



## **Planning for later life: transgender people (January 2007)**

**Ref IS/30**

This Information Sheet refers to the situation in England. If you live in Scotland, Wales or Northern Ireland you may wish to contact:

Age Concern Scotland, Causewayside House, 160 Causewayside, Edinburgh EH9 1PR, tel: 0845 125 9732 (local call rate), website: [www.ageconcernscotland.org.uk](http://www.ageconcernscotland.org.uk);

Age Concern Cymru, Units 13 & 14 Neptune Court, Vanguard Way, Cardiff CF24 5PJ, tel: 029 2043 1555 (national call rate); website: [www.accymru.org.uk](http://www.accymru.org.uk);

Age Concern Northern Ireland, 3 Lower Crescent, Belfast BT7 1NR, tel: 028 9032 5055 (national call rate) Monday to Friday 10am - 12pm and 2pm – 4pm, website: [www.ageconcernni.org](http://www.ageconcernni.org).

This Information Sheet provides information on ageing issues for older transvestite, transgender and transsexual people and those planning for later life, as well as people who wish to offer support.

It covers in detail a range of social, care, legal and financial issues affecting older transvestite, transgender and transsexual people. It also includes some general information and a glossary, as well as introducing a number of new legal issues, with details of where to go for further information.



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## **What Is transgender?**

Transgender (or 'trans') is an umbrella term used to include many people whose lifestyles appear to conflict with the gender norms of society. It includes many types of people and lifestyles. A trans person is someone who crosses the conventional boundaries of gender in clothing, in presenting themselves, even as far as having many operations to be fully bodily reassigned in their preferred gender role.

In this Information Sheet we will be as broad as possible, providing information for all trans people, but there will be particular focus on those people who live their lives permanently in their preferred gender role. This includes transsexual and transgender people who may have many gender reassignment (sex change) operations and obtain a legal change of gender.

The reason for this focus is that trans people who live permanently in their preferred gender often face immense difficulties throughout their lives: with family and friends, with employment, government bodies and their health and care providers, amongst many others.

## **Types of trans people**

### **Transvestite people**

Transvestite people (TVs) enjoy wearing the clothing of the 'opposite' sex for short periods of time for sexual enjoyment or personal comfort.

Transvestites (sometimes referred to as cross dressers) are generally men who started cross dressing as they entered puberty.

As they get older, for many transvestites, the sexual enjoyment that comes with wearing the clothing disappears and dressing becomes more about relaxation and feeling comfortable.

For a few transvestite men this change may lead them to want to wear the clothing permanently. Some will decide that they are in fact transsexual or transgender and will proceed to living permanently in their new gender role, choosing to take opposite sex hormone therapies, and may even choose to have gender reassignment (sex change) surgeries.

### **Transsexual people**

Transsexual people generally identify as a member of the opposite sex from a very early age. When young, they will describe it as 'being born in the wrong body'.

At some time in their life, depending upon their personal and social circumstances, their family support and their own determination, they will seek medical advice, and many will be diagnosed as being transsexual. With medical support, they will start hormone therapies and begin living permanently in their preferred gender role. Most will proceed to have some, if not all, gender reassignment surgeries.

Those who change from being female to male are referred to as *trans men* ie they are now men with a transsexual history. Similarly those who change from male to female are referred to as *trans women*.

Gender reassignment surgeries vary depending upon birth sex and will be looked at later in this Information Sheet.

### **Transgender people**

Transgender is used as a very broad term to include all sorts of trans people. It includes cross dressers, people who wear a mix of clothing, people with a dual or no gender identity, and transsexual people. Nowadays, many people who present their gender in a variety of ways which are at odds with the norm consider themselves to be transgender.

There are also those who prefer in their day to day life to dress permanently in the clothing of the opposite sex, without any medical intervention at all. Their communities may not, in many cases, know of their birth gender.

**The three ‘categories’ above provide only a basic overview – trans people often have complex gender identities and assumptions should not be made about an individual’s identity. It is always best to ask if you are not sure.**

### **Sexual orientation of transgender people**

Although many transgender people identify as heterosexual in their preferred gender role, an almost equal number identify as lesbian, gay or bi (LGB). However they identify, trans people will have some legal issues in common with LGB people, particularly in relation to discrimination. But as their lives tend to be rather more complex, the consequences of discrimination may well be different. They are particularly vulnerable to being victims of transphobia in all walks of life.

## **Becoming trans when older**

You may be asking yourself whether you are transgender or transsexual.

Though most people have an inkling from much earlier in life, it is quite possible for older people to be questioning this. It may be that the death of a partner or retirement from work seems to have suddenly provided the freedom to think about what it is you might want.

Older people can successfully transition and start living part time or permanently in their preferred gender role. However, you need to be aware that treatments including hormone therapy and surgery are not without risk and the older you get the more difficult it may be to be healthy enough to undergo full gender reassignment or to fully transition to living permanently in your new gender role.

One advantage of transitioning later in life is that as people age they often become more gender neutral in their physical appearance. It can take very little – a change in shirt or a low dose of hormone therapy can be just enough to ‘tip’ you over to being seen as a member of your preferred gender.

### **What can you do to get started?**

- Contact one of the support groups listed under National Trans Support Organisations at the end of this information sheet and ask to talk to and meet other people who have already transitioned
- Ask them for details of any local support groups and consider attending one of their meetings
- Ask your GP for referral to your local psychiatric services for assessment and counselling

### **The transitioning process for older people**

#### **The assessment and transition stage**

Achieving gender reassignment is not easy. The process will take several years, involve several doctors and probably more than one operation. Even after someone has had the full surgery available to them (and not all people are able to have all the possible operations) the transsexual person will face a lifetime of supplemental hormone therapy and monitoring for possible side effects.

Most transsexual people first seek help from the family doctor, but typically s/he will know very little as it is unlikely s/he will have seen any other transsexual people during their medical career.

