I just didn’t enter. I knew that it was there but most of the time I tried to just shut it out.

I went to an all-boys grammar school and I can remember opting out of football and the more masculine activities that they used to indulge in. When I was about seven, I took part in an end of year school play where I took the part of a girl. This sticks in my mind, possibly because it was the one opportunity to be for a short time what I thought I really was. I had a female cousin come to visit us and she stayed for about two weeks. I wanted to dress as she did. I just had this feeling inside me that I needed to. But I never vocalised this to anyone. There was this 1950s attitude that you just couldn’t bring these things up for discussion at all. Not even with your parents.

I started teaching until I was medically retired back in 2002. During all that time I sort of shut it off. I did dress up in private and then I used to have this wave of guilt and you tried to purge all your stuff and try to get it out of your system. A few weeks later you’d start all over again. This was the pattern and you just get on with the normal things in life and ignore it.

I was married for 25 years. We had two girls and both those girls are grown up now. After I got married there was a bit of a gap, but I started to cross-dress again when I was alone. Then I did discuss it with my wife and she gave me permission to wear certain pyjamas and that sort of thing.

In the 1990s I had a very dramatic upheaval in my life because I lost my father. It caused a major depression episode in my life and I started wanting to wear more female clothes. I’ve been seeing a psychiatrist for the past 10 years now. He has suggested that when you have these sorts of dramatic events in your life you tend to – things that are hidden away tend to come to the surface. It was sort of starting to make itself more well-known in my whole being.

Being at home after I retired left me the opportunity to cross-dress when I wanted. Then just a couple of years after that, my wife went to work and never returned. She divorced me. So I was left alone. My eldest daughter sided with her mother and my youngest daughter sided with me. So I didn’t get to see my eldest daughter for a while. But I’ve sort of made up with her now and she’s come back to me. I think both my daughters may have guessed what my problem is, but I never vocalised it to them, I never told them.

“It’s great that just in the last few years, society is finally recognising that there are people with this problem and allowances are being made for them to, you know, deal with it.”

I don’t fancy going into an aged care facility or anything like that. I wish to be a totally independent person for the rest of my life. I don’t expect to surrender any of my feeling of independence. I make the decisions and I say what I want to do. I don’t fancy having somebody sort of saying, “Well you can’t do this” and “You can’t do that”.

In the last few years I’ve been actually accessing information online, then taking the step to attend a transgender support group. I go when I can because it takes me two hours train travel to get there. I joined the support group this year because I reached a point where I realised I’ve just got to be true to myself and you can’t have these places locked away in your mind. So, I entered that room. I decided that I can’t go on like this forever because I’ve just got to realise that I’m more of the female gender than I am of the male gender, let’s put it that way.

It’s great that just in the last few years, society is finally recognising that there are people with this problem and allowances are being made for them to, you know, deal with it.

For the last few years I’ve been seeing a new endocrinologist and he’s been good. I had some partial surgery done in the past couple of years but not the full part of it. I did have a really good GP, I was seeing

him for about six or seven years. He was open and helpful, sort of pre-empting things that I didn't see. But then a few years ago he suddenly upped and went and I then opted for this lady GP, and I thought she'd be good but I found when I mentioned this sort of thing she was very abrupt, she just couldn't understand my needs. She was totally against the idea of me being on a female hormone regime. So I sort of dumped her. I'm now with a very young guy and he understands my problem and he helps me wherever he can. I'm finding that a lot easier to deal with. It is still very hard for me. I can't walk into my GP and say, "Look, I'm doing this, this, this", although I have got a good GP, I don't, you know, push it too far.

The other professional experience I've had is with a surgeon who works at the city hospital. I had an orchiectomy and also a perineal urethrostomy in a public hospital and he did both of those and I found him very supportive and helpful. I've been pretty lucky in that I don't have any desire to travel overseas but that surgeon has limitations on what he can do under the Medicare system. If you go into a private hospital and have this sort of thing done, it's going to cost you heaps here.

I'm a private patient and I pay for private health insurance but I'll be put in a ward with men. That in itself I find not right. I find now that going into male toilets and things like that, I just can't hack. I've just had to do one of the bowel cancer things and on the form that I had to fill in to send back it didn't say "sex", it said "gender". So I crossed the whole lot out and I put "Not specified."

Another thing is, I've actually filled out this particular form for Change of Name/Change of Gender from my endocrinologist, but I haven't been able to complete it. I've got to have two signatures from surgeons, but I haven't been able to do it with the surgeon who operated on me. He wouldn't sign it because he didn't see me as being completely female. I haven't been able to pursue that any further. But it's another problem associated with transgender people that they may not look the gender they wish to be, but they have to be totally that gender before they're read as official – to be that gender.

I think the thing that it really comes down to for people like me is being independent, accessing services when you have to but also wanting your needs met in an understanding, relaxed way so that it doesn't become an issue, which can further cause problems because I'm not accepted for what I am.

"I've got to have two signatures from surgeons, but I haven't been able to do it with the surgeon who operated on me. He wouldn't sign it because he didn't see me as being completely female."

Discussion questions

1. Discuss how Jeanine's history has diminished her sense of entitlement. How can your service make sure trans people feel entitled to the care and respect everyone deserves?
2. How does Jeanine describe experiencing gender-segregated spaces? How can you structure your service so that divisions are not made by gender?
3. What problems does Jeanine experience with Medicare, hospitalisation, and changing gender?
4. How will your service ensure Jeanine's current gender is recognised and respected, and manage her records given that she is unable to change her legal gender?

Trans histories
Undo gender segregation
Be aware of document issues
Ensure administrative flexibility

7. Jody: “Yes I’m trans... So what?”

Looking back on my life, I can see that I was never a boy. I worked very hard for 60 bloody years to try to be the boy that everybody thought I was, well, wanted me to be. That’s what everybody else wanted me to be.

I’ve never really had any real bad experiences; some bullying at school but in my working life I never really had any specific issues. I probably sort of didn’t fit in but nothing was ever said, nothing was ever done. You just have that feeling that you’re excluded from certain things. School was difficult and I think it wasn’t only because of any gender confusion I might have had at that time. I think prior to school and particularly in primary school but all through, I was shut down a lot by my parents, not allowed to talk about things.

I went through school and university without asking a question. I wasn’t really aware of that at the time. I got lots of reports at school, “Could have done better.” I think I managed to avoid a lot of issues. But it created other problems too because it meant that I kept so much to myself. It just got too much for me and

“There were a lot of issues but because I was introverted and didn’t want to create a scene for my own protection, I think I was always on the alert for not doing anything that was going to create a situation.”

I had a serious bout of depression basically in every decade. Counselling didn’t seem to be an option. It was never given to me. I think my parents were told “He’ll get over it,” so they just ignored it or I was put on some sort of psychiatric medication. One time I was in hospital I was fortunate inasmuch that the institutionalisation was in single rooms, so I didn’t have to deal with the male/female ward situation.

There were a lot of issues but because I was introverted and didn’t want to create a scene for my own protection, I think I

was always on the alert for not doing anything that was going to create a situation. That is probably why I was late in transitioning. I never expressed any emotion. I know I wanted to cry a lot from when I was a child but I was hammered with the little saying which I could kill people for, you know, “Big boys don’t cry.” Anyway, I’m making up for it now.

I don’t know how many people transition in their late sixties. I suspect there are still quite a number out there that are in the closet, suffering from all that that entails. I think what it shows is the extent to which community attitudes have started to change, particularly in the last ten years. They got rid of a lot of legal impediments as well, which has helped. I got asked this morning what would have happened if I came out to my parents at twenty and I said “Well I wouldn’t be here now.” I’d have probably been to gaol for a start, who knows what would have happened after that and what career options would have been available to me.

I crashed and burned about fourteen years ago through overwork and the accumulated pressure from not being myself and suppressing emotions. I finished up moving from the suburbs to the inner city, right next to a community centre. It wasn’t a conscious decision. It was forced on me. I had a couple of years of not going out looking for work and wasn’t at all confident in my ability to go out and work. I finished up broke, homeless, no income.

When I moved, I needed to change GPs and I got directed to an LGBT clinic. That meant basically that I didn’t have to worry about whether I was going to be treated properly so that was that. The first question the GP asked me after I’d given my story was, did I want to go on hormones? I didn’t go there to go on hormones. I knew about hormones and I’d thought about hormones. In fact I’d taken some of the naturopath-type hormones before and it sort of took me rather by surprise that question and my immediate response was no. I think it was the next couple of appointments later where I asked him to tell me about it; what was involved, you know, the cost and all that. I thought about it and I said okay, go for it. So I went through all the hoops, which was painless except for the fact that I had to go through five or six psych appointments and fill in all the questionnaires and everything. But by that stage I’d been living as a girl effectively for six or seven years, so it was obviously a fairly pertinent question and a rather astute question too.

Since I went on the hormone regime my whole worlds changed. Emotions have come out and any form of “introvertism” – that’s a terrible word – has just gone. I’m just me. I just do what I want to do and as I said I don’t hide it. In fact, I almost feel like getting a t-shirt that says “Yes, I’m trans” and at the bottom of it in small print, “So what?”

But other things have changed too. All the senses seem to be so much more rich. I’ve always been an inquisitive person and I think I’m even more inquisitive now than ever. Now I’ll ask the questions. I won’t hold back and I don’t hold back telling people what I think or what I think they should do as a rule, but I’m much more sensitive to other people’s situations.

In aged care, I’m not overly worried or concerned about being trans because I’m so out with it. I’ll tell them what it’s like. But I can visualise all sorts of complications, like if I’m in a nursing home or a supported care environment where there’s still rigid separation of the males and females, where do they put me? It’s not only the physical side of it but let’s say they put me in a male section, how are the other residents going to take the fact that I’m going to look at times like a girl? If people are coming into see them, what are they going to say if they are asked why is that creature living in your part of the world? And again, how are the staff going to treat you?

“... with trans people your prior gender experience is probably something that most people don’t want to talk about.”

Things like the way that my daughter referred to me as her dad all the time we were together and were out with her friends and work colleagues. That in itself didn’t worry me but I could imagine in an institution if she came in and wanted to see her “dad” and I’m in the female section where I’d like to be, the staff might say “We don’t have your dad here”. I think the biggest thing I would wish for in terms of future care, for people to accept me as a human being without trying to put me in a particular category or giving me a label.

I think it needs to be reinforced as much as possible and that is we have histories that are not necessarily happy histories. There’s a lot of sensitive, touchy stuff there and I think the natural tendency for people is to be inquisitive. But with trans people your prior gender experience is probably something that most people don’t want to talk about. I’m probably a little bit different to most trans people in that I’m reasonably happy to talk about mine but I could envisage that a lot of trans people, even in my vintage, wouldn’t want to talk about or get caught into disclosing their past history.

Discussion questions

1. Jody points out that trans people are likely not to have “happy histories”. How would you be mindful of this in conversation, or if undertaking assessment or developing life stories?
2. What would your service do to make sure Jody’s gender is respected, including by other service-users and their families?
3. Talking about gender, Jody emphasises how she wants to be treated as “a human being without trying to put me in a particular category”. How would you do this?

