

# IMPROVING THE LIVES OF TRANSGENDER OLDER ADULTS

Recommendations for Policy and Practice

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# Introduction

**Transgender older adults face profound challenges and experience striking disparities in areas such as health and health care access, physical and mental health, employment, housing and more. Research and experience also reveal that many transgender elders routinely encounter both a health care system and a national aging network that are ill-prepared to provide culturally competent care and services and create residential environments that affirm the gender identities and expressions of transgender older people.**

Many transgender elders delay necessary care and are subjected to ignorance, prejudice, discrimination, hostility and even violence in the settings meant to support their successful aging. Policies and programs meant to support older people and other vulnerable populations often present significant barriers for transgender people, while initiatives that could address many of the disparities and challenges they face (such as elder abuse and housing costs) are neglected or underfunded.

Moreover, transgender elders came of age during decades when transgender people were heavily stigmatized and pathologized. Some came out and made gender transitions during these years, while many others kept their identities hidden for decades and are now coming out and transitioning later in life. Many challenges facing transgender elders are common to the broader older lesbian, gay, bisexual and transgender (LGBT) population, but some are different. With a growing older transgender population, there is an urgent need to understand the challenges that can threaten financial security, health and overall well-being.

*Improving the Lives of Transgender Older Adults* responds to these concerns by examining the social, economic and service barriers facing this population. This report includes a detailed literature review, profiles of the experiences of transgender elders around the country and more than 60 concrete recommendations for policymakers and practitioners. Our hopes are that this report inspires conversation, more research and policy analysis, and ultimately, action.

SAGE and NCTE  
May 2012

## TRANSGENDER AGING ADVOCACY INITIATIVE

In 2011, SAGE (Services and Advocacy for GLBT Elders) and the National Center for Transgender Equality launched a historic Transgender Aging Advocacy Initiative. The purpose of the initiative was to identify the range of barriers affecting transgender older adults and to outline an advocacy roadmap that would cut across issue areas, reach the full diversity of transgender elders, and meet both short-term and long-term goals. To inform this initiative, we brought together a diverse panel of experts on these issues, many of whom have blazed trails in their fields on these issues. The content of this policy report is the result of this initiative and the many leaders who have built a foundation of knowledge about transgender aging that this report continues. This initiative was generously funded by the Arcus Foundation and the David Bohnett Foundation.

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# Current Knowledge about Trans Aging: A Literature Review

**Transgender and gender non-conforming adults face a myriad of challenges as they age. While very limited, the existing research on transgender people paints a picture of many people aging in isolation and without a network of knowledgeable or welcoming providers in the aging, health and social services arenas. Further, transgender elders often experience extreme disparities in access to health care and low rates of health insurance coverage due in large part to systemic discrimination from providers and insurance companies, as well as economic instability resulting from discrimination in employment and housing, among other areas.**

An overarching challenge for policymakers and practitioners is the dearth in research examining the challenges facing this population—and the types of policies and programmatic interventions that would improve their lives. While the need for better data and more research on lesbian, gay and bisexual communities has gained support over the last few years, gender identity remains largely absent from the scope of social research and analysis. Moreover, few studies have addressed the specific challenges facing transgender elders. Research focused on transgender people of color is even more limited, despite some studies suggesting that they experience high levels of violence and discrimination.<sup>1</sup>

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<sup>2</sup> Grant, J.M., Mottet, L.A., Tanis J., Harrison, J., Herman, J.L., & Keisling M. *Injustice at every turn: A report of the national transgender discrimination survey*. (2011). Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.

## Note on older adult respondents & transgender surveys

### Key figures on transgender elder respondents from the National Transgender Discrimination Survey

70%

of transgender adults age 65 and older reported having delayed gender transition to avoid discrimination in employment.

13%

of transgender adults age 65 and older reported abusing alcohol and drugs to cope with mistreatment.

16%

of transgender adults age 65 and older reported attempting suicide at least once in their lifetimes.

**Source:** Grant, J.M., Mottet, L.A., Tanis J., Harrison, J., Herman, J.L., & Keisling M. *Injustice at every turn: A report of the national transgender discrimination survey.* (2011). Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.