There are only a very few specialist clinics throughout the world, but here in the UK the transsexual person will generally be referred to one of the three main centres in London, Sheffield or Leicester. Initially a psychiatrist at the specialist gender identity clinic will assess the patient and establish a diagnosis.

To be diagnosed as transsexual requires three criteria to be met:

- The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment
- The transsexual identity has been present persistently for at least two years
- The disorder is not a symptom of another mental disorder or a chromosomal abnormality.

Generally a second opinion from another psychiatrist will be required to confirm the diagnosis. Usually there will then be an opportunity given to the patient to participate in an ongoing counselling programme, which may include family members.

When the diagnosis is confirmed, the difficulties of reassignment are explained and the patient is offered commencement of gender reassignment subject to their completion of what is known as the 'Real Life Experience' (RLE) or sometimes the 'Real Life Test' (RLT or, as some say, the real long time!). The process may seem long and hard but a period of psychological adjustment is essential to a person's future success in their new role.

The Real Life Experience involves the patient living for one to two years in their desired gender role. They will legally change their name, and much of their documentation. They will start hormone therapy: testosterone for the female to male (FTM) transsexual man and oestrogen for the male to female (MTF) transsexual woman. Gradually over the next few months they will begin to experience changes in their body. It is almost as if they are going through puberty again, but in the opposite sex.

## **The FTM trans man's transition**

The stages of an FTM trans man's transition include:

- Cessation of periods
- Increased sexual appetite
- Voice breaking
- Facial hair growth
- Development of a more muscular body
- Enlargement of the clitoris

Breasts will not reduce in size but after about a year of living in his new gender role he will undergo a bilateral mastectomy, which removes the breast tissue, reduces the nipple size and contours a masculine looking chest wall.

A hysterectomy is recommended when FTMs reach their early 50s as there is a slightly increased risk of developing cancer of the cervix.

Surgery to create a penis (phalloplasty) is difficult, though surgical techniques are improving and alternatives are available. FTM gender reassignment treatment is generally very successful in terms of enabling the FTM to resemble a biological man in day to day life, but the limitations of genital surgery will always mean that there will be circumstances in which he will have to disclose his past.

More detailed information on the FTM transition process and stages is available from:

- The FTM Network [www.ftm.org.uk](http://www.ftm.org.uk)

## **The MTF trans woman's transition**

The stages of an MTF trans woman's transition include:

- Reduction in sexual appetite
- Change in body shape
- Some breast growth
- Softening of the beard

However, electrolysis or laser treatment will be necessary to remove facial hair altogether. Her voice will not rise in pitch and the MTF may well need speech therapy to help achieve a more female tone to her voice.

If she has suffered from baldness, she may find that she will have some hair re-growth, but it will rarely be sufficient not to need some supplementary support such as a wig or a hair transplant.

One to three years after starting living in her new gender role she will undergo genital reassignment surgery. These surgical procedures are now, on the whole, very successful and after some time many doctors could not tell that the transsexual woman had had a surgically created vagina.

More detailed information on the MTF transition process and stages is available from:

- The Gender Trust [www.gendertrust.org.uk](http://www.gendertrust.org.uk)

### **The longer term prognosis**

The prognosis for the transsexual person is now exceedingly good, hormone therapy and surgery having been greatly refined. There are still some long term health risks being discovered, as for the first time ever we see a cohort of people who have been living post-operatively in their new gender role for over 20 years. However, several follow up studies have shown success rates of over 97% when assessing elements such as friendship networks, social skills, personal sense of happiness and the question of whether the right decision was made. At the same time, it is important to be aware that many risk losing their job or housing on transition, that their personal finances will suffer and that they are at a greater risk of becoming a victim of harassment or assault. Like racism, sexism and homophobia, transphobia is also endemic in our society.

### **The limits of transitioning when older**

All of the above stages are possible for older people, and people have successfully transitioned in their 60s, 70s and 80s. However, the older a person is the more they are likely to have some problems with either the hormone therapies or possible surgeries. This will mean they will be advised to use lower hormonal doses.

In addition, the older and less physically fit a person is, the less any surgeon is likely to want to undertake major surgical procedures – gender reassignment surgeries are major procedures often requiring the patient to be anaesthetised and in an awkward position for several hours.

Where a person has been a heavy smoker for many years, and this is combined with cross-sex hormones (particularly oestrogen therapies for trans women), gender reassignment surgeries produce a high risk of embolism and again a surgeon may refuse to operate because of the risk to the patient.

This is also the case if a person is older and overweight. Surgeries often produce very poor results for both overweight trans men and trans women. Those who are older who may have complex chronic diseases already, such as thyroid imbalance, which cause weight gain, may have to forego many of the gender reassignment surgeries.

However, there are less arduous alternatives not involving major surgery. It is very important, therefore, for older people who are transitioning to seek specialist counselling to learn to live in their new gender role despite retaining their former genitals.

### **Useful resources**

- The Gender Trust and the FTM Network (see the list of National Trans Support Organisations provided at the end of this information sheet) can provide high quality advice on the possibilities available for those who cannot undergo all of the possible treatments.

### **Getting older when trans**

Depending upon the age at which you transitioned and when that was, your experience of being trans will have been different. If you are now 60 and transitioned when you were 20, you will have had a very different life and faced very different issues from someone who is now 60 who transitioned when they were 55.

Very little is known about what life and health will be like for older trans people. It is only now that we are seeing the first generation of trans people who have taken hormone therapy for 30 years or more, and who are living with gender reassignment surgeries performed using the very different techniques of the 1960s and 70s.

As such, you are very much in the vanguard and it will be necessary to collect and monitor data before we know more about what it is like to have an older trans body. Also, the experiences of older trans men and older trans women will be different.