Trans histories
Understand history
Undo gender segregation

8. Judith: “You’ve got to accept that people are different”

A trans person will go through various stages. Some transition early, some transition late and some transition midway. If they’ve got families then they’ve got all of those issues to deal with and if they’re employed they’ve got their workplace issues to deal with and it can be very difficult for them.

I’ve heard stories about trans people just simply dressing up at home and not being willing to out in public. They do it all at home. That’s their experience. So if they’re going to have those issues like that, well, you can imagine what it would be like if they were to go out in public, what difficulties they would have then. I mean, there is a support group, I’ve never been to one of their meetings, but as I understand it, people can go there and simply dress up and that’s it. And that’s for that evening, and then after that they revert to what they normally are. That is their one outing.

A difficulty too is a person may be transgender – well, a male to female, for instance, may not be completely female in appearance. Top maybe, but the bottom no. And this would be of a significant concern for a lot of people. I present as a female and I expect to be treated as a female.

If the trans person was willing to present in public as they want to be, and the more that that happens, the more people will accept them. But if it only happens spasmodically or erratically, then you’re not going to get the same reaction from the public because it only happens on odd occasions. But if you get a whole group of people doing it all the time, then it’s going to have much more of an impact, isn’t it? And there would be much more acceptance.

I have no problems at all in going out as I am. I mean, you’re always going to meet people who won’t agree with you, who don’t like you etc. You’ve got to deal with that.

I think a trans person has to go be prepared for the fact that they’re going to lose some friends, but also they’ll gain some friends. Not everybody will agree with what they’re doing, and they don’t want to be associated with them and it’s not necessarily that they dislike that person, it’s just that dislike what they are. If they lose a friendship because of who they are, is the friendship worth having in the first place?

I gather from other trans people that they live in a part of the country where transgender people are not very welcome, or not understood, and especially within families, because one person was ostracised by her family because she was transgender. And all that sort of thing and not being able to attend family functions. I see my family every weekend.

I was invited to a local women’s group by a friend of mine. We meet several times a week and have a chat. All my friends are heterosexual and I’m the only trans person, but they accept for what I am, for who I am. Gender has never come up as an issue. We talk about everything and anything, about what’s going on in the world for instance, contemporary issues, what’s going on in society, even politics.

The medical clinic I go to – I think they opened as a gay person’s clinic, so I don’t need to educate my GP, he educates me. If you go to a GP and that GP doesn’t know much about transgender issues, then you’ve got a problem to start with, because that’s why you go to the GP, to rely on their expertise. Where I am in the city,

there’s people who specialise in transgender issues, so it shouldn’t be a problem for anyone.

I’ve been talking to other trans people, and the normal process would be to go to their GP and the GP would send them to an endocrinologist who would do the testing, but the GP I have seen does all of that himself. So I’ve never seen anybody else. See, it’s beneficial for me too because if I have conditions which need to be treated in a holistic manner, then I’ve got the

“The medical professional, like any other profession, have to overcome their prejudice because if they don’t agree with a person being transgender, then they’re not going to be very interested. So they’ve got to have an open mind about it, and you’ve got to accept that people are different.”

one practitioner doing it, but if I see him for some things, and then go and see somebody else for some other things, you lose some of that holistic nature of treatment.

I guess as far as the medical aspect is concerned, a good place to start is in their medical training and get transgender issues as part of the curriculum. Although, I'm a bit surprised it hasn't happened before.

The medical professional, like any other profession, have to overcome their prejudice because if they don't agree with a person being transgender, then they're not going to be very interested. So they've got to have an open mind about it, and you've got to accept that people are different. And, of course, it's going to be a very long process because it'll take time for all that to filter through the profession and for a wider number of practitioners being on top of it.

One reason I would never entertain going into an aged care centre or a nursing home is because trans people are genuinely concerned if they were taking medication, which was very personal for instance, how that would be administered to them? And how they would be treated because they were trans people?

I think – if trans people just present as they are, they will find that the service providers will accept them. It may take them a day or two for them to get used to it, but I'd think it – after a while – it's their job to be reasonably nice to their clients anyway. But obviously service providers would need to understand the moods that the trans person is going to go through because they have to deal with issues themselves because – family issues, for instance, workplace issues and all of these things. So they've gone through a difficult period as well, so the medical practitioner or GP should really understand all of that and not add to it, but try to allay the trans person's fears, and just reassure. It all comes down to a bedside manner I guess.

Don't forget the trans community is really in its infancy, if you like. It hasn't been going on all that long. It hasn't had the prominence that other groups have had for as long. But that will gradually change and it is changing. So you've got to give it time to completely evolve, and it's evolving all the time.

If the trans person gets reassurance and they are reassured that they're welcome as an individual – then gradually their fears would be overcome as well, because they will settle in, and they'd be accepted and what more can you want.

“If the trans person gets reassurance and they are reassured that they're welcome as an individual – then gradually their fears would be overcome as well, because they will settle in, and they'd be accepted ...”

Discussion questions

1. Judith worries that being trans will mean she will be treated differently accessing aged care. What would you do to communicate to Judith your service is trans inclusive?
2. Many trans people share Judith's concern that they will receive prejudicial treatment because they are “not completely female in appearance”. Discuss how you would ascertain Judith's health and care needs whilst respecting her gender.
3. What do you think Judith means when she says staff have to overcome their own prejudices?

Fear of discrimination in services
Be considerate of physical issues
Be welcoming
Be respectful and professional

9. Laura: “I never thought I’d get old”

I transitioned very early in life and during that transition period before surgery no one prepared me or no one educated me on being an aged transgender woman. I never thought about getting old and I never thought about any issues relating to age, because I was a young naïve teenager who never thought I was going to get old. Now that I am older I find that I’ve been totally unprepared for the issues. You feel as if you’re just washed up old tranny². All my life I never really fitted in. As I’ve grown older what I’ve found is that you feel very much washed up and alone because I lost my partner, who died of cancer, and it was very hard to find another partner, not only that I could feel comfortable with after losing the man of my life but it was also that thing once you tell them ‘transgender’ it’s like – well....

“I really need the support and company of transgender women of my age ...”

Later in life, I realised I had all these co-dependency issues. I also had that issue of you’re not a real woman unless you’re hanging off the arm of a man. And then there’s the physical side of it, which is vaginal collapse because my operation was a very old technique. And you just get sick and tired of dilating, because that has to continue, and I haven’t become sexually active as I’ve got older. Not having a close knit family of my own, you sort of wonder where you fit.

I really need the support and company of transgender women of my age, who aren’t recently transitioned or recently had surgery. Unfortunately a lot of them are dying. When they are dying we go and visit them because they don’t have family – and they don’t have friends because they’ve been isolating towards the later part of their life. They’ve got absolutely no visitors, no family, no one.

I never realised until I got older the value I would put on my looks. The value I would put on my body. The value I’d put on my vagina and even on my breasts. The acceptance of my new breasts and the acceptance of my new vagina – it’s not as large, long and deep as it used to be and no one told me that my vagina lips were going to end up sagging. They’re just things that I never expected and I don’t believe that doctors or services are really aware of these issues.

A GP used to say to me, one of the great assets that transwomen love is their boyish washboard stomach. But he didn’t tell me I was going to lose it. It’s just devastating to lose it as I’ve got older. But who do I talk to about these kind of things? Who do I talk to about my vagina and my boobs and – it’s like there’s no understanding from – I could go to my GP and he just goes “Oh well, it’s all part of getting old.” It’s fine to say yeah, it does come with aging but – it’s just the education around what happens to a transwoman’s body as they get older. I am the only transwoman I know over the age of 60 who hasn’t had a hip replacement. Now no one told me it was a given, because of the hormones that we were taking in the 60s. No one told me that it was a given about what those hormones did to my bones and I’d end up needing a hip replacement. Some of the girls have had two hip replacements. I’m 63 and I’m going to see a doctor to hopefully get a hip replacement. And it’s all those kind of things we don’t know about. It’d be nice if some service was educated enough to tell us.

And there’s baldness. A lot of transwomen become bald and so there’s the wig maintenance and all that kind of stuff and that takes up a lot of their finance as well.

And then I’ve also found that I was taking the wrong hormones for many years because I never bothered going to doctors about my hormones, just the same GP, taking the same hormones. Then when I did finally go to someone at the age of 55 I found out there was all these new hormones and they were better for you than the old ones. I didn’t want to go to another doctor. I just stuck with the same old GP, because I didn’t want to go to a doctor and be asked to leave. That was my experience in the past. I had been to see a new doctor to get a jab because I could never give myself a needle. So I just popped in to a GP near my workplace and the doctor just looked at me and he said, “No, I’m not giving you that.” “Not only is it against my religious beliefs,” he said, “It’s against my ethical beliefs as well.” So I never bothered investigating another GP or seeking more professional advice.

2. ‘Tranny’ was a word used by some participants to describe themselves and their friends. To other trans people, this is an offensive term.

My age group, have this incredible old thinking, we're still back in the 60s. Like, we aren't aware of hormone changes, we're not aware of the fact that we have rights under laws and we're not aware of appointing power of attorneys and the importance of making wills. All this legal documentation that we're entitled to, none of us had it in place because we just weren't aware of it. I mean, we were always told that because we had the type of vaginas that we did, we couldn't get HIV or any of that kind of stuff³. It's all wrong information. And that was from my GP.

I know some girls who are over 55 and some of them have gone into nursing homes as men because that's the only way they could get into nursing homes. Even though they've had surgery, they've ended up going into nursing homes as men. To be a transwoman and try and get into a nursing home is very difficult because of discrimination. If you're applying for a nursing home and you put down transgender on them there seems to be never a vacancy. If you put down that you're a man you seem to get in somewhere quicker. They go in as men and they get a bed and then of course when it comes to the fact that they can't do their own personal care it's found out that they've got no male genitals or they may even have breasts and it's all found out.

"To be a transwoman and try and get into a nursing home is very difficult because of discrimination."

I negotiated a friend of mine who died, because she was actually buried here in Australia and I negotiated with the family: they wanted her buried as a man but after talking to them they agreed that she could be buried as a woman because she'd been a woman since she was 18 and she died at 73. They agreed to it on the condition that I put a photograph of her on the headstone as a boy. And so the headstone didn't mention her male name but it had a photo of her as a boy but I put one on there also of her as a girl. And there's a lot of trans girls who die here and they don't have all the documentations like Wills and what have you in place and so their families – I mean these are girls that have been living with it for years. Their families et cetera are contacted and they do what they want, not what the deceased would have wanted.

Discussion questions

1. How does Laura describe ageing and changes to her body image?
2. What larger problems in trans health care does Laura point to when she describes being on the wrong hormones for years?
3. How would you deal with staff or other service-users who raised issues for Laura because of their religious beliefs?
4. How would you negotiate with a family that wanted their relative to use your service as their birth gender (not their affirmed gender)?