In 2008, the National Center for Transgender Equality (NCTE) and the National Gay and Lesbian Task Force surveyed 6,450 transgender-identified people—including 110 older adults over the age of 65—for their historic National Transgender Discrimination Survey (NTDS). It's important to note that older transgender adult respondents in this survey were less demographically diverse than their younger transgender counterparts, with a high number of respondents over age 65 who were white, identified as women, transitioned later in life and reported higher incomes. The reasons for this lack of diversity are not clear. There are many possible explanations, such as that older transgender men, people of color, those with lower incomes or those who transitioned earlier in life might not be as effectively reached through transgender networks and the Internet, might be

less likely to self-identify as transgender or might simply not live as long.

Other surveys have been similar in regards to age, gender and income among older cohorts, such as findings on transgender adults over the age of 55 in the Transgender Law Center's "State of Transgender California Report."<sup>2</sup> Researchers are advised to explore how survey methods can better capture data on transgender older adults that reflects poor and low-income elders, elders of color and other more vulnerable, harder-to-study populations.

Older adult data from these transgender surveys should be read with caution.

To read the full reports, please visit [transequality.org](http://transequality.org) and [transgenderlawcenter.org](http://transgenderlawcenter.org).

<sup>2</sup> E., Frazer, M. S., Wertz, K. and Davis, M. (2009). *The state of transgender California: Results from the 2008 California transgender economic health survey*. San Francisco, CA: Transgender Law Center.



Recognizing the limited research on transgender older adults, this paper also draws from the general research on LGBT elders to illustrate how persistent discrimination can result in economic instability and challenges in health, housing and employment.<sup>3</sup> This paper also draws from studies on transgender people as a whole and suggests how challenges become pronounced as people age.



#### DID YOU KNOW?

Barriers to adequate care include a lack of basic cultural and clinical knowledge among providers, refusal to care for transgender patients, and harassment and abuse of patients.

## Transphobia and Culturally Competent Healthcare

Many lesbian, gay, bisexual and transgender (LGBT) people routinely encounter ignorance, indifference and discrimination in mainstream healthcare settings—a reality both documented in large surveys and described anecdotally by many transgender people seeking care in a variety of health care settings including doctors' offices, hospitals, mental health clinics, drug treatment programs and even emergency rooms.<sup>4</sup> Barriers to adequate care include a lack of basic cultural and clinical knowledge among providers, refusal to care for transgender patients and harassment and abuse of patients. For transgender older adults, this heightened level of disregard from healthcare professionals can lead to apprehension and distrust of healthcare providers and over time can lead to increased social isolation, delayed care-seeking and poor health outcomes.<sup>5</sup>

A 2011 report on transgender discrimination by the National Center for Transgender Equality and the National Gay and Lesbian Task Force (referred to in this paper as the "National Transgender Discrimination Survey" or "NTDS") documents this pervasive insensitivity and violent treatment of transgender patients in emergency rooms, mental health clinics and drug treatment programs. Respondents reported differential treatment when their transgender statuses became known by providers, and being harassed by staff and/or being physically assaulted when seeking care. Nineteen percent of all respondents had been refused medical treatment altogether because of their gender non-conforming status, with 24 percent of transgender women and 20 percent of transgender men having experienced care refusal.<sup>6</sup>

<sup>3</sup> While this paper draws from a variety of studies to illustrate the scope of barriers facing transgender older adults (and to suggest potential points of entry for policy and institutional reform), the transgender population cuts across a spectrum of experiences and identities, and the experiences described in this paper may not reflect all older transgender adults. For example, two factors that can create profoundly different aging experiences are age of transition and visible gender conformity. Transitioning at a later age might result in more economic stability for some transgender people who have avoided experiences of employment and housing bias. However, there might also be a range of negative mental health outcomes for transgender people who delay "coming out" until a later age.

<sup>4</sup> While the literature has not done a sufficient job analyzing transgender-specific realities, SAGE's experience as an aging provider suggests that transgender older adults face many challenges accessing healthcare that is culturally appropriate, affordable and suitable for an aging population. Additionally, although the small universe of research on transgender elders has substantiated these concerns, much more research is needed.