### **Being a healthy older (male to female) trans woman**

Female hormones work very differently from male hormones. We know female hormones soften the skin, but we do not know whether they will guard against heart disease, or put you at greater risk of breast cancer.

But there are some things we do know:

- As you get older, most trans women find they 'pass' more easily. This is because older women tend to naturally develop more masculine features as their natural oestrogen level drops. So the difference evens out.
- We do know that oestrogen puts you at higher risk of thrombosis, which can be fatal. As such, you should have already stopped smoking! If you get any pain in a limb and if there is a red patch on the limb, you should seek medical advice immediately.
- Following administration of anti androgens (drugs which block testosterone production in the male to female trans woman) there may be an increased risk of stroke and arteriosclerosis and liver disease. Ensure you take advantage of annual health checks.
- We do know that if you had an 'old style' vagina made from part of your sigmoid colon you should be aware that it will not naturally stay open as a void, and if you wish to continue to have sexual intercourse you should continue to dilate daily.
- We also know, from other diseases, that the sigmoid colon is more prone to developing pre-cancerous and cancerous cells, and if you have bleeding of any sort from the neo-vagina on a regular basis, you should ask for an examination and for a sample to be taken for biopsy.
- We know that oestrogens increase your risk of breast cancer and that men can get breast cancer, even if much less frequently than women. As such, you should ask your practice nurse to give you advice on how to examine your breasts on a regular basis and visit your doctor if you have any reason to think you might have a lump, or you get a discharge from your nipples.
- We know that many silicon implants have not lasted as long as it was hoped they would. If you have breast implants check to see if they have become either hard or soft. Either way, ask your GP to check it out and if you have any doubts ask to be referred to a plastic surgeon.

As for everything else, we know very little. If you sense, see or feel anything peculiar about your body, get yourself checked out. If it is found to be any issue which might be related to hormonal therapy or surgical treatment, please report it to the Gender Trust (see the list of National Trans Support Organisations provided at the end of this information sheet).

## **Being a healthy older (female to male) trans man**

Male hormones may sometimes feel like the fountain of youth, and there is little evidence in the literature of problems developing because of taking testosterone. However, whereas you may well be only 60, if you have taken testosterone for 40 years then you are now 40 years post menopausal. In other words you have the reproductive system of a 90 year old woman. Ouch – sounds terrible doesn't it?

Here are some of the things we know about being an older trans man:

- As you get older, most trans men ironically find they 'pass' less easily. Older trans men tend to appear even smaller than ever, and what has been your natural speaking voice for many years may start to develop an effeminate tone to the listener. This is partly to do with your original female socialisation, when you would have developed a feminine form of speech and got used to using your hands more often when speaking. If you listen carefully to how you sound, you may be able to avoid these pitfalls. But to look other than a very petite man, most of you will have to develop walking tall and maybe even put some weight on.
- We know that if you stop taking testosterone after several years, because your ovaries no longer fully function, you will suffer from a shortage of base hormones and be a prime candidate for developing osteoporosis. You should not stop taking, or lower the dosage of, your testosterone without seeing an endocrinologist for evaluation.
- The side effects associated with testosterone replacement therapy include acne, cardiovascular disease and, in some cases, abnormal liver function. You should insist on annual health checks.
- We do know that if you still have your vagina, that it and the area around it, including the clitoris and urethra, may well now be very old in post-menopausal terms. You may have problems of sensitivity and pain if you have intercourse, and sometimes sores developing on the skin and the clitoris. You should ask to be referred to an endocrinologist if any of these things happen, as topical oestrogen cream, which does not affect your testosterone levels, may resolve some of the problems. However, it needs to be prescribed by a consultant as there is a high risk of stroke with oestrogen if you have ever had migraines or similar headaches.
- Bearing in mind the elderly state of your genitals, you should ensure you always practice safe sex, even with a regular partner, as you are more likely to have some bleeding or erosion of the vaginal walls.

- If you have not had a hysterectomy, there is some limited evidence of a risk of developing pre-cancerous cells at the cervix. You should consider having regular smear tests regardless of whether or not you have ever had sexual intercourse. If you do not like the thought of a smear test, then you should seriously consider having a hysterectomy and should ask for a referral from your GP.
- If you have had genital reconstruction and have had a urethral extension either to the tip of your clitoris or through the neo-phallus (your penis) you may have problems of urethral stones. These happen when hairs (on skin originally elsewhere on your body) grow in the urethra and the ureic acid builds up on the spot forming a stone. If you have any problems of urinary flow, or have a boil develop on your penis, or pain or difficulty when urinating, then ask your GP to arrange a urine flow test.
- We know that breast removal surgery decreases your chance of breast cancer. However, when trans men have their breasts removed and their chests reconstructed not all of the potentially cancerous glands are removed and there are reported cases of trans men developing breast cancer. As such, you should examine your chest on a regular basis and visit your doctor if you have any reason to think you might have a lump, develop an inverted nipple, or you get a discharge from your nipples.
- We know that many silicon implants have not lasted as long as it was hoped they would. If you have a testicular implant check to see if it has become either hard or soft. Either way, ask your GP to check it out and if you have any doubts ask to be referred to a plastic surgeon.
- If you have a penile prosthetic implanted into the neo-phallus in order to have an erection, remember they have a limited life span of 10 to 15 years. Check yours out on a regular basis even if not having a sexual relationship. If it won't fully inflate or easily deflate then ask to be referred back to the surgical team which inserted the implant.

As for everything else, we know very little. If you sense, see or feel anything peculiar about your body, get yourself checked out. If it is found to be an issue which might be related to hormonal therapy or surgical treatment, please report it to the FTM Network (see the list of National Trans Support Organisations at the end of this information sheet).

## **What you can do to help yourself**

- Contact the relevant national support group/s from the list of National Trans Support Organisations at the end of this information sheet and ask to talk to and meet other trans people who are also older.