Misinformation and no information
Be attentive to legal rights
Be welcoming

3. Trans women can contract HIV regardless of the kinds of surgeries they have undergone. There are no surgeries that prevent the transmission of HIV.

10. Leah: “They don’t know”

First of all, they don’t know. I don’t see there’s any need to tell the staff that I’m trans. There’s a couple here do know, a couple of the nurses I get on well with. I told them. They were in a state of shock. Once they got over the shock, they’re very good. One said, “Why in the bloody hell do you want to become a woman for?”

A short time ago I would never have disclosed it ... to anyone, you know. It’s only when I got on very well with a couple of nurses here that I started telling them. To say they were in a state of shock was an understatement.

In my case it was something that was decided very early. I can remember when I was three, there’s not a great deal to tell I don’t suppose. I had three brothers and they were all normal. I don’t know how you’d explain it but – the point is I knew from the age of three that I wanted to be a girl. My poor mother didn’t know what to do. I didn’t know what to do. My father was an athlete, expecting me to be the same.

The main thing is that, as far as I’m concerned, is that people are entitled to respect and shouldn’t have to cop shit from anyone just because they’re transgender. There’s a lot worse people out there than transgender people. The main thing, to be honest, as far as I’m concerned is that they keep their dignity. All they’d need really is just respect and concern.

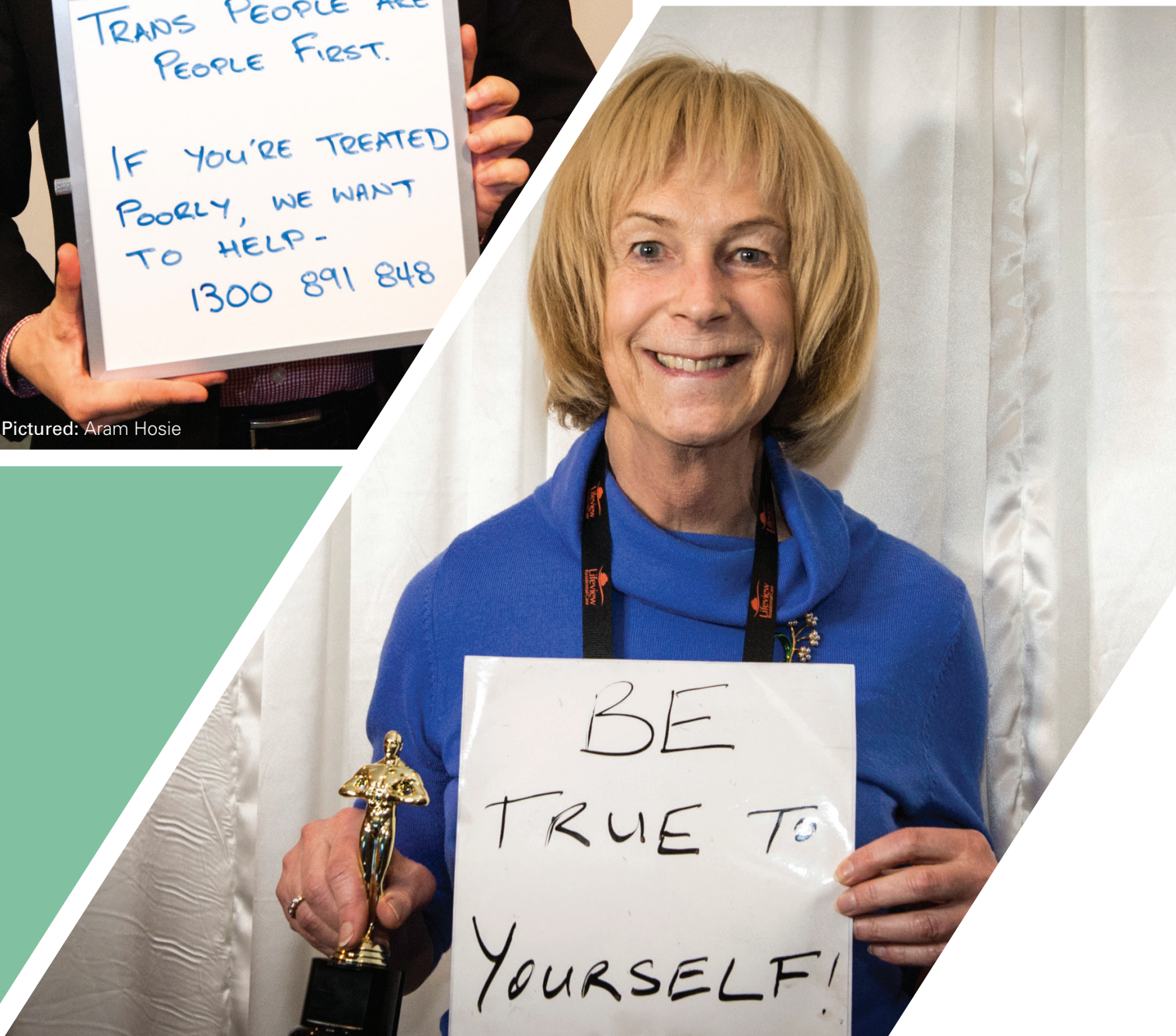
Discussion questions

1. Leah is living with dementia in an aged care facility. Why do you think she didn’t tell the staff she is trans?
2. If you were one of the staff she told, what would you say and do to assure Leah her privacy and dignity will be respected?
3. What do you think it means to care for trans people with respect?

Fear of discrimination in services
Be respectful and professional
Respect privacy needs



Pictured: Aram Hosie



Pictured: Brenda Appleton

WE'RE PEOPLE FIRST...

11. Meredith: “My gender is just part of who I am”

My transition in some senses was triggered by something of a crisis in my life. I was involved in an accident and it was the sort of thing that tells you that life is short and fragile. Something seemed to have snapped at that point, like you’ve been sort of not very successfully repressing something of yourself for the whole of your life and you could – I could no longer do it. For better or worse, I could no longer do it.

I got a job as a lecturer in a small town and I was there for about 16 years. It was different, I mean, in a small town they have different values, but they were still nice people. I began my transition and there was no issue there to people. I was going through a fairly androgynous mode of gender presentation. We had a couple of acres and chooks and a couple of horses and fruit trees. And here’s me driving out home from work, I’m driving in a sort of dual cab ute and I’m wearing an Indian sort of cheesecloth top and these loose clown pants, going into the feed store, to pick up some bales of hay and everything else, and it’s a place with these big boofy guys. They just pick up 40 kilo sacks and plonk them straight into the back of the ute and the guy looked me up and down and said, “Jesus, you’d scare the horses dressed like that.” And that’s about it. In other words, they accepted you for what you were. They would have a light hearted joke but that would be about it.

There was no gender clinic in the small town I was in at the time, but at the University where I was working, there was a man running a sort of gender program at the local hospital. So I ended up seeing him – he was an endocrinologist. And it was an interesting sort of relationship I had with him because he was a colleague. He was fine, it was relatively low key. In a sense he still went through the usual ropes. In other words, I had to see a psychiatrist. I only did that once. The psychiatrist was perfectly happy that my core gender identity was probably feminine and beyond that I wasn’t more than average sort of level of neuroticism, so that was fine and as soon as I came back to the endocrinologist he said, “Well, would you like to try hormones?”

But I know others who have had bad experiences with that psychiatrist as well. I really wondered what was different about me. With another woman I know this particular shrink seemed to be much more interested in policing her gender presentation. He commented why wasn’t she wearing a dress when she went to this meeting, and she took him over to the window and asked him to look outside at all the women walking down the street and said, “Well, how many of them are wearing dresses or skirts there?” So I thought his

engagement and that level of crude gender policing of the gender presentation, wasn’t terribly helpful.

“We all had our own anxieties about – what would the family think, what would other people think, what would my work colleagues think, how will this impinge upon our relationship with each other? All of those sorts of things we’ve had to deal with and negotiate.”

Then, basically bit by bit I came out to my partner and my family and sort of dealt with it – it makes life complicated. But it’s happened. We’ve gone through that process. I’m fine with my partner, I’m fine with my kids. It’s been a bit of a slow process. We all had our own anxieties about – what would the family think, what would other people think, what would my work colleagues think, how will this impinge upon our relationship with each other? All

of those sorts of things we’ve had to deal with and negotiate. It happened, you know, I’m OK and they’re more or less OK with what I’ve been through. There is probably a preference that things weren’t quite so complicated. Life always throws funny things at us, doesn’t it?

People are more complex than their gender. My gender is just part of who I am. It doesn’t define who I am. In other words, people are more complex than that. They’re more complex than their gender, their sexuality, they also have their political values, their social values, their broader cultural capital, their interest in the world, and what we do in the world, which is not defined by your gender.

Sometimes people deliberately misuse pronouns. Sometimes when it happens I’ll come back with a fairly bitchy comment, something like, “If you haven’t noticed, my name is Meredith.” I think there are people who

will do that quite deliberately. It doesn't happen often, and probably less than it used to. I used to find it very amusing in the past. I mean, even prior to transition, when I was talking to a stranger on the phone, more often than not I was read as feminine and then when they figured they'd made a mistake, people get so flustered about it. Because the first thing you have to do when you meet another person is tick the pink box or the blue box.

Unfortunately transgender is something which almost inevitably is medicalised. If you're gay, you don't have to have your sexuality facilitated by medical gatekeepers. Whereas if I'm going to go through gender transition, I have to work through medical gatekeepers: psychiatrists, general practitioners, endocrinologists et cetera et cetera, because I'm going to have to be taking prescription drugs over a long period of time. I'll be getting pathology tests about hormone levels and a whole range of other things. And I think the point is you have to see a person's gender identity as a way of being not a condition. It's a matter of seeing the person. And that involves a certain level of engagement and a certain level of respect for the choices that that person has made.

My legal name is different to my preferred name. I'll do something about it in fullness of time and all that. But, when I go to a general practitioner, they always say, "OK, now when you talk to me, what is your preferred name? What is your preferred pronoun for you?" "What's your preference?" And then they respect that preference. They respect the way you have chosen to live with your way of being and I think a lot of problems can be solved just by suggesting that this respect is important. It is a way of being, transgender has really operated in one cultural context after another. It's dealt with in different ways in different cultures. But it is just part of the rich tapestry of human experiences. It's a matter of respect.

"... the point is you have to see a person's gender identity as a way of being not a condition. It's a matter of seeing the person."

Discussion questions

1. What do you think it would be like for someone to use the wrong pronoun to describe you?
2. How would you ensure Meredith's gender is respected by your service?
3. How would your service manage the fact that Meredith's legal name is different from her preferred name?

Be respectful and professional
Be aware of document issues
Don't assume, listen

12. Philippa: “It’s a lifelong thing”

People don’t have surgery for fun. People need to understand it goes all the way back to early days. They’re not doing it for sexual reasons for God’s sake, you’re doing it because you feel like a female and you need to have all the things that females have. I mean, large numbers of people want to change their way of life in other aspects. There are a small number that want to change from one gender to the other, because they really don’t have any choice. In their own mind, they don’t have a choice. I don’t have a bloody choice, my God.