<sup>5</sup> Kimmel, D., Rose, T., & David, S. (2006). *Lesbian, gay, bisexual and transgender aging: Research and clinical perspectives*. New York, NY: Columbia University Press.

<sup>6</sup> Ibid.



### DID YOU KNOW?

For transgender people of color, a lack of healthcare access is especially true; the NTDS found that 17% of African American respondents and 8% of Latino/a respondents said that they utilized emergency rooms as their place for primary care treatment, as did 8% of respondents with household incomes of less than \$10,000.

This mistreatment was magnified among respondents with lower income levels and respondents who were people of color. Latino/a respondents reported the highest rate of unequal care among any racial/ethnic category (32 percent reported unequal care from a doctor or hospital and 19 percent in ERs or mental health clinics), while African American transgender respondents were among the most vulnerable to physical assault in hospitals and doctors' offices.<sup>7</sup>

The literature argues that without the essential support of healthcare providers, and in order to avoid the stress of dealing with incompetent service providers, many transgender people do not seek care until they experience health emergencies and, in some cases, have died in the absence of medical care. For transgender people of color, a lack of healthcare access is especially true; the NTDS found that 17% of African American respondents and 8% of Latino/a respondents said that they utilized emergency rooms as their place for primary care treatment, as did 8% of respondents with household incomes of less than \$10,000.<sup>8</sup> Social and economic marginalization compounded the health disparities for Black and Latino/a respondents in the NTDS as both communities experienced discrimination and poor health outcomes at much higher levels than the general population, including higher rates of HIV infection, smoking, drug and alcohol use, and suicide attempts.<sup>9</sup>

Many transgender people also lack primary care doctors; a 2005 study in Philadelphia found that more than one-third of the transgender population surveyed had no regular doctor at all.<sup>10</sup> *The Aging and Health Report*, published by the University of Washington in 2011, surveyed more than 2,500 LGBT older adults between the ages of 50-95 and found that one-third of transgender elders report being in poor physical health and that 22 percent of transgender respondents needed to see a doctor, but did not because they could not afford to do so.<sup>11</sup> There are clear health implications for transgender older adults who do not feel safe accessing healthcare providers: delayed care can mean that preventable illnesses are not identified and diagnosed in time, health complications worsen and the costs for care increase, among other consequences.

<sup>7</sup> Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*.

<sup>8</sup> Ibid.

<sup>9</sup> National Gay and Lesbian Task Force, National Center for Transgender Equality, & League of United Latin American Citizens. (2011). *Injustice at every turn: A look at Latino/a respondents in the national transgender discrimination survey*. Retrieved from [http://www.thetaskforce.org/reports\\_and\\_research/ntds\\_latino\\_a\\_respondents](http://www.thetaskforce.org/reports_and_research/ntds_latino_a_respondents); National Gay and Lesbian Task Force, National Center for Transgender Equality, & National Black Justice Coalition. (2011). *Injustice at every turn: A look at black respondents in the national transgender discrimination survey*. Retrieved from [http://www.thetaskforce.org/reports\\_and\\_research/ntds\\_black\\_respondents](http://www.thetaskforce.org/reports_and_research/ntds_black_respondents).

<sup>10</sup> Kenagy, G.P. (2005). Transgender health: Findings from two needs assessments studies in Philadelphia. *Health & Social Work* 30 (1), 19-26.

<sup>11</sup> Fredriksen-Goldsen, K.I., Kim, H.J., Emlet, C.A., Muraco, A., Erosheva, E.A., Hoy-Ellis, C.P., Goldsen, J., & Petry, H. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle, WA: Institute for Multigenerational Health.





October 2011 meeting of  
the Advisory Committee for the  
Transgender Aging Advocacy  
Initiative, Washington, DC.  
Photo: Emily Ames, National  
Center for Transgender Equality

Such negative consequences were seen among respondents in *The Aging and Health Report*, which shows that a significant proportion of transgender elders have some form of disability. Even within the LGBT community, transgender older adults seem to experience heightened barriers to care and increased levels of physical impairments as they age. Forty-seven percent of all LGBT respondents in the survey had a disability, while 62 percent of transgender older adults reported having a disability.<sup>12</sup>

## A Dearth of Relevant Knowledge and Outreach in Aging Settings

Research suggests that aging providers specifically are uninformed and culturally insensitive on LGBT issues. A 2006 study found aging providers to be more intolerant toward the broader LGBT population than providers within the mainstream healthcare system.<sup>13</sup> The two most cited reasons for this lack of cultural competence are: little to no outreach to LGBT communities in elder care, and little professional training among aging providers on the unique needs of LGBT older adults.