- Ask for details of any local support groups and consider attending their meetings.
- Ask your GP for an annual referral to endocrinology services for assessment.

### **Useful resources**

- A Leaflet on Transsexualism and Osteoporosis can be obtained from the National Osteoporosis Society, tel: 0845 130 3076 (Monday to Friday 10am to 4pm) [www.nos.org.uk](http://www.nos.org.uk)
- “Current Treatment for Female to Male Transsexual People and Transgender People” is available from the FTM Network, BM Network, London WC1N 3XX, £3.00 including p&p
- Transgender Health Archive [www.transgendercare.com](http://www.transgendercare.com)

### **The Gender Recognition Act: The basics**

The most significant legal change for trans people has been the Gender Recognition Act 2004 (GRA) which came into force in April 2005. It affords full legal recognition to a transsexual person's acquired gender. A transsexual person is someone who is living permanently in their acquired gender role and intends to do so permanently for the remainder of their life. Surgical procedures are not a pre-requisite for Gender Recognition.

### **What Gender Recognition means**

The GRA enables transsexual people to apply for 'gender recognition'. If successful they will receive a *Gender Recognition Certificate* (GRC). Those born in the UK will also be given a new birth certificate. On receiving a GRC, the trans person must be treated as their new sex for all legal purposes.

A GRC also gives the trans person enhanced PRIVACY rights, which mean that great care must be taken by all official bodies to ensure they do not disclose that the person is trans without the express permission of the trans person.

The Gender Recognition Act allows trans people to be recognised in their new gender for all legal purposes, including marriage and civil partnership, and gives them legal protection from others who disclose their status without their permission.

### **Further information:**

- The Gender Recognition Act Information site at [www.gra-info.org.uk](http://www.gra-info.org.uk)
- The Gender Recognition Panel, PO Box 6987, Leicester LE1 6ZX. Tel: 0845 355 5155 [www.grp.gov.uk](http://www.grp.gov.uk)
- Press for Change at [www.pfc.org.uk](http://www.pfc.org.uk)

### **Financial issues**

Financial matters can have additional problems for older trans people, who may have lost some pension benefits due to employment and family disruption if they transitioned to living permanently in their new gender.

The change of status on obtaining a gender recognition certificate (GRC) can also result in changes to benefit qualifications and professional advice should be sought in advance of any legal change of gender.

It can also impact upon a trans person's tax liabilities, pension benefits and credit status and trans people are recommended to take pro-active steps to protect their interests as much as possible.

### **Pensions for trans people**

An advantage for a trans woman of applying for Gender Recognition is being able to receive the state pension at the age of 60.

For trans men the rules are reversed. When awarded a Gender Recognition Certificate, a trans man's state pension entitlement will cease (though any already received benefit will not be claimed back). Trans men who have already retired now have a choice between trying to find work again or not applying for gender recognition until they are sixty-five.

From 2005, state pension ages are being regularised to remove any sex differences in benefits. These changes come in gradually over a fifteen year period. People whose birth dates cause them to fall in the phasing in period of regularisation are assessed on a sliding scale system.

### **Further information**

For further advice, including obtaining a pension forecast, contact:

- The Pensions Service. Tel: 0845 60 60 265  
[www.thepensionservice.gov.uk](http://www.thepensionservice.gov.uk)

## **Welfare benefits and partners**

Many areas of life will be affected by a person obtaining a gender recognition certificate (GRC). However, no one can be forced to apply for a GRC and it must be the trans person's own decision. The decision may have practical disadvantages, as well as the happy emotional consequences, as a GRC will mean a change in welfare and pension benefit status.

### **Further information**

- Welfare benefits other than pension or tax credits:  
contact the Citizens Advice Bureau or the local Welfare Benefits Advisor (often contacted through the town hall or parish council)
- Tax credits or Tax Allowances, National Insurance payments:  
before obtaining a Gender Recognition Certificate, contact your local section of Her Majesty's Revenue and Customs. Further details can be obtained from [www.hmrc.gov.uk](http://www.hmrc.gov.uk)  
  
After obtaining a Gender Recognition Certificate, contact Her Majesty's Revenue and Customs (formerly the Inland Revenue), Public Department 1, 2 North, Ty Glas, Llanishen, Cardiff CF14 5QZ. Tel: 029 2032 5080
- Matters of Banking and Credit:  
the trans person should contact their local bank branch or the relevant credit reference agency. Any proposed or current lender will tell a person which credit reference agency they use and how to contact them.

## **Employment rights**

It is unlawful for an employer to discriminate against a worker on the grounds of gender reassignment. This includes people who intend to undergo reassignment, are undergoing reassignment or have undergone reassignment in the past. Trans people have protection under the Sex Discrimination Act from being treated less favourably than other workers. This includes protection from harassment, both by the employer and by colleagues. People can bring a claim at an Employment Tribunal if they are being discriminated against on these grounds.

### **Further information**

- 'Gender Reassignment – A Guide for Employers' (2005) Women & Equality Unit, 1 Victoria Street, London SW1H 0ET. Tel: 020 7215 5000  
[www.womenandequalityunit.gov.uk](http://www.womenandequalityunit.gov.uk)

## **A right to privacy**

### **Privacy – a New Criminal Offence**

Section 22 of the Gender Recognition Act provides for very high levels of privacy protection, making it a criminal offence with a fine of up to £5000 for any individual who has obtained the information in an official capacity to disclose that a person has a gender recognition certificate (GRC).

This includes all service providers, government agencies, local authorities, membership groups and associations, employers and the police (except in rare circumstances). Disclosure may only be made with the trans person's express permission – and it would be best to get that in writing.

When giving permission for disclosure, a trans person may want to limit the extent of the disclosure by putting it in writing and saying exactly what it is being given for.

### **What you can do**

Ensure you put in writing to any individual who knows your medical history, the limits to which you are giving permission for further disclosure.