Some people don’t understand it’s not homosexuality. I think that there is definitely a necessity to have broader education so that society understands what being trans really is. I think more books need to be written on the subject too. Many books are a bit almost too distasteful, like a silly little whim or something, or a ‘habit’ or what have you. But there are a few which treat the subject of transgender much more seriously and look at its needs and all the rest of it in relation to society in general.

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

“Gender is socially constructed. You’re not born with it, as such. And you’re not born with gender behaviour. You’re taught how to behave from a very young age.”

The way you get people, the ignorant ones, to understand is by seeing the experiences of other people. We have to look at human society in the broadest context and not narrow it down to the majority view. The majority see the minority as somehow not going along with the so called normality. Rather than saying ‘this is normal and that’s abnormal’, you should say, ‘well, human nature is

very diverse and we should accept the diversity that exists’, whether it be people changing their gender or people becoming artists or musicians or something else, you know, whatever stirs them on.

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

I had a good relationship with my mother. She was a strict Catholic and so she had very, very rigid ideas. I don’t know what she understood about it but she didn’t object to my friendship with girls. Maybe she didn’t see it that way, I don’t know. When I eventually had to come out and tell her much later, she seemed to be just sort of very ignorant of sexual matters and – well, gender matters or whatever you want to call it. And, you know, she lived a very kind of sheltered life; I think she should have been a nun. I told her before I told anybody else, you know, I told her first, and she just said, “Oh, that’s okay. If that’s what you want to do”, that sort of approach. And I thought that was a pretty amazing understanding.

I think one of the most difficult things for a lot of trannies is that they have been rejected by their kinfolk. I have two brothers. They don’t accept me. Even though one of them invited me to come and stay with him at one particular stage, in his house. He’s married, and his wife was really fascinated by me. She thought I was like the ‘drag queen’ artist Carlotta or something. She was very fascinated and would ask me really stupid questions, which in the end I found very, very insulting. Stupid bloody questions she was asking, like I was some sort of freak. And I think that’s the sort of thing that happens with a lot of trannies, they get people that are curious for whatever reason. Maybe to satisfy their own gender position or something, which makes them feel better and someone else is likely to say, “Well, I’m much better than that person.”

I go to see a GP, she knows my background and she includes it in all the medical reports that she sends out. But I don't see her about transgender issues at all. I'm sure she doesn't see it as a problem anyway, and I'm getting on with my life. I don't think she sees me any different to other female patients that she has. Basically I'm treated like another female patient, most people just treat me that way. They don't treat me as something different. I'm very lucky in that way. They don't treat me as something special, or as something odd. Maybe I surround myself with very understanding people, I don't know. I don't see anybody these days about the transgender issues.

"... we need to try and get rid of misconceptions and see transgenders as human beings who have problems trying to live in a society which is mostly condemnatory. "

Most carers wouldn't have a clue about transgender. They have distorted views. So I think the first thing to do is to get them to understand why people actually do change their gender, and what's involved and all the rest of it, and understand all the problems that occur too. I think we need to try and get rid of misconceptions and see transgenders as human beings who have problems trying to live in a society which is mostly condemnatory. We need to make sure there is understanding that changing gender is a necessary move by certain people and it should be accepted. Females who change their gender to men are not doing it because they get more advantage as males. I think people should understand it's a lifelong thing.

[Service providers] need to understand what it's all about and get rid of some of their silly phobias they might have in their head. I think a common silly idea is that most people believe that transgender is just an extreme form of homosexuality. I think that's one of the things that really has got to be overcome.

I think one of the problems is that people that have been raised in a particular gender, and are satisfied with that gender, have no perception of what it could possibly be like to be transgender. They think it's odd of course, but they have no perception of what's involved in all of that. Not just, oh, one day, you're a male and want to become a female. It's not like that at all. It is something that, as I said, I think it's a lifelong thing. It's very deep seated, and they need to know that.

Discussion questions

1. What are some of the things Philippa wants service providers to know about being transgender?
2. How does Philippa describe her relationships with her family of origin?
3. What do you think Philippa means by "satisfy their own gender position"? Why is it important to respect trans people's gender without asking them lots of questions?

Understand history
Fear of discrimination in services
Don't assume, listen

13. Sandy: “A sparkle in the eyes”

I tried very hard to fit in with society. My parents knew about my transsexualism from a very early age. My father tried to have me cured of it with psychiatric and electro convulsive therapy. One psychiatrist taught me to lie. He taught me to lie to my father, to other psychiatrists and how to protect myself. And that was sort of the beginning of creating an alter ego with myself trapped inside. I got married three times, had four children, tried very hard to be normal.

“One psychiatrist taught me to lie. He taught me to lie to my father, to other psychiatrists and how to protect myself.”

I became a body builder at the request of some of my psychiatrists, they decided if I made the perfect male body I would be more happy with it. When I first met my psychiatrist, he saw that I was very feminine even though I looked physically masculine but feminine with my mannerisms, and he honestly thought I was

going to be low on testosterone. When he got the results back it was over producing by 300 per cent. He just said, “There’s no way we can make a man out of you because we would normally give you more testosterone but you’ve got more than you can handle.” And that was when they started me on the hormone therapy for female.

Someone put me in touch with a trans group, and one of the members asked me what my second alternative to transitioning was. I said, “What do you mean second alternative?” I said, “Look, you stupid bitch, if I don’t go through with something like this I’ll be dead in six months.” She said, “Ah, so that’s your other alternative.”

Someone once said to me “Sandy, you’ve got a sparkle in your eye. Can you tell me where that came from?” And I explained to him that I got it when I was in hospital for my surgery and all the packing had just been removed, and I was sent for a bath. I threw the required amount of salt in and turned the water on and took my dressing gown off and hung it up behind the door and turned around. I hadn’t realised before that there was a full length mirror on the other wall. And I looked at my hair – and, for five days in hospital the perm was still holding in well, the face was doing all right because I’d managed to bring my plucker in to the hospital with me, and it looked reasonable. Boobs were doing quite well, I was quite happy with that. And normally that’s as far as I’d look. But, of course, there was something different down below and it was black and blue and yellow and it looked like it belonged on the back of a Jersey cow, but it was the most interesting thing I’d ever seen in my life. And when I looked back at the face I saw a sparkle in the eyes that I’d never forget of a very contented woman looking at me. And that was sort of the most expressive experience of my entire life. That was the moment that I felt complete, you know, as a whole human being. From time to time the sparkle, it does fade a little bit in the eyes these days, but it comes back again.

“... when I looked back at the face I saw a sparkle in the eyes that I’d never forget of a very contented woman looking at me. And that was sort of the most expressive experience of my entire life.”

My youngest daughter and I get along fantastically. My eldest daughter never had much to do with us. Even beforehand. My ex remarried, there was no point in reintroducing me to the family apart from as a family friend. My

son talks to me like he talks to everyone else; occasionally. But he’s never been close to anyone, but it’s just him. Nothing personal. He couldn’t give a damn what gender I am. My youngest daughter has been delighted the fact that I’ve been myself for 20 years off the grog. She was 12 when I did my transition and she was delighted with it at the time because she could play with my make-up.

One thing we do find being trans, there’s a lot of people a little bit standoffish about relationships, more so in the lesbian communities and straight community. It’s almost as if you’re built differently even though when they find out that you’re built the same as them, they still can’t understand how.

The first relationship I had wasn't all that bright. It was when I was still pre-op, it started. And shortly after my surgery – well, by that stage she decided she wanted to become male and was having trouble handling the male hormones. They made her very angry. And very nasty. And the fortnight after my surgery I got raped in the middle of the night. I got out in a big hurry.

I'm not having any intention of suicide, although I had tried twice previously in my life to end it with medication and both times I was just caught unfortunate – well, fortunately I suppose now, but at the time I thought it was unfortunate. Now, these days I actually thank my father and those people for stopping me because had I transitioned even 40 years ago, I wouldn't have survived on the streets. Twenty years ago it was just acceptable. When I came out it had only been legal to be homosexual for five years and the police were just cleaning up the tranny bashers when I came out. You know, as if they were paving the way for me. But had I got what I wanted earlier in my life, I probably wouldn't have survived it.

I have had mainly hiccups with the local hospital. I didn't start a new file which a lot of trans people these days are doing, they're not recognising their old file at all. So there's no reference back to them. I had a lot of allergies and a history of medical problems, and so I actually changed the name and gender on my file. And someone in their great wisdom changed the gender back a few times until I went down to the administration office and got right up them.

The only other discrimination that I have found is with a mental health service. The head psychiatrist there does not like trans people. She was called when it was suspected I'd taken an overdose at a hospital one time. And anyway, she just walked in and said, "Oh," looked at the file, "One of those," and walked out.

But most doctors don't have much problem, there have been some with obvious attitude but they did see me for the minimum time necessary. And I just told my doctor I had known for 15 years, we started discussing my hysterectomy, and I said, "Well, it's about time I told you some facts of life." And she hadn't guessed it in 15 years treating me. She just didn't realise I was trans. It was only when it got to the stage where she started talking about gynaecological factors that I thought, "Right, it's probably about time I told you something, I don't have [a] quite normal system." And she was wondering why I hadn't had pap smears and the like. She thought I was getting them somewhere else where I was more comfortable.

Someone said, "What do you expect of your transition?," and at that time I said, "If I can blend in with the ugly women in this world I'll be happy," and because that has happened and I turned out a little bit better than even I expected. I never expected to be a Dolly Parton or a Marilyn Monroe or anything like that. I just wanted to be human. Because before that I didn't see myself as human.

Discussion questions

1. Why do you think Sandy "tried very hard to be normal"?
2. Like Sandy's doctor, you might not know if there are trans people using your service. What do you think it means to offer a trans inclusive service to everyone?
3. What do you think Sandy means when she says there is no "second alternative to transitioning"?

Trans histories
Don't assume, listen

14. Susan Baker: “It’s not the body that makes the person”

I still had a lot of people that call me “him, mate, sir,” and which sort of really annoys me. I just want people to realise that we should be named after who we identify as. I know it’s accidental. They go, “Oh, sorry, Susan, I mean she,” you know. But it’s probably one of my biggest bugbears, and I think that people who deal with trans people need to have the respect to realise who they’re talking to.

“... I spent a lot of money and I’ve worked hard to get to where I am. I don’t want to be called “he.” I just can’t associate with that at all.”

I’ve met lots of people in the community, half of them can read me – you know, it’s pretty obvious who I am. I mean I’m six foot two tall anyway, and I’ve got big shoulders. They sort of tend to go, “Wow, she’s big.”

Most trans people I know get their hairs up on the back of their neck if they get called by the wrong sex. I don’t know why it upsets me in particular. You know, I spent a lot of money and I’ve worked hard to get to where I am. I don’t want to be called “he.” I just can’t associate with that at all.