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<sup>12</sup> Ibid., 22.

<sup>13</sup> Kimmel, D., et al. (2006). *Lesbian, gay, bisexual and transgender aging: Research and clinical perspectives*: p. 247-248.



October 2011 meeting of the Advisory Committee for the Transgender Aging Advocacy Initiative, Washington, DC. Photo: Bishop Tonya M. Rawls, Freedom Center for Social Justice.

The available research shows that most aging agencies and facilities do not offer cultural competency trainings to their staff or residents about issues related to serving transgender clients.<sup>14</sup> According to a 2009 nationwide study of area agencies on aging, only one-third of the participating agencies had offered their staff training on LGBT aging, and most of these training sessions were voluntary or part of a generalized training on nondiscrimination. The study found that conducting cultural competency trainings correlated to increased engagement with transgender elders. The 101 agencies that had conducted trainings specifically on transgender issues were three times more likely to report having received a request to help a transgender older adult in the previous year.<sup>15</sup>

This same survey also found that trainings helped staff understand LGBT health issues, how to provide LGBT-specific services and conduct effective outreach into LGBT communities. Unfortunately, few agencies had conducted training or done outreach to transgender older adults, with only 7.2 percent of agencies that responded offering services targeted at transgender elders.<sup>16</sup>

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<sup>14</sup> One consequence of this dearth in transgender competency is that it has contributed to basic misunderstanding among providers about the differences between gender identity and sexual orientation. See Knochel, K.A., Croghan, C.F., Moone, R.J., & Quam, J.K. (2010). *Ready to serve? The aging network and LGB and T older adults*.

<sup>15</sup> Ibid., p. 8, 10.

<sup>16</sup> Ibid., 13.



### DID YOU KNOW?

From childhood through later life, transgender people suffer from some of the highest rates of interpersonal violence. Transgender people of color are at particularly high risk, with some research suggesting that non-citizen Latino/a people are often the most vulnerable to violence and abuse.

Many advocates and aging practitioners reason that a lack of training maintains an atmosphere of ignorance regarding transgender people in aging settings, can enable neglect and abuse, and establishes an environment where older adults feel unsafe to speak openly and honestly about their gender identities and expressions. In a recent survey on LGBT older adults in long-term care facilities, 80 individuals (more than 10 percent of respondents) said that they, a loved one or a client had experienced staff refusal to call a transgender resident by his or her preferred name or pronoun.<sup>17</sup> Additionally, many elders fear having their transgender status “discovered” by insensitive health professionals. This concern is heightened among older adults who have not undergone transition-related surgeries and whose dress and appearance may be “incongruent” with their anatomies.<sup>18</sup>

## Disproportionate Experiences of Violence

From childhood through later life, transgender people suffer from some of the highest rates of interpersonal violence. Transgender people of color are at particularly high risk, with some research suggesting that non-citizen Latino/a people are often the most vulnerable to violence and abuse.<sup>19</sup> According to the NTDS, students in grades K-12 who expressed a transgender identity or gender non-conformity reported distressingly high rates of harassment (78%), physical assault (35%) and sexual violence (12%).<sup>20</sup> On the other end of the age spectrum, *The Aging and Health Report* found that transgender people age 50 and older were more than twice as likely to have experienced physical or verbal domestic violence in the past year than were their lesbian, gay, and bisexual peers regardless of age, income and education.<sup>21</sup> Multiple studies have found that at least 50 percent of transgender people are survivors of sexual violence.<sup>22</sup> As with other populations, experiencing one type of abuse frequently makes one more likely to experience another type of abuse. The 2011 FORGE study, “Transgender people’s

<sup>17</sup> National Senior Citizens Law Center. (2011). *LGBT older adults in long-term care facilities: Stories from the field*. Washington, DC: National Senior Citizens Law Center, National Gay and Lesbian Task Force, Services and Advocacy for GLBT Elders (SAGE), Lambda Legal, National Center for Lesbian Rights, & National Center for Transgender Equality.