### **Useful resources**

For further details of privacy issues in relation to the Gender Recognition Act you can contact the following organisations:

- If there are privacy problems, contact Press for Change, BM Network, London WC1N 3XX; website: [www.pfc.org.uk](http://www.pfc.org.uk)
- If there is a problem with a health care provider, contact the Patients Advisory Liaison Service (PALS). PALS exist within all Primary Care trusts. Doctors or nurses should provide the contact details of the local PALS.
- If there is a problem with an independent social care provider, contact the Local Authority Social Services department.
- If there is a problem with a Local Authority social care provider, contact the Commission for Social Care Inspection, 33 Greycoat Street, London, SW1P 2QF. Tel: 0845 015 0120 or 0191 233 3323, website: [www.csci.org.uk](http://www.csci.org.uk)
- A formal complaint, citing Section 22 of the Gender Recognition Act, can be made to the Police. However, it is unlikely a criminal prosecution will take place unless the disclosure of your status has been so serious as to warrant the time and cost of prosecution.

## **Goods, services, facilities and housing**

### **What are your rights?**

At present there is no protection from discrimination for trans people in the areas of goods, services, housing and facilities. If a trans person is discriminated against in one of these areas, their recourse to law is very limited.

Even when a person has obtained a Gender Recognition Certificate, though they are protected in their new gender, there is no apparent protection if they are discriminated against solely because they are trans (and not because they are a man or a woman).

However, there is an obligation for the UK Government to implement the new Gender Directive of the European Union by December 2007, in a way in which it covers those people 'intending to undergo, undergoing or who have undergone gender reassignment'.

In the meantime, discrimination experienced in any of these areas can be tackled in a way which might result in a solution to the satisfaction of the trans person involved.

### **What you can do**

- Contact Press for Change (see below) for any advice they have. They may already know if a particular organisation has a policy on trans discrimination, and you may be able to invoke it – possibly even in a court of law.
- Report the discrimination to the Equal Opportunities Commission. They may consider helping you pursue your complaint.
- Organisations cannot change unless they know what is going on. Always report any discrimination experienced to the organisation's head office.
- Ask for compensation if the experience has resulted in a financial loss or humiliation.
- Ask the organisation to put in place a policy protecting trans people from discrimination by the organization's staff, and to consider staff training from one of the National Trans Support Organisations listed in the resource section of this factsheet.

### **Useful resources**

- The Equal Opportunities Commission, website: [www.eoc.org.uk](http://www.eoc.org.uk)
- Press for Change, website: [www.pfc.org.uk](http://www.pfc.org.uk)

## **Care services for older trans people**

### **The care issues**

The 1990s saw a large increase in the number of people seeking gender reassignment. Some of these people are seeking treatment in their middle or older ages. This means they are '*older trans people*' but they are young in terms of their trans-life management skills. Increasingly, we are also seeing people with disabilities undergoing gender reassignment who would have been rejected from accessing services or treatments in the past.

We are also seeing, for the first time ever, an ageing trans population. There are now many people who underwent treatment in the 1960s and 70s who are now facing all of the ordinary problems that come with ageing, as well as some new ones unique to trans people.

Consequently, it is increasingly common for care workers to find themselves working with a trans client, and furthermore to discover that the client has complex social or bodily needs relating to their gender reassignment treatments.

Seeking advice from a multi-disciplinary team on how to meet the client's needs would appear to be common sense, but the privacy rights now afforded to trans people mean that social care workers **MUST** get the client's permission before discussing the matter in any way which might identify the client.

### **Care in the home**

Most care services are provided by, or on behalf of, Social Services Departments of the Local Authority and/or NHS Primary Care Trusts. They should be able to provide trans people with details of what services are available and their eligibility criteria.

These organisations should also have Equal Opportunities, Anti-bullying and Confidentiality Policies which a person can ask to see. The trans person should not be frightened to check them over and, if they do not include trans people in their remit, then ask how to contact the right person with whom to discuss why trans people should be included.

### **Housing and residential care**

There has been no significant research into the care of older trans people in sheltered or residential accommodation, but the experience of most of the major support providers of trans people has not always been positive.

If decisions are being faced about sheltered housing or residential care, the trans person or their carer should ensure they do plenty of research and also visit all the establishments they might consider.

## **What you can do to help yourself**

Most importantly, a trans person needs to remember the problems they daily face of managing a trans body and their personal privacy needs. They should ask themselves the following questions:

### *Trans women*

- Do I still look masculine when undressed?
- Do I still have a penis?
- Do I need to shave regularly?
- Do I need my own room in which to dilate?
- Do I need to maintain my hair, eg a wig, hairpiece or weave?

### *Trans men*

- Do I still look feminine when undressed?
- Do I have no penis, or do I still have breasts?
- Do I need to take special care of my penis or metoidioplasty, eg catheterisation?

It is probably also a good idea for a trans person to write down clear instructions for what should happen if they become confused or get Alzheimer's disease or a similar disorder. This should include writing down what type of clothing they should be given, eg what should happen if a trans man has size 4 feet and service providers say they can only find women's slippers in that size. Trans people should endeavour to ensure that someone is going to act in their best interests even if only to tell a care home manager to go and buy some boy's slippers.

Trans people might also want to make a living will in the event that they become incapable of caring for themselves, or become seriously ill. In addition, from April 2007 you will be able to appoint someone under a Lasting Power of Attorney for health, care and welfare issues, such as decisions that need to be made about treatment, or where you might live, if you do not have the mental capacity to make those decisions yourself.

## **Useful resources**

- If there is a problem with a health care provider, contact the Patients Advisory Liaison Service (PALS). PALS exist within all Primary Care Trusts (PCTs). Doctors or nurses should provide the contact details of the local PALS.
- If there is a problem with an independent social care provider, contact the Local Authority Social Services department.