I’ve had a few people ask me if I’m okay, you know, “Your voice sounds a little bit funny today.” Had a woman in the supermarket the other day, I bought something, I wanted some cash out. The woman was training the young operator, and she said to the young operator, “This man wants some cash out.” And I went, “Look, boobies, long hair, long nails, what makes you think I’m a man?” and she said, “Oh, I’m really sorry about that.”

I’m six foot two, I put on my four inch heels, I go out to the RSL club, and I strut in like I own the place. No one’s gonna pick on me. So I’m one of the 13 per cent that don’t get picked on, I’m one of the per cent of trannies that are proud of who they are and don’t have any problems.

When I transitioned a lot of my friends found it difficult to accept who I was. I had Christians who prayed for my healing, I had friends who never wanted to see me again.

I divorced, and I was severely depressed, because I’d been married for over 30 years, I absolutely loved the woman, and when I wanted to change over, she said, “We’ll – well, you know, we’ll talk about it.” And we talked about it, and talked about it, and talked about it. And she saw a couple of programs on TV about trans people, specifically “*Becoming Chaz*” about Cher’s daughter [who transitioned to male].

And she said, “I can totally understand how hard it must be for you to not be the person you want to be, you have my blessings, let’s go ahead and do it.” So I went and got breast implants, and then I organised the surgery, and there was complications with the surgery, and she nursed me through that. She was fantastic. And I was falling deeper and deeper in love with my wife of over 30 years.

And then finally some months later, when I was up and about and working again, I was getting ready for work one day, and she came into the room and said, “I want a divorce.” And it absolutely blew me out of the water. You know, I thought we had a really good, strong relationship.

She said to me, “I’m not a lesbian and you are not the man I married.” I thought about it for 24 hours, and I said, “Well, I understand where you’re coming from, but it’s not the person – it’s not the body that makes the person, it’s the person inside.”

I look at myself in the mirror when I get up in the morning, and have a shower, and I go, “This is what I should’ve looked like when I was born.”

It’s a little bit alien to me still, because I spent so long married to a woman, and I’ve got two daughters. In fact I had a woman on the bus the other day, she was just chatting, and said she said, “You got any kids?” and I said, “Yeah, I’ve got two daughters,” and she looked at me, and she said, “You’ve got amazingly slim hips for having two kids.” And I said, “I was their father.”

If it was me in a nursing home, I'd say, "Hey, I don't care, you know, let everybody know who I am." I'm a female. Who needs to know that I was a man? I meet a lot of people and I don't say anything to them, and they just assume that I'm a big, tall, grumpy female. But the doctors know because, you know, they need to treat the differences.

Discussion questions

1. What assumptions did the woman at the supermarket make about Susan's gender? What was the effect of these assumptions for Susan?
2. Do you think aged care services need to know if someone is trans?

Understanding history
Don't assume, listen

15. Tanya: “We’re just normal people”

I started transitioning from birth. I never used to like getting my hair cut. I used to scream and kick and bite whoever was trying to cut my hair. And so they let me grow my hair long and mum used to make clothes for me when she made clothes for all the family, including herself, and it went from there.

And then I left home and went farming and I was farm managing. I had 600 acres – a beef run off and a dairy unit. When I was working the farms and everything I was still openly transgender. I never changed my voice for a squeaky gay voice. I’m straight up, I’m not imitation.

Some trans people have got their peculiarities. I’ve got this daggy old hair, it’s not healthy but it’s all I’ve got. I’ve been roughed up a few times and ripped clumps of hair out and left me bald patches till it grows back again. As for body hair well there’s a little bit of fine hair there but my legs and my front are hairless. . I was waxing prior to coming here – but being in hospital the nurses used to give me a shave with the old blade and made it grow again. [A manager in here], she got me an epilator and electric tweezer. I just use the trimmer on it to trim, otherwise it rips, puts gauge marks into my face.

Straight men, the yobbos, they don’t like the tranny women that they think are the scum of the earth. I’ve never had any problem myself as such. I keep to myself, I don’t crack onto anyone and they try not to crack onto myself, which is a good thing. But they should have a broad mind, be broad-minded and welcome. We’re just normal people – there’s no sex, drugs and rock and roll or anything like that. Getting to my age, we’re more conservative now than what we used to be in the old days, not that I was into drugs or anything or alcohol. I’m pretty straight all my life. The only thing not straight about me was that I emigrated. There’s been no issues, not here in this residential facility. No, just on the outside world it was mostly around the pubs with the alcoholics and drug addicts, they’d give me a hard time They’d call me a motherfucker and I’d just scream back “I’m a motherfucker, I’ll fuck your wife but don’t get up me about that, don’t chase me down the street”.

I’m Australian by choice. I’ve lost track of when I come here. I’m here and I’m not going to do any serious trouble apart from getting old and dodderly but I’ve had no trouble with the police, thank goodness, touch wood. I emigrated because I got tired of the rat race and family bickering and friends bickering, wanting their problems sorted out and more or less wanting a free ride and I thought well, I’ll emigrate and that will make it hard for them. If they want to come to Australia then they’ll have to come on their own and I’ll let them know where I’m staying. It took my brother nine years to find out where I was living.

My brother phones me up usually on my birthday and Christmas and Easter and that sort of thing. He phones up to let me know how the family’s going and who’s dropping off the perch and that sort of thing but no, he takes an interest in myself and lets me know that you know, we’re still family. If I want go back home he’ll help me go back, not that I want to but – it’s not got that bad that I want to leave. That’s about the size of it.

I’ve been going to my GP for over 20 years. I also see an endocrinologist, that’s a hormone specialist. I lost touch with her since I’ve been here, it just hasn’t worked out to get appointments to go back to her. I’ll have to get another one – it’s about time I had a medication review for the hormones because my GP was doing the blood tests as ordered up by the endocrinologist. She’d send him a letter to do the hormone count to adjust the medication that way. I’m not just shovelling hormones in my mouth for the sake of taking them. They get monitored. It was every three months, supposed to be at least twice a year and we just go there for a bit of a laugh, and a cuppa.

It’s a bit depressing living here. I’ve been here about three years. Three Christmases anyway. It’s good being here because we’re more or less trapped in the building. Everyone calls it like a minimum security gaol, once you get in you can’t get out sort of thing. I just like to watch television and lay on my bed and dream of the future, a future of being independent living. I’d like to get myself a few acres, have a bit of a garden and a few woolly sheep and a miniature horse and a couple of calves. I can be independent and have a bit of meat and a bit of poultry and be really independent and have a happy lifestyle sort of thing.

It's been a good experience here. There's been no issues. I had one – I won't go into that. One of the old boys took a fancy to me and got himself into the bathroom one night when I was down there toileting and roughed me up a bit, but we'll let that slide for now. He fancied me, he still does but I've tamed him, I just give him a peppermint from time to time and that keeps him at bay. I'm not on with anyone and I don't intend to be.

The good people here made my transition very smooth. I've had no issues at all. I was accepted straight off as one of the girls, one of the residents and there's been no transitional issues. Everybody accepts me as equal, and I accept everyone as equal. Tell service providers you just treat everyone as equal, we're all the same flesh, blood and bone. We're just normal people.

“Tell service providers you just treat everyone as equal, we're all the same flesh, blood and bone. We're just normal people.”

Discussion questions

1. How could you ensure a trans person's hormone medication is monitored appropriately?
2. Tanya lives in a residential aged care facility, but people can feel isolated at home as well. How would your service connect Tanya with others in the community to help ease her sense of being trapped?
3. What responsibilities do service providers have to protect trans people from discrimination by other service users?

Trans histories
Don't assume, listen
Advocate

16. William: “It’s probably not the issue”

I heard an ad for a transgender support group and I rang them, and they nearly hung up on me, and I said, “Don’t hang up, I don’t have another number,” and they ended up giving me the number for the gender clinic. But it was a battle just to find where to go, because I didn’t have vocab or knowledge. I didn’t really even think to go to a GP about it, because I just didn’t know where you went. I really had no idea. And then the gender clinic were fine. I didn’t walk in like so many trans guys saying, “I want surgery, I want hormones, I want this, that and the other.” I had no idea what I wanted. I just wanted to stop feeling like killing myself over it.

“Forms don’t work for me. Like I have a son, but I’m not his father. So who am I? I have a partner, but we’re both male.”

My partner’s gay, a gay man and has always been so. And you look at him, and you look how important it is to have community and people like yourself and – even if you don’t see them directly, even talking online, or just watching Pride. That sort of thing is really important.

Forms don’t work for me. Like I have a son, but I’m not his father. So who am I? I have a partner, but we’re both male. So where’s the wife? I often don’t use my partner as my next of kin, because he’s not very good medical next of kin. He works somewhere he’s not allowed to have a phone. It just doesn’t work. But my life’s not straightforward in any direction for any forms anywhere.

Slowly my medical history is being documented, being changed at the dental hospital I go to. My gender is changed and the hormones are registered, names changed, and all these things slowly happen over months. I wanted to go back again ‘cause I knew I needed a filling replaced. I went and this dentist was looking at the file, and she’s saying, “Oh well, I don’t see why we should treat you.” And I said, “Excuse me?” And she said “Well, these services are only offered to people who it’s worthwhile, that they look after themselves.” And I said, “I beg your pardon? What exactly is not right?” And she said, “Well, you clearly don’t look after your teeth, do you?” And I said: “I’m not sure what you’re referring to, because I have no gum disease, they are totally flossed. Like I do look after my teeth – “So exactly what are you saying?” And she said: “Oh, look, we just don’t look after people like you.” And I said: “Well, love, you just are. You’d better change that rule up now. I don’t care what you write on this assessment, but you’re putting me on the list.” Nine months later I still had a hole in my mouth so eventually I went to another service.

“We’re people first and trans people get normal medical problems that need to be dealt with.”

The number of panicked calls I’ve got off friends in casualty, “Oh, I’m here with chest pains, and they’re asking me about my testosterone, I’ve got chest pains.” You know, like fuck! They’re not getting treated for what’s urgently needed while somebody asks about trans history. We’re people first and trans people get normal medical problems that need to be dealt with.

I’ll say it’s possibly confronting to medical staff, that we are a trans person. But they need to try and put that at the back of their head, because it’s probably not the issue that you present with in casualty, or anywhere else.

In health services the forms are absolutely hilarious, because there’s male or female, et cetera. And that’s all right, and we should be glad there was, and “et cetera” – but you think hang on, I know I tick male if I’m down at Centrelink or somewhere, there’s no problem. But if I’m sitting at the doctor’s, do I really want to tick male? Because it’s misleading.

I’ve got paperwork issues. I haven’t had the hysterectomy, so I don’t have a male birth certificate. And I have not changed my gender on my superannuation account. Because I don’t want – when I’m dead and gone, I can’t fight the war. I can’t leave a mess for my son, I want the money released to him. He’s going to need it. I rang the superannuation and I said, “Well, how does it work?” And they were very nice to me, we had

a very open conversation as to why I needed to know. And they said, “Well, when we’re paying out on the money, the death certificate must match the person on the account.” He said, “We can easily change your gender for you, that’s no worries, but when your death certificate comes out, it’ll be female, and then the account will be male, and it might hold it up, there’s a possibility. And it’s up to the discretion of the person assessing your paperwork at the time.” Once again an individual, how friendly is that individual to us? So I didn’t change my gender on my super account.