<sup>18</sup> Cook-Daniels, L. (2008). *Aging as ourselves: LGBT aging health issues for health care providers*. Retrieved from <http://www.dvsacmiami.org/Resources/Complete%20curricula%20text%20with%20references.pdf>.

<sup>19</sup> National Gay and Lesbian Task Force, National Center for Transgender Equality, & League of United Latin American Citizens. (2011). *Injustice at every turn: A look at Latino/a respondents in the national transgender discrimination survey*. Retrieved from [http://www.thetaskforce.org/reports\\_and\\_research/ntds\\_latino\\_a\\_respondents](http://www.thetaskforce.org/reports_and_research/ntds_latino_a_respondents).

<sup>20</sup> Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*: p. 3.

<sup>21</sup> Fredriksen-Goldsen, et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*: 20.

<sup>22</sup> Kenagy, G.P. (2005). The health and social service needs of transgender people in Philadelphia. *International Journal of Transgenderism* 8 (2-3): 49-56; and Kenagy, G.P., & Bostwick, W. (2005). The health and social service needs of transgender people in Chicago. *International Journal of Transgenderism* 8 (2-3): 57-66.





October 2011 meeting of the Advisory Committee for the Transgender Aging Advocacy Initiative, Washington, DC.  
Photo: Masen Davis, Transgender Law Center.



#### DID YOU KNOW?

Higher rates of victimization among transgender people can impact the physical and mental health of transgender elders.

access to sexual assault services,” documented that 52.3 percent of transgender people who had experienced child abuse, sexual abuse, dating violence, intimate partner violence or stalking experienced two or more of these types of crime. Unpublished data from a 2011 survey conducted by FORGE found that being a person of color as well as transgender dramatically increased the chances of being the victim of family violence.

Multiple studies have found that transgender people frequently experience violence in interactions with law enforcement officials; thus it is perhaps unsurprising that many transgender people may be hesitant to report violent incidents to police.<sup>23</sup> Nearly half of all respondents in the NTDS reported being uncomfortable seeking out police for assistance, while a staggering 38% of Black respondents reported being harassed by police, 14% reported physical assault and 6% reported sexual assault by police.<sup>24</sup> Sadly, transgender people also experience discrimination and harassment when seeking reprieve from violence from public support services. Of the transgender and gender

<sup>23</sup> Witten, T.M. (2003). Life course analysis—The courage to search for something more: Middle adulthood issues in the transgender and intersex community. *Journal of Human Behavior in the Social Environment* 8 (2-3): 198; Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*: p. 6.

<sup>24</sup> Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*: p. 6.



#### DID YOU KNOW?

Several studies have shown that transgender people access healthcare providers less frequently than the general population and this is especially true for people without networks of support in place.

non-conforming people who tried to access rape crisis centers or domestic violence services, 5-6% reported unequal treatment, 4% experienced verbal harassment or disrespect and 1% were physically assaulted there.<sup>25</sup>

Higher rates of victimization among transgender people will certainly impact the physical and mental health of transgender elders. The Centers for Disease Control and Prevention has found that childhood abuse, neglect and other experiences of trauma increase the likelihood of long-term health and social problems including alcoholism, depression, risk for intimate partner violence and suicide attempts.<sup>26</sup> Further, NTDS respondents who had experienced domestic violence were more likely to attempt suicide, experience homelessness and engage in sex work than those who had not been abused.<sup>27</sup> Certainly, increased social supports for transgender elders are necessary to help these older adults cope with years of violence and discrimination. Yet they are also a resilient community. As Researcher Tarynn M. Witten has written: “Transgender and intersex persons must go through a great deal to survive. Those that manage to live long lives as transgendered or intersexed persons must have developed coping and survival strategies that were highly effective in the face of all that is against them.”<sup>28</sup>