- If there is a problem with a Local Authority social care provider, contact the Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Tel: 0845 015 0120 or 0191 233 3323, website: [www.csci.org.uk](http://www.csci.org.uk)
- One of the most popular resources is Stephen Whittle's booklet 'The Transgender Debate' (South Street Press 2000), which is regarded as one of the best resources for explaining the issues to non-trans people.
- There are several suppliers of Living Wills in the UK. The leading provider is the charity Dignity in Dying, 13 Prince of Wales Terrace, London W8 5PG. Tel: 0870 777 7868, website: [www.dignityindying.org.uk](http://www.dignityindying.org.uk)

## **Wills and Intestacy**

### **Making a Will**

Just as for everyone else, it is important that trans people write a will to ensure their property is given to those they would prefer to have it on their death. Trans people should make sure they are fully and clearly identified in their will, if they use two names or have only recently commenced living permanently in their new gender role.

### **Being the beneficiary of a Will**

In terms of being a beneficiary of a will, it is important for trans people to keep some evidence of their past identity, including their gender as registered at birth. If they have a gender recognition certificate this will afford that link. If not, they should keep some other paperwork, such as their change of name, to ensure they can rightly benefit from a will.

### **Useful resources**

- The Institute of Professional Will Writers, Trinity Point, New Road, Halesowen, West Midlands B63 3HY. Tel: 08456 442042 , website: [www.ipw.org.uk/](http://www.ipw.org.uk/)

## **Bereavement and registration of death**

### **Registering the death of a trans person**

A death can be registered by:

- a relative
- someone present at the death
- the person who found the body
- the person in charge of the body

- an occupant of the house / official from the hospital where the death occurred
- the person making the arrangements with the funeral directors
- a coroner

The majority of deaths are registered by a relative of the deceased. The registrar would normally allow one of the other people listed above to register the death only if there are no relatives available to do it. The registration is based upon the details provided by the informant.

Where problems arise it is generally because some people are not sure what the right thing is to do when informing of the sex of a dead trans person. It means that sometimes relatives register the death of the trans person in their birth sex, no matter how long a person has permanently lived in their preferred gender.

Once a trans person has a gender recognition certificate (GRC) then their preferred sex is their legal sex for all purposes, and this should include death registration.

If a trans person has been living permanently in their preferred gender role, it is generally considered perfectly acceptable to inform of their sex as that of the gender they lived in.

If an error is made in registering a death, the law allows for details to be changed or added. Corrections should be arranged with the office where the death was registered – but sometimes the paperwork will need to be sent to Corrections and Re-registration Section at the General Register Office in Southport for authorisation.

Wherever possible, applications for corrections should be made by the person who gave the information for the registration. He or she will be asked to provide documentary evidence to prove an error was made at the time of the registration. There is no charge for authorising a correction.

### **Further information**

If you have questions about a death registration, for example:

- you are uncertain about registering a trans person's death because you are not sure whether they had gender recognition, or whether they were living permanently in their preferred gender
- you are concerned that someone else has registered a trans person's sex on death incorrectly

you should contact:

- Births & Deaths Section, Room D209, General Register Office, Trafalgar Road, Southport PR8 2HH. Tel: 0151 471 4805 (9am to 5pm Mon to Fri)

## **The partners of trans people**

For many partners of trans people, watching what is happening to their loved one can be very distressing. It also impacts on who they are – if they were a loving wife to a handsome man, do they now become the lesbian partner of someone who looks like Dame Edna?

It is also clear that when trans people suffer from inequality, discrimination or transphobia that the partner often suffers a loss as well. If a salary is lost, or the neighbours refuse to speak, then it becomes a family matter.

As a result, partners often need their own independent support mechanisms where they can freely decide what they really want out of their life. It might be to stay but it might also be to go.

### **Support and further information**

- 'Depend' provides an independent space for the family and friends of trans people: BM Depend, London WC1N 3XX [www.depend.org.uk](http://www.depend.org.uk)
- WOBS (Women of the Beaumont Society) provide support to the wives and female partners of cross dressers (transvestites): Helpline (South & East) tel: 01223 441246; Helpline (Midlands & West) tel: 01684 578281 [www.gender.org.uk/wobsuk](http://www.gender.org.uk/wobsuk)

## **Glossary**

**A-gendered:** A person who feels their gender identity is neutral, or that they have no gender at all.

**Bi-gendered:** A person who feels that his/her gender identity includes both male and female elements.

**Bi-lateral mastectomy:** The removal of some breast tissue from both breasts and the reconstruction of the chest wall to resemble a normal male chest.

**Body image:** The internal perception of one's body, including not only what the body looks like, but feelings and sensations, the perception of one's own voice, and so on. Transsexuals usually have an internal body image that is at odds with their actual bodies, until this is altered via hormones and surgery.

**Butch:** A certain sort of masculine appearance - as opposed to appearing male, often used to refer to 'butch lesbians / dykes' as opposed to femme dykes.

**Cross dresser:** transvestite; a person who wears the clothes of the opposite birth sex group for personal and / or sexual pleasure

**Cross gender living:** living in the gender role of the opposite anatomical sex group.

**Drag:** The art / performance of dressing up in the clothes of the opposite sex to provide entertainment. Sometimes used to make a political statement.

**Drag king:** Rarely do drag kings identify as men, they identify as women who choose to dress up as men for certain social occasions. They are not trying to imply they are men.

**Drag queen:** Rarely do drag queens identify as women, they identify as men who choose to dress up as women for certain social occasions. They are not trying to imply they are women.

**Endocrinology:** The field of medicine concerned with hormones, including the sex hormones oestrogen and testosterone.

**FTM:** Female-to-male, most commonly used to refer to a female-to-male trans person (transsexual or transgender man). However, the term is gaining usage in the lesbian community to mean women who have extremely masculine gender expression, including those who "pass" as male yet still identify as female.