The services that I have talked to – your ears do prick up when they say, “Oh, yes, we’ve had a trans person here.” You prick up and listen, and so far everyone’s failed dismally. They proudly say they’ve had a trans person, and then go on to tell you the story, and you think, “Oh, my God, you did that to them?” But they’re trying to learn. So that’s just what we have to expect on the path. Yes, a good story would help, that would be good. I don’t think service providers even realise what they don’t realise yet. How do we communicate to someone who has no idea what they need to know? They’ll have to prove it. That’s what’ll make me believe. And that’s harsh, but it comes from history of things not being right.

I tried to formulate an answer to what would you want someone to do, and the answer is to stop and look. When someone’s not doing something quite like everyone else would – they’ve hesitated in their chair, they’re looking hot and flustered, and there’s no obvious reason for it – stop and ask, “How could this work for you, what do you need me to do?” And if that were put into normal practice, it’d cover a lot more than trans. But it would cover trans too. ‘Cause it’d cover every aspect of every situation. “What do you need me to do for this to work?” “Oh, I need a towel over my genitals while washing.” Or, “I need my special undies from the drawer that have the tight elastic, I’m going off to this appointment – I need to get those out, that’s what I need”. And if they just went, “Oh, okay”, and got the ones you needed.

Discussion questions

1. When William says that ticking “male” at the doctor’s is misleading, he points to a tension between wanting to share all of his needs as a trans person, and worrying about prejudicial treatment he might receive. What can you do to communicate on forms that your service is respectful of trans people’s experiences of gender?
2. How would your service manage William’s difficulties with his documentation and his worries about his superannuation?
3. What do you think William means by “we’re people first” in relation to the story of his friend with chest pains who was questioned by staff about being trans?
4. How could you take into account William’s preference for a “stop and look” approach in your work?

Be respectful and professional
Be attentive to legal rights
Don’t assume, listen
Ensure administrative flexibility

PART 2: STORIES FROM SERVICE PROVIDERS

I. Anita's story: "She handles it"

As told by Holly, manager of a residential aged care facility

Anita tells me that when she was very little she didn't like the body parts that she'd been given. She did not want to be a boy. Her mother allowed her to grow her hair. Then when she went to school there was some teasing and right from the day she left school she has lived her life as best as a woman.

Quite a few ladies in the facility are from fairly strict religious backgrounds and then there's Anita. When you think of somebody who's probably in their 80s and somebody with quite a good facial hair, indicating male, comes in dressed as a lady, eventually questions had to get asked. The outcome of it is that Anita often tells everyone that she had a brain transplant. The staunchest Catholic lady in the building said, "Oh, the poor thing. Now I know what happened. When they gave her a new brain they gave her a female one and not a male one and that's why she is the way she is."

I've heard other residents ask her, "How come you grow so much hair?" She handles it. "Well, I just haven't had time to go and have it waxed," or something to that effect.

The worst reaction from having a trans person in the building came from a doctor. We had to call a locum one night because Anita was unwell. And we don't think to ever say anything. Now, he went in there and walks out and he shuts the door with a vengeance and looks at me and went, "I didn't expect that." And Anita would have heard it. I just took him away, "Can you just come with me." He goes, "You could have at least warned me it was something different." I said, "Excuse me, something different? That is a human being." He was – he was really angry. He said, "Next time if I come into this building and you want me to look after someone like that, I've got no problem but at least warn me."

I was really angry. I didn't like that. That's probably the most adverse reaction and this came from a doctor, and I found that quite appalling.

"Dignity is around people's preferences. Compassion is around their needs. Courage is around listening to them and the courage to stand up for them, for the vulnerable."

We make sure a group of staff went for training and we had the full day of LGBTI training. They just have to be professional. I've got staff from Africa, Islands, Asian, China and if you look at it from a cultural point of view, they've been really okay. We all learnt an amazing amount from the training last year. And we are plugging to get it done again this year for the

newer staff and all of us. I think it's one of those things that how you learn, you repeat, you repeat, you repeat.

One of the staff inadvertently wrote 'him' in her notes. The staff member that wrote 'he' I just said, "Please next time" write 'she'. He wasn't at fault either. He was new. Although he's seen her, he hasn't connected with her. We had an open discussion with staff around Anita and why "him" was not appropriate. And all the others had an input to that. So it's a way of seeing where they're at. So if you talk about the dignity, a dignity is not just around knocking on a door. Dignity is around people's preferences. Compassion is around their needs. Courage is around listening to them and the courage to stand up for them, for the vulnerable. If you listen to the needs of the individual, you're going to get there.

I think everyone just needs to be prepared and be prepared that the resident mix is changing fast. It's no longer just the chronic disease process. It's now a diverse range of chronic disease processes, but are related to people with different cultures. Now, we've all accepted different cultures. Different lifestyles. People live on the streets, alcoholics, schizophrenics, all that kind of stuff. It's not an issue any more. This will not be an issue one day, but you've just got to get from here to there to make it a non-issue. But this has a different stigma attached to it.

You have got to build trust. You've got to throw out trust to get trust back. So if there's somebody who doesn't want anyone to know, you're going to have to break down a wall of bricks to get inside.

Discussion questions

1. What do you think it would have been like for Anita to overhear the doctor's comments? How do you think Holly could have communicated to the locum to protect Anita from judgement?
2. Why do you think it is important that all staff refer to Anita as "she" in their notes?
3. Holly conveys how LGBTI training has helped staff to understand Anita's situation, but what other actions does she take to advocate for Anita?
4. How do you think the complexities of the workforce influence trans inclusive care?

Prejudicial treatment
Don't assume, listen
Organisational action
Advocate

2. Edna's story: "For Harvey, he's a woman not a man"

As told by Jason & Michelle, service providers at a residential aged care facility

We really didn't know a lot about this gentleman before he came in. We found out on the paperwork. When he came in, one of the staff went to assist him and got a terrible shock that – I'm saying "him" because that's the way he's living at the moment. He had a gender reassignment in 1975 [from male to female]. Quite a long time ago. And when the nurse was toileting him she noticed that his anatomy was different. And he just – he told her what it was all about.

She nearly fell over. She really got a shock and I'd been reading the paperwork anyway, by this time, when the nurse came to me. The paperwork was pretty clinical, it just said that he'd had the "gender reassignment". So then we start putting things together ourselves. The rest of the staff were informed and took it from there. There's been no issues whatsoever about his situation.

As far as the staff go, he's settled in well. His dementia has progressed now... but he actually lives here as a male. Dresses as a male. He blends in quite well. A very nice person. If you look closely you may think there's something a bit different because he doesn't grow facial hair. One of the other residents – one day I thought we were going to have a bit of a problem because one of the other residents apparently called him a "Sissy." He was going to knock him out but this other gentleman – it wasn't because he recognised anything – it was just that something that Harvey had said, to this old ocker Aussie – so thank God, there's

"The reason why this gentleman, Harvey, is living as a male here is because the son said, "If you don't - if you embarrass us and you don't dress like a man, you won't see any grandchildren.""

been nothing. But that's – I think that's just personality. Because they're on a table that's all men. Our biggest issues have been the family.

The children were only early teens at the time [of Edna's transition], and they're having problems adjusting – still 40 years later. The reason why this gentleman, Harvey, is living as a male here is because the son said, "If you don't – if you embarrass us and you don't dress like a

man, you won't see any grandchildren." So that's why he's living as a male here. Not that the son brings his children in much, but that threat was made. And there's issues over money and that's very distressing for Edna. So the biggest impact has been the family towards him. Not the staff or other residents.

So you can see this time and what the family has been through is impacting on this poor man who can't be who he wants to be. And that's the biggest – I think that's the saddest thing. Prior to him coming – or being admitted here, he was living as a female. Dressing as a female. So coming here has been a change – gone full circle back to – but not of his own choice. But he's accepted it. Because he wants his family. It's very sad. I think the issues though, have impacted on his dementia – family issues.

"So you can see this time and what the family has been through is impacting on this poor man who can't be who he wants to be."

He handled it better than the nurse did. Because to him, I think, it was probable that he's come across this several times. We don't question Harvey about it. If he wants to tell us stuff he does. And, he will talk from time to time, not so much now because of his dementia. Even with Harvey's dementia I think it's a positive experience that it hasn't impacted on the care that is provided to him.

He would've blended in as a female. This person, himself, as an individual. It wouldn't have been an issue. It was only the family. I mean

this is specifically for our organisation, we don't see it as a challenge. I mean, there's always challenges with everything. But different residents have different challenges. It will just be, a different type of a challenge but I think, from a service provider, with the right attitude, and the right approach then, it's providing a home for individuals to identify as trans. That is male to female – female to male, I think is very much achievable. And individuals, should feel safe that they will be looked after. And not ridiculed. And as we're saying, in

reality, and you're always going to get individuals. It would've been interesting to see if Harvey had, you know, come here as the gender he's chosen to be, and what reaction – that's the saddest part.

If Harvey decided one day that, you know, with dementia advancing and it gets to the point where he says, "You know what? I don't care what they say any more – this is who I actually am." He does, I don't know, maybe I imagine it, but with his dementia and in those little periods where he's really stressed with the family, he is more female than male. He would express himself more openly, be weepy and need that tactile, and a bit more emotional, I mean, that could be stereotyped. For Harvey, he's a woman not a man. I don't think he just woke up one morning and said, "I want to be a female" so he's probably had this all his life. He's a huggy, feely sort of person. When he's distressed it breaks down that façade that he has to put on here [of pretending to be a man].

And again, right now we can't do more than what we're doing right now. And we are managing our situations and we don't believe that these individuals are being treated in any less than what others are in terms of respect and dignity and so forth and probably the more that we can do for these individuals – but at the same time I don't know if Harvey's missing out or they're being restricted of living the life that they chose to and what not, so far I think we've done well within the policies and the means and the family. I think we just need to be open. Be open to things and not be so scared. Because I think a lot of people get scared. Because it's something they're not familiar with.

Discussion questions

1. Edna's family demands that she cannot live as a woman. Do you think this constitutes elder abuse? What strategies could you pursue to advocate for Edna?
2. When Jason and Michelle say Edna has "gone full circle back" they imply that Edna's femaleness was temporary, even though for Edna herself this is not the case. Edna's right to live as female is treated differently from other women because she is a trans woman. What services could be accessed to assist Edna to assert her rights?
3. When another resident calls Edna "sissy" do you agree this is an issue of personality or something more?
4. Jason and Michelle recognise that the façade of living as a man and the stress of her family's demands have a negative impact on Edna's wellbeing and seems to have accelerated the progression of dementia. Yet they do not know how to act in order to let Edna be herself. How would your service handle Edna's admission and family demands?
5. Do you agree there have been "no issues whatsoever" for Edna? Jason and Michelle emphasise that their service respects diversity and treats equally all of their residents. How does their handling of Edna's situation show how "treating everyone the same" does not work?
6. How does Edna's story challenge the prevailing view that trans people will "revert" to their birth gender if they have dementia?