## Social Impacts on Health of Transgender Elders

The general lack of professional training on transgender health compounded by discrimination in employment, education and housing, as well as the lack of social support systems, contribute to the chronic stress experienced by many transgender older adults. This amplified level of anxiety, common to groups who experience regular discrimination and violence, can lead to high-risk behaviors and poor health outcomes. Multiple studies have shown that transgender people are more likely than their non-transgender counterparts to engage in sex work, drug use and alcohol abuse, which can increase incidences of HIV, substance abuse, self-harm and suicide.<sup>29</sup> For example, a New York City study of transgender people found that as many as 23.6 percent of respondents abused substances such as alcohol, marijuana, cocaine and amphetamines, and that the use of drugs increased the likelihood of engaging in unprotected sex.<sup>30</sup>

<sup>25</sup> Ibid., 130.

<sup>26</sup> National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2010). *Adverse childhood experiences (ACE) study: Major findings*. Retrieved from <http://www.cdc.gov/ace/findings.htm>.

<sup>27</sup> Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*: p. 88.

<sup>28</sup> Witten, T.M. (2003). Life course analysis-The courage to search for something more: Middle adulthood issues in the transgender and intersex community: p. 216.

<sup>29</sup> Clements-Nolle, K., Marx R., Guzman, R., & Katz M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health interventions. *American Journal of Public Health* 91 (6): 915-921.

<sup>30</sup> Bockting W.O., Robinson B.E., & Rosser B.R. (1998). Transgender HIV prevention: a qualitative needs assessment. *AIDS Care* 10: 505-525.



### DID YOU KNOW?

There are other factors to consider in contextualizing higher rates of HIV and AIDS in the transgender community, including the lack of “safe sex” education focused on the unique physical and emotional issues of transgender people.

Several studies have shown that transgender people access healthcare providers less frequently than the general population and this is especially true for people without networks of support in place. *The Aging and Health Report* found that regardless of socioeconomic status, transgender older adults have lower levels of social support than non-transgender older adults.<sup>31</sup> The lack of professional resources in combination with the stress from systemic discrimination and poor social supports can complicate health issues for transgender people as they age.

## HIV/AIDS

A number of studies point to high-risk behaviors, such as sex work, unprotected sex and the unsafe injection of drugs, hormones or silicone, as prime contributors to the high rates of HIV/AIDS among transgender people. For example, data collected by the California Department of Health Services in 2003 showed a 6.3% rate of HIV diagnoses among self-identified transgender individuals—a rate higher than the infection rates found among groups considered high-risk, including men who have sex with men (4.2%) and partners of people living with HIV (4.8%).<sup>32</sup> Again, these figures reveal racial disparities; transgender African Americans had significantly higher rates of HIV diagnoses than any other racial group, a finding that has been documented in several other studies on transgender HIV prevalence.<sup>33</sup> Also, across studies analyzed by the Centers for Disease Control and Prevention’s HIV/AIDS Prevention Research Synthesis Team in 2007, male-to-female study participants were more likely to engage in risky sex behaviors (such as unprotected sex, sex work and sex with multiple partners), and reported higher rates of HIV diagnoses than female-to-male respondents.<sup>34</sup>

There are other factors to consider in contextualizing higher rates of HIV/AIDS in the transgender community, including the lack of “safe sex” education focused on the unique physical and emotional issues of transgender people. The Transgender Aging Network (TAN) writes that transgender women who transition in mid- to late life may experience additional challenges in negotiating safe sex practices: “Frequently these MTFs [male-to-female persons] have been in heterosexual marriages for several decades, and may not have paid attention to safer sex messages because they felt the messages pertained only to gay men and/or younger people who were actively dating.”<sup>35</sup>

<sup>31</sup> Fredriksen-Goldsen, et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*: p. 17.

<sup>32</sup> Herbst, J.H., Jacobs, E.D., Finlayson, T.J., McKleroy, V.S., Neumann, M.S., & Crepaz, N. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. *AIDS and Behavior* 12 (1): 1-17.

<sup>33</sup> Ibid., 2.

<sup>34</sup> Ibid., 10.

<sup>35</sup> Cook-Daniels, L. (2008). *Sexuality violence, elder abuse, and sexuality of transgender adults age 50+ : Results of three surveys*. Retrieved from <http://forge-forward.org/2008/03/trans-aging-3-surveys/>.