Gender: An individual's personal sense of maleness or femaleness. It is also a social construction that allocates certain behaviours into male or female roles. These will not always be the same across history, across societies, across classes, hence we know that gender is not an entirely biological matter, rather it is influenced through society's expectations.

Gender dysphoria: The term used by psychiatrists and psychologists to describe the condition transsexuals have - that is not feeling well or happy with their gender as assigned at birth, in terms of both their social role and their body. Gender dysphoria is not characterised by denial; for instance, female-to-male transsexuals acknowledge that their (pre-transitional) bodies are female. The fact that their anatomy does not correspond with their sense of being male (psychological sex) leads them to seek to bring the two (body and mind) into harmony. Specifically, the diagnosis states that Gender Identity Disorder is "characterised by a strong and persistent cross-gender identification" which "does not arise from a desire to obtain the cultural advantages' of being the other sex," and that it should not be confused with "simple nonconformity to stereotypical sex role behaviour." This is the diagnosis required by the Gender Recognition Panel.

Many transsexual people wish for the disorder to be classified as physical rather than mental, especially in light of recent research showing the physical basis of transsexuality, but feel that until this occurs there needs to be a medical diagnosis to ensure the continued availability of treatment.

Gender Identity: A person's internal sense of being male or female. These senses of awareness affect the individual's conscious (and perhaps unconscious) cognitive processes, and in turn greatly influence his or her social interaction with others.

Gender Identity Disorder (GID): Listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), and formerly called Transsexualism in the earlier DSM-III, this is the medical diagnosis by which most transsexual people in this country currently receive hormone therapy and surgery.

Sex / Gender - Reassignment / Confirmation / Realignment Treatment: Terms used for the medical treatments including hormone therapies and surgical procedures to change a person's appearance to nearer that of the opposite birth sex group.

Gender Reassignment Surgery (GRS): see GRS

Gender recognition: A process whereby a transsexual person's preferred gender is recognised in law, or the achievement of the process.

Gender Recognition Act (2004) (GRA): The UK law which allows transsexual people to obtain gender recognition.

**Gender Recognition Certificate (GRC):** A certificate provided to those who have been successful in their application for gender recognition.

**Gender Recognition Panel (GRP):** A group of lawyers and doctors appointed to consider applications for gender recognition, and to approve them if the transsexual person has met the relevant criteria.

**Gender role:** How a person expresses himself or herself in terms of traits commonly associated with masculinity and femininity. Gender role is largely a social construct, since every society has different ideas about what sort of dress or behaviour is "appropriate" for males or females. However, children do appear to have an instinctive idea of male and female, and typically prefer to model their behaviour after that of the sex they identify with.

**Genetic Female / Real Girl (GF or RG):** A woman who was born with female anatomy, as opposed to a woman who was born with male anatomy (a transsexual or transgender woman).

**Genetic Male / Bio Boy:** A man who was born with male anatomy, as opposed to a man who was born with female anatomy (a transsexual or transgender man).

**Hysterectomy:** The surgical removal of the womb and cervix.

**Metoidioplasty (also called genitoplasty):** The process whereby when the clitoris has enlarged after testosterone hormone therapy - the clitoral hood is released so enabling the clitoris to be more forward and upright and to resemble a micro penis.

**MTF:** Male-to-female, most commonly used to refer to a male-to-female trans person (transsexual or transgender woman).

**Non-op:** A person who does not desire surgery, or does not need surgery to feel comfortable with his or her body.

**Orchidectomy:** The surgical removal of the testes

**Oophorectomy:** The surgical removal of the ovaries.

**Penectomy:** The surgical removal of the penile tissue - the precursor to the creation of a new vagina.

**Phalloplasty:** The surgical creation of a 'penis like' piece of flesh. However a phalloplasty cannot create a penis - it is not erectile tissue, it cannot have sexual sensation in itself. Sometimes the urethra can be successfully extended through it so that urine may be passed standing, and sometimes erectile implants can be placed in it so that penetration of a sexual partner can be achieved.

Pre-op/post-op transsexual: Pre-operative and post-operative - having had or not had sex-confirmation surgeries. "Pre-operative" implies that the person desires gender reassignment surgery; if this is not the case, 'non-op' is the correct term.

Queer: Originally used as a descriptor and often as an insult for LGBT people, it was reclaimed in the 1990s as a community term. In recent years it has gained a multiplicity of meanings, but for members of the trans community would mostly be used by, and to refer to, those people who identify as having a complex gender identity and sexuality which is not clearly defined within the terms transgender, transsexual, lesbian, gay, bi or heterosexual.

Scrotoplasty: The surgical creation of an apparent scrotum.

SRS (sex-reassignment surgery) / GRS (gender reassignment surgery): Medical term for what transsexual people often call gender-confirmation surgery: surgery to bring the primary and secondary sex characteristics of a transsexual's body into alignment with his or her internal self-perception.

Trans person / people / man / woman: inclusive terms adopted in the late 1990s by the UK government, now commonly also used by members of the UK cross dressing and transsexual community to refer to themselves.

Transgender: An umbrella term used to define a political and social community which is inclusive of transsexual people, transgender people, cross-dressers (transvestites), and other groups of "gender-variant" people such as drag queens and kings, butch lesbians, and "mannish" or "passing" women. "Transgender" has also been used to refer to all persons who express gender in ways not traditionally associated with their sex. Similarly it has also been used to refer to people who express gender in non-traditional ways, but continue to identify as the sex of birth.

Transgender person / Transgenderist: As originally defined in the 1970s a transgenderist is a person who internally identifies as the opposite sex, and lives as the opposite sex full-time, but does not feel the need to have surgery to change the body as transsexual people do. Sometimes also called a non-operative transsexual. Many transgenderists, however, do take cross-sex hormones. Some transgender people consider themselves as having no gender, or a third gender, neither male nor female but combining characteristics of both (also called an epicene or "third"). Most commonly, transgender people live as, identify as, and prefer to be treated as, belonging to the "opposite" sex, but do not wish to change their bodies through surgery.