Trans people living with dementia
Be attentive to legal rights
Organisational action
Advocate

3. Frances' story: "He just played along as the man he was"

As told by Susan Baker

I gained a position a little over 18 months ago driving clients around in the bus. They were looking for a driver and I had my heavy rigid licence. I had a few other qualifications that they thought would be useful.

But I'm pretty outgoing, and I just believe in being who I am. And therefore I've had actually no problems at all. I'm professional in my dealings with our clients, and they just treat me like a person, simple as that.

A lot of the older trans people hide their transgenderism, because they're worried about how they're going to be treated. And I think that back in the 30s, 40s, 50s, even the 60s, trans people were treated like they had a disease. They weren't treated equally.

And these older people they were fearful of other people finding out about them, including their friends and carers. They were fearful of being found out about being trans, because of a fear of retribution in their treatment.

I drive the bus three days a week. The first group I work with on a Monday is a dementia group. In one of the activity groups that I drive for, one person was trans. The only reason I know this is because I was in the shopping centre one day and Frances approached me, independently outside of work. He said, "Hey, you remember me?" And I said, "Yes, of course I do." And we had about like a half an hour chat standing next to the frozen chickens. Obviously you have to be fairly careful with that with client confidentiality, and of course the problems of conflict of interest. Like transporting this person as a client, knowing them after hours.

But it was interesting because he opened up to me and said, "Look, you know, these are the problems, I'm trans, I've never been able to transition because you know, I'm 82 now, and my family wouldn't have understood, my friends wouldn't have understood, so consequently I've never married."

None of the other people in the activity group at the centre knew that he was trans. So obviously he read me, and a chance meeting outside of work – he approached me and explained his situation to me.

He said to me, you know, "When I was growing up, if I'd said to my parents, 'I want to be a girl', they would've said 'What?'," and you know, put him in a Catholic priesthood, and just ignored him for the rest of

his life. So he said: "As a consequence I couldn't tell anybody about my desires, and I just had to live life as a single man. I'm not gay, I'm not interested in women, but I'm interested in men as a woman."

So he didn't want to become involved in any sort of "odd" – in inverted commas – relationship, because back in the 40s and 50s when he was going through young adulthood and teenage years – if he'd admitted to being gay or trans back then,

they all would've chastised him and said, "You're a fruitcake and we don't want to know you," and so he didn't want to risk that with his friends. So he just clammed about the whole thing and didn't say anything to anybody.

He's explained to me that as he got older, he was fearful of letting anybody know about his situation, because if he ever had to go into a nursing home and the nurses found out that he was trans or gay or something, that if he needed any help, they'd go, "Oh, I'm not going near him, he's weird."

And that was what made him refrain from admitting anything about himself to anybody in the organisation. He just played along as the man that he was.

"... he was fearful of letting anybody know about his situation, because if he ever had to go into a nursing home and the nurses found out that he was trans or gay or something, that if he needed any help, they'd go, "Oh, I'm not going near him, he's weird." "

The first time I met him I knew there was something different about him. I don't know whether it's intellectual or spiritual, or psycho-cosmic, or whatever it is – but you can just tell that there's something, a little bit different. And when he approached me in the supermarket and told me his story, it all of a sudden – the whole scene made sense, and I knew where he was coming from and all that sort of stuff.

I kept in contact with him for possibly 12 months or so, just to see how he was going. But he still hasn't come out to anybody, and it's a secret that he's going to take to the grave with him, and I reckon that's really sad. He's lived a lie his whole life. He could've been somebody completely different.

Discussion questions

1. What are some of the reasons older trans people “hide their transgenderism”?
2. Frances' story shows how there may be people using your service who would benefit from trans inclusive care, and that you might not know they are trans. How can you communicate to everyone using your service that it is okay to be trans and that trans people will be welcomed and respected?

Trans histories
Prejudicial treatment
Don't assume, listen

4. Gene's story: "Someone that understands"

As told by Loretta, a service provider at a residential aged care facility

This is a person who's lived most of their life as a male. Inside the house he had an agreement with his wife that he was allowed to dress as female. She had a masculine life externally but she said to me that the agreement with her wife was that dressing as a woman doesn't go out the front door. That never happened externally where it seems like she was almost the alpha male.

She's grieving because her wife died six months ago. She's grieving because her Parkinson's disease is progressing and she's losing autonomy and also has cognitive issues associated with that.

I think one of the huge frustrations is that someone who has been so much in control and stuff like that, then to come into residential care with a speech disorder, and the staff don't understand.

With the disease progression she's got all those classic almost male things. The male issues with Parkinson's is that she's been inclined to overuse her anti-Parkinson's medication, which drives up testosterone. Men often abuse the dopaminergic, the levodopa type medications because it feels good, it's the reward centre but it's also boosts your testosterone level. And yet she's taking oestrogen. I don't know if the taking oestrogen was kind of mood lowering so that the testosterone was mood elevating so that that was part of the drive where she started to abuse her medications.

She's too unwell to think about surgery. I thought initially with her gynecomastia [breast development] that she'd probably had implants but she hasn't.

"I think it is important to understand each person's journey and doing what you can to assist them on that journey."

The staff that I've spoken to have been fine – and I was very conscious not to direct their response. I asked one of the senior staff, "How were the staff on the floor managing?" She said, "Oh, I'm worried about one of the Indian staff members." So I spoke to the staff member and she said, "Oh well, she can be what she likes, it's not my issue. Like anybody – she can be who she wants to be and I don't have a problem"

I've heard people say, "Oh well the Indian staff don't cope well with hierarchy or they think that they're princesses." It's often that sort of generation where we think because someone comes from a [different] culture they will have a narrow view. I have not found that to be true.

I think it is important to understand each person's journey and doing what you can to assist them on that journey. But this particular person her journey is quite unique and different and well beyond my experience.

We have men's breakfasts where the men get together and have their eggs and bacon and talk about their manly things. It's a fairly feminine organisation and interestingly there's probably more males coming in as personal care workers than there have been before and that can be a problem too because one of the things

"Aged care can be very normative but it also can be quite liberating for people. And that depends a bit on the staff."

that we decided for the first week with this person was that we wouldn't have any male carers just as a precaution.

There's a paradox here which I can't quite nail down. Aged care can be very normative but it also can be quite liberating for people. And that depends a bit on the staff. I think the normative things are about you've moved into an organisation and we manage continence and falls and that can be very narrowing but – in some other ways the relationship that develops between residents can be really quite unique and affirming.

When people come into care we have a buddy system. We have a couple of residents that act as buddies and when new people come in they'll say, "Hi, my name's so and so, I've been here for a year and these are the issues that I had when I came in and so I can help you." That might be around broad multi system

disease or loss of autonomy. But we have no one with that kind of fairly different trans experience so I don't know whether you could call it like a community visitor or a friend, a counsellor or whatever it would be, but the feeling that most people have is that, yes, she needs a mate that can just say, "Yeah, I've been there, I understand your issues".

I'm still trying to get the right person to give direct support to this person in terms of their transgender issues. She needs one to one counselling or support. In our discussion, what this woman needs because she's in a very unique situation, I'm sure there are other people but none that we're aware of, is really someone that is either a friend or someone that understands the lived experience of transgender.

Discussion questions

1. What do you think Loretta means by aged care as both normative and liberating?
2. What would you do to make sure Gene's hormone medication was appropriately monitored?
3. What steps would you take to help Gene find more support and connect with other trans people?

Misinformation and no information
Don't assume, listen
Advocate

5. Lynn's story: "Left to his own devices"

As told by Matthew, a psychiatrist at a residential facility

There's a transgender person who is living in one of the nursing homes here and having lived for most of his life as a man. He is still pre-operative, he's identifying as a woman and cross dresses in a way appropriate to his identification.

He sort of lived and worked as a truck driver, a sufficiently masculine/macho pursuit for many years. He was taking hormonal treatment, I think, prior to entering residential care. He is not dementing but is very aware of appearing incongruous because the hormonal treatment that was prescribed was no longer being taken. So he's living as a cross dressing male in female attire but with the need to shave and being biologically male. His preference is to not have male staff attend to him. Female staff are uncomfortable attending to him because of their perception and expectation of the mis-match.

He started dressing as a woman whilst living at home and was taking hormones at some stage. He isn't taking hormones any longer because he's not considered to be appropriate for gender reassignment surgery. I don't know who made that decision but I'm assuming it was the gender clinic and that the decision was made on the basis of surgical risk because he's quite elderly. He's got a lot of medical problems which

"It's been a challenge having to educate the care staff about his particular needs and to at least allow them to develop an understanding and a tolerance of something that they wouldn't otherwise choose to deal with, or have a degree of comfort with dealing with. "

require him to be in high level residential care. And this would be regarded as an elective major operation which he may not survive. They may consider it inappropriate to prescribe hormones, which are obviously to facilitate the transition in the majority of cases.

It's left him identifying as a woman and dressing and living as a woman but obviously and unmistakably biologically male with no prospect

of reassignment. And he sticks out like a sore thumb in residential care – because he doesn't fit in with either group. He doesn't fit in with his female peers with whom he might identify and he's ostracised by the males. So he's pretty much left to his own devices with minimal family to provide social contact and support and staff feeling quite uncomfortable. So he has a single room. I believe, the point of which he declared his identity with the opposite gender essentially ostracised him from his family at that point. So they don't want anything to do with him.

Fortunately he doesn't have cognitive impairment so his environment at least can be enriched by things that stimulate him cognitively, whether it's books, television, magazines and trips out with a carer.

It's been a challenge having to educate the care staff about his particular needs and to at least allow them to develop an understanding and a tolerance of something that they wouldn't otherwise choose to deal with, or have a degree of comfort with dealing with. It's probably been about a two year process to get the care staff comfortable with it, compounded by the tendency in aged care for care staff to turn over fairly quickly. So it's an ongoing staff education project to allow them to deal with this one poor resident. And he has certain personality traits that even regardless of the transgender status would not endear him to many people. He's not a pleasant person. He's not an easy person to like regardless of how he identifies.

The decision to place him in the nursing home came following an episode of acute medical illness that rendered him physically incapable of looking after himself. There were attempts made to maintain him in a home environment with significant external support but the carers struggled to meet his needs. Whether that was partly because of their own reactions to the way he chose to present himself or partly a reaction to his personality which, again, as I mentioned was not – he wasn't the most endearing person at the best of times. So he's a large physically intimidating character who was verbally abusive and physically threatening at times – at least that was the reason that care staff chose to overt as to why the situation wasn't tenable.

It would have been useful to have had a greater emphasis on LGBT issues during my medical training. Having said that one of the most powerful experiences I have as a medical student was in the first year out when we were introduced to a transgender person who came and spoke to us for an hour about her experiences. It was one of the most powerful and resonating and enduring education imprint that I have had. The things that impress you tend to stick in the memory, to remain prominent after six years of lectures, this is something that I will always remember.