Transition: The process of beginning to live full-time as the opposite sex and changing the body, through hormones and surgery.

Transsexual (female to male, male to female): A person who experiences a profound sense of incongruity between his/her psychological sex and his/her anatomic sex. Transsexual people may wish to change the anatomic sex, through hormones or surgery, to match the internal perception of his/her body.

Vaginectomy: The surgical removal of the vagina and the closure of the vaginal opening.

Vaginoplasty: The surgical creation of a vaginal opening and canal.

## **Useful resources**

National trans support organisations

Beaumont Society provides advice and support for transvestite people, but also has some transsexual members. Runs local groups and produces a newsletter and publications. Tel: 01582 412220 email: [jscott5426@aol.com](mailto:jscott5426@aol.com) , website: [www.beaumontsociety.org.uk](http://www.beaumontsociety.org.uk)

Depend offers free, confidential and non-judgmental advice, information and support to all family members, partners, spouses and friends of transsexual people. Email: [info@depend.org.uk](mailto:info@depend.org.uk), website [www.depend.org.uk](http://www.depend.org.uk)

Gender Trust offers advice and support for transsexual and transgendered people and to partners, families, carers and allied professionals. Has a membership society and produces a quarterly magazine "GT News". Tel: 01273 424024 (office hours), Helpline: 07000 790347 email: [info@gendertrust.org.uk](mailto:info@gendertrust.org.uk), website: [www.gendertrust.org.uk](http://www.gendertrust.org.uk)

GIRES (the Gender Identity Research and Education Society) exists to promote and communicate research that improves the lives of people affected by gender identity and intersex issues. Tel: 01372 801554 fax: 01372 272297, website: [www.gires.org.uk](http://www.gires.org.uk)

FTM Network offers advice and support to "female-to-male" transsexual and transgender people, and to families and professionals. Also a "buddying" scheme, newsletter "Boys Own" and an annual national meeting. Helpline: 0161 432 1915 (Wednesdays 8pm - 10.30pm only) email: [membership@ftm.org.uk](mailto:membership@ftm.org.uk), website: [www.ftm.org.uk](http://www.ftm.org.uk)

Press for Change campaigns for equal civil rights for transsexual and transgendered people. Also provides legal help and advice for individuals, information and training for professionals, speakers for groups. In emergencies ONLY ring 0161 247 6444 email: [letters@pfc.org.uk](mailto:letters@pfc.org.uk), website: [www.pfc.org.uk](http://www.pfc.org.uk)

Safra Project works on issues relating to lesbian, bisexual and/or trans women who identify as Muslim religiously and/or culturally. Email: [info@safraproject.org](mailto:info@safraproject.org), website: [www.safraproject.org](http://www.safraproject.org)

Transgender UK is a self-help group for transgender identified people living in the United Kingdom. Website: [www.transgender.freeserve.co.uk/tg](http://www.transgender.freeserve.co.uk/tg)

UK Angels is an internet-based support group providing a support network for all trans women as well as providing opportunities to meet up and party! Includes an excellent calendar of events taking place all over the UK. Email: [mail@joannasdiary.co.uk](mailto:mail@joannasdiary.co.uk), website: [www.theangels.co.uk](http://www.theangels.co.uk)

Seahorse Society of Great Britain organizes social events for cross dressers and non-operative transsexual women. Website: [www.btinternet.com/~seahorse.society](http://www.btinternet.com/~seahorse.society)

Sibyls is a UK base Christian group for trans people. Tel: Jay on 020 8763 0146

WOBS (Women of The Beaumont Society) provides support for the wives and female partners of cross dressers and trans women. Tel: Diane Aitcheson on 01223 441246 email: [wobsuk@aol.com](mailto:wobsuk@aol.com), website: [www.gender.org.uk/wobsuk](http://www.gender.org.uk/wobsuk)

### **Other key websites**

Transsexual and Transgender Transition Guide [www.transgendercare.com](http://www.transgendercare.com)

Transgender Zone, website: [www.transgenderzone.com](http://www.transgenderzone.com)

Phalloplasty for Trans Men, website: [www.ftmphallo.com](http://www.ftmphallo.com)

Anne Lawrence's Transsexual Women's Resources, website: [www.annelawrence.com/twr](http://www.annelawrence.com/twr)

FTM UK Discussion Group (for trans men) website: [www.groups.yahoo.com/group/FTM-UK/](http://www.groups.yahoo.com/group/FTM-UK/)

FTM International (for trans men), website: [www.ftmi.org](http://www.ftmi.org)

Trans Care Project, Vancouver BC website: [www.vch.ca/transhealth/resources/tcp.html](http://www.vch.ca/transhealth/resources/tcp.html)

World Professionals Association for Transgender Health, website: [www.wpath.org](http://www.wpath.org)

### **Key reading**

Brown, Mildred and Rounsley, Chloe Ann. True Selves: Understanding Transsexualism for Family, Friends, Co-workers and Helping Professionals. Jossey-Bass, 1996

Israel, Gianna E., Tarver, Donald E., and Shaffer, Diane. Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts. Temple University Press, 1998

Lev, Arelene Istar. Transgender Emergence: Therapeutic Guidelines for Working With Gender-Variant People and Their Families. Haworth Press, 2004

Whittle, Stephen. The Transgender Debate, South Street Press, 2000

If you would like to receive this information in large print phone 0800 00 99 66 (free call) or write to Age Concern FREEPOST (SWB 30375), Ashburton, Devon TQ13 7ZZ.

Find out more about Age Concern England online at:  
[www.ageconcern.org.uk](http://www.ageconcern.org.uk)

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