I think having exposure to one or two trans patients that I felt quite impotent in dealing with, I felt I had very little to offer. No one has got enough experience that I'm aware of to be able to speak authoritatively on this.

When you're providing services to a general ward, it's only half the battle to manage the needs of the patient. The other half of the battle is managing the staff and their anxieties around providing care to the patient, because the staff didn't know what to do.

The staff were highly anxious and avoided interacting with the patient which wasn't good for them and it wasn't good for the patient. The patient didn't have their care needs met. So having a better educated workforce would have helped me. Even if I had little to offer in terms of what I could do with the patient, to have staff who were better positioned to deal with the needs of that type of patient would have been invaluable.

"I think having exposure to one or two trans patients that I felt quite impotent in dealing with, I felt I had very little to offer. No one has got enough experience that I'm aware of to be able to speak authoritatively on this."

Discussion questions

1. How could staff be educated so their sense of a "mismatch" was not a barrier for Lynn or other trans people receiving care?
2. Matthew describes an atmosphere of "high anxiety" because staff do not know how to treat Lynn. How would you improve this situation in your service?
3. Why does Matthew say Lynn is "left to his own devices"? What would you do to combat the social isolation Lynn experiences as a result of "not fitting in"?

Misinformation and no information
Be respectful and professional
Undo gender segregation
Don't assume, listen
Advocate

6. Samantha's story: "It's about what makes you happy"

As told by Jayne Cummings, Tuohy at Hall and Prior Health and Aged Care Group, residential care manager

Sam came into us around about a year ago. When you spoke to Sam it was clear there was a lot of psychological issues. He kept himself to himself, he seemed quite depressed. About 7 months after admission Sam said to the lifestyle coordinator "Listen, I used to enjoy dressing as a female and was gay but my family wasn't happy with it"

Some staff were saying, "Shall I get the mental health team in?" I said, "Well no, because something's changed. We need to sit with her and find out what it is." We had a number of staff that went through LGBTI training and I feel that training definitely helped us because the staff that went they were the key staff that led the rest of the staff in responding to Sam.

We had a case conference with Sam and at that meeting she said, "I only really want to wear it in the bedroom." And she added, you know, "Just for a little bit." And I said, "Well, yep, that's fine. Then Sam said "so, sometimes I might want to wear my man clothes and I want to be known as Sam, or if I've got a dress on then I want to be known as Samantha". Sam started wearing a dress in her room some days and then from there it would maybe every other day. It would just be just a dress and she would really stay within her room.

As the weeks went by she would see that the staff were comfortable with it, but she would always look for recognition or acknowledgement. So she would often say, "I'm dressed as a woman today." So we would say, "Yep, and how are you feeling today, Samantha?" And she'd say, "I feel good." So I think it was that constant reassurance that she needed to know that we would be accepting.

We needed to introduce Samantha to the other residents gradually because we didn't want her to come bursting out her door and then her hit with this reaction of negativity and all these things that would then put her back in the shell of where she's come from. No other resident saw it as an issue. None of the residents have really been negative towards her at all which is great.

Then at one of our relatives meetings we had a few new families and with Samantha's consent I told them and there's never been that negativity because it's something that we've not hidden.

She first identified as a transgender in November and by January I would say that she started to wear her clothes more frequently. And for the last three months she's worn them every day. We've now got her a hairpiece and she wears makeup now as well.

The other day I said to her, "If you were to go out on an appointment now would you go out as Sam with male clothes on or would you go out as Samantha?" and she said, "I would go out as Samantha". I asked her, "What do you want to do with your male clothes that are in your wardrobe? Do you feel as though you still need them?" And she said, "No". She is obviously comfortable now. I don't think she worries as much now about what people think. And so now today she goes around every day as Samantha.

We knew we would need to do relationship building with the family because the family was obviously quite negative in the beginning. Sam has a nephew, he's her guardian, next of kin person. We had to talk to her nephew because he manages her finances. We can help to purchase these things Sam wants but obviously the funds have to be released from the family. That was where there was some difficulty with the family happened. Because of Samantha's psychological issues from an earlier age they said to us, "It's just behaviour. She's doing this for attention". Her nephew and his wife and the rest of the family would say that, you know, "You shouldn't encourage this". "He's only doing it for attention", and I just said, "Well, even if she is doing it for attention we've got to go with what she wants. And if it's a phase and it phases out in a month's time then fine, it'll phase out in a month's time, but we need to give her the opportunity to be able to express herself however she wants to during that time."

When the family used to come in there was that battle because Samantha would say, "I'm wearing dresses you know". So they would get into the conflict. So it would often end up being arguing, fights or whatever.

So I would meet with the family and say to them, "Look, I understand it is difficult for you, but we're here to care for Samantha and you have to be respectful of that, and if you can't have that non conflicting conversation with her as Samantha then she has every right not to see you ... if it upsets you by seeing her in a dress, then don't come in".

At the end of the day we're here for the residents and their rights that we're here to protect. So sometimes you've got to be respectful but take a hard line with them.

I did continue to speak to the family [over a period of 6 months] and I think it was two weeks ago the nephew came in and I said to him, "I would like to get some money please for Samantha so we can go and buy her a hair piece." And he said, "Yeah. That's

fine. It's the first time since she's been in care that we've actually spoke without screaming at each other". He said Samantha said to him, "I am a woman, you know". And the nephew just said, "It doesn't matter what I believe in, it's about what makes you happy".

Since then she can still have behaviours but she's brighter in herself. You can have a laugh and a joke with her; she looks out for other people. She just seems happier. And I said to her the other day, "And how do you feel about being here and is there anything else that we can do?" And she said, "Oh, I wouldn't want to go anywhere else", she said, "because nobody would accept me like you've accepted me here".

"So I would meet with the family and say to them, "Look, I understand it is difficult for you, but we're here to care for Samantha and you have to be respectful of that, and if you can't have that non conflicting conversation with her as Samantha then she has every right not to see you ... if it upsets you by seeing her in a dress, then don't come in". "

Discussion questions


1. What does Jayne do when Sam says "I used to enjoy dressing as a female"?
2. How does Jayne manage the conflict between Samantha and her family? What strategies could your service implement to manage Samantha's problems with her family?
3. What did Jayne do to advocate for Samantha?
4. How does this story differ from Edna's story?
5. What do you think it means to Samantha to have a place where she can be herself?

Be respectful and professional
Organisational action
Advocate

Support services for trans people

A Gender Agenda, ACT

Working with all those who do not fit cultural assumptions about the male/female binary, whether because of their gender identity, gender presentation, history or biological characteristics, providing support, advocacy, training and community development.

www.genderrights.org.au |  @AGenderAgenda

AIDS Council of New South Wales (ACON)

Working to end HIV transmission among gay and homosexually active men, and promote the lifelong health of LGBTI people and people with HIV.

www.acon.org.au |  @ACONHEALTH

Australian Transgender Support Association Queensland (ATSAQ)

Helps, advises and assists the transgender community in Queensland. Run by transgenders for transgenders and provides emotional/moral support for trans people, their families and friends.

www.atsaq.com

The Carousal Club of South Australia

A not-for-profit organisation that offers a social, support and friendship network to all within the transgendered community of South Australia.

www.carrouselclubofsouthaustralia.com.au

FTM Shed, Melbourne

A support group for FTMs and their allies located in Melbourne. The group meets monthly to obtain mutual support and gain resilience through sharing experiences of trans life. There are also social events, a clothes and book swap, and information sharing. Partners and friends welcome at the invitation of their trans man.

www.transshedboys.com |  @FTMShed

The Gender Centre

The Gender Centre offers a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. It is an accommodation and counselling service for gender questioning clients from the age of 16 and up. TGC also acts as an education, support, training and referral resource centre to other organisations and service providers.

www.gendercentre.org.au |  @thegendercentre

Gender Diversity Australia

A peer facilitated social hub for gender diverse people living in Australia.

genda.com.au

Genderqueer Australia (GOA)

A support organisation concentrating on helping people directly, for genderqueer or gender-questioning people, their family, friends and helping professionals. Also meets monthly in Melbourne.

www.genderqueer.org.au |  @genderqueeraust

GLBTI Rights in Ageing (GRAI)

A voluntary group that works to enhance the quality of life for GLBTI elders, focusing on improving GLBTI awareness in aged care services (both residential and community care). Also promotes healthy ageing and social inclusion for older GLBTI people through a range of events and projects.

grai.org.au

QLife

Australia's first nationally-oriented counselling and referral service for people who are lesbian, gay, bisexual, trans, and/or intersex (LGBTI). QLife provides nation-wide, early intervention, peer supported telephone and web-based services to people of all ages across the full breadth of people's bodies, genders, relationships, sexualities, and lived experiences. Call 1800 184 527.

www.qlife.org.au | [🐦 @QLifeAustralia](https://twitter.com/QLifeAustralia)

Queensland AIDS Council (QuAC)

An independent, community based LGBTI health promotion charity with programs in ageing and 2 spirit.

www.quac.org.au | [🐦 @QLDAIDSCouncil](https://twitter.com/QLDAIDSCouncil)

Transgender Victoria

Transgender Victoria (TGV) was founded to achieve justice, equity and quality health and community service provision for transgender people, their partners, families and friends. TGV educates organisations and workplaces on how to provide better services for trans* people, and seeks ways to provide direct services to the trans* community, whether in partnership with others or independently.

www.transgendervictoria.com | [🐦 @TransGenderVic](https://twitter.com/TransGenderVic)

The Seahorse Society of New South Wales

A social, support and self-help organisation for cross-dressers and transgender people, based in Sydney.

www.seahorsesoc.org | [🐦 @SeahorseNSW](https://twitter.com/SeahorseNSW)

Seahorse Society Queensland

A support and social group catering to the crossdressing and transgender community of Queensland.

seahorseqld.org.au

Seahorse Victoria

A support and social group for the Victorian transgender community and is the longest running organisation of its type in Australia.

www.seahorsevic.com

Sisters and Brothers NT

An advocacy and support group that celebrates gender, intersex and sexuality diversity that aims to create a society where diversity is respected and understood across cultures. Providing a safe space for Sistergirls, Brotherboys, Indigenous and non-Indigenous LGBTIQ people to come together to develop a stronger community, create social change and address issues of racism, sexism, homophobia and gender inequality.

sistersandbrothersnt.com

Val's Café

Working to improve the health and wellbeing of older LGBTI people through evidence-based education and research at the Australian Research Centre in Sex, Health and Society, La Trobe University.

www.valscafe.org.au | [🐦 @ValsCafe_AU](https://twitter.com/ValsCafe_AU)

WA Gender Project

A lobby, education and advocacy group for transgender, transsexual and intersex people, based in Perth.

www.wagenderproject.org

Zoe Belle Gender Centre (ZBGC)

An online space that offers support and addresses the inequities in the health and well-being of trans and gender diverse people in Australia.

www.zbgc.com | [🐦 @zoebelleGC](https://twitter.com/zoebelleGC)

