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## COMPLIMENTARY



## CONTENTS

Editorial	
A. Kane, M.Ed.....	65
Low Self-Esteem Women: A Feminist Perspective	
E. T. Nickerson, Ph.D.....	66
Engendering the Paraculture	
A. Kane, M.Ed.....	75
If Men Had Breasts	
D. White .....	81
Halfway Houses for Transsexual People	
D. Denny.....	83
Hopeful Couples Programs: Its Gift to Us	
Jack/Christy and Bonnie Lee .....	90
An Evolutionary Profile of a Crossdresser	
B. Daniels and W. Henkin, M. F. C. ....	99
Girl/Boy—Male/Female—Masculine/Feminine	
S. Moore-Bridger .....	111
In Memory of Charlie Howard: Toward a Welcoming Congregation	
G. E. Smith .....	116
Book Reviews	
<i>Transvestites—The Erotic Drive to Crossdress</i> .....	122
<i>Unleashing Our Unknown Selves</i> .....	123
<i>Grandmothers of the Light</i> .....	124
Poetry	
<i>To Be a Man Is not To Be</i> .....	79
<i>Space and Time</i> .....	88
<i>Abby</i> .....	108
<i>I Am Woman, I Am Man</i> .....	109
<i>Deep Love</i> .....	110
<i>My Manhood—1945 to 1990</i> .....	121

## HALFWAY HOUSES FOR TRANSSEXUAL PEOPLE

By D. Denny

Of late, there has been a considerable discussion of the creation of halfway houses to aid in the the transition of transsexual men and women into their new gender roles. Melanie Brett has written an article entitled "Dorm-in-a-Storm," in which she outlines one way in which such a "transition residence" could work. Christine Beatty in San Francisco has also made a proposal for a halfway house. Transsexual halfway houses are more than an idea.

Halfway houses, as they are traditionally conceived and operated, offer a stopping or resting place midway between the institution and the general community. For those who have been imprisoned or who have been unable to look after their own interests because of physical or mental incompetence, they provide a less restrictive setting than the institution, while at the same time offering supportive services.

Halfway houses exist in most of our cities, providing interim shelter for those who are leaving prisons, mental hospitals, and residential facilities for persons with mental retardation—anyone who is deemed unlikely to make it, even with support, out in the "world." They give temporary—and temporary is the operative word—respite before the inevitable move into the cold world. Residence is usually brief, certainly not more than six months to a year or so. Halfway houses are a staging area, as it were, for the individual to gather his or her wits and resources before plunging into the mainstream.

When halfway houses allow their temporary residents to become permanent or semipermanent, they are no longer halfway houses, but mini-institutions. They no longer function as a stopping place, but rather as a warehouse for those who cannot make it in society.

Depending upon the program, the halfway house resident is offered supportive services such as financial help, rehabilitative and vocational counseling, individual and group psychotherapy, and medical assistance. A case worker sees to the provision of these services, and serves to regulate the reentry of the individual into society.

Some residents are unable to deal with the halfway house, and are sent back to the institution. Others do all right in the semistructured setting of the halfway house but cannot make it in the real world and are eventually

placed in group homes or other small institutions. But to be true to the concept of the halfway house, all must eventually move on.

The traditional conception of the halfway house does not include the movement of individuals who are functioning in society into a more restrictive setting. This is more the function of a shelter, as for persons who are battered by their spouses or for persons who are homeless. Shelters provide very brief respite for the individual who is in danger (of abuse, or starvation and exposure). They offer physical protection in a time of danger. Stays are usually measured in days.

Transsexual halfway houses do not fit either the halfway house or shelter model. As they have been proposed, they will offer the individual who is already functioning in society a retreat in which to pursue physical and social changes associated with changing gender. Except for emergency cases, entry will be voluntary.

In the case of the the individual who has become unable to function because of bizarre appearance or behavior related to their transition, the halfway house will serve as a shelter, temporarily removing him or her from the conditions precipitating the crisis and perhaps alleviating the need for institutionalization. This would be an appropriate placement, and so would placement of persons leaving prisons, mental hospitals, substance abuse programs, and other institutions. But in the instances in which the individual will voluntarily "check in," a functioning person will be removed from society and placed in a more restrictive setting. There is a grave danger in this, for it runs contrary not only to the established model of halfway houses, but more importantly, to the purpose of transsexual transition, which is for the individual to function in society in the gender of choice. It circumvents the "real-life test" requirements of the Standards of Care of the Harry Benjamin International Gender Dysphoria Association. It removes the individual from the natural feedback that society provides, substituting an artificial environment in which it will be impossible to learn how to be a woman or a man, for it removes real live male and female models and replaces them with transsexual peers—and not only transsexual peers, but transsexual peers who are unable or unwilling to function in society. It removes the individual from the mainstream and places him or her in a closed society of persons who deviate from the norms of society. It increases, rather than decreases stigma.

In my field of mental retardation, the more astute among us realized years ago that the best-run institution is no substitute for the realistic social environment and that grouping people with retardation is a sure-fire way to teach bizarre behaviors that will make it even more difficult for the individ-

ual when he or she is finally placed in society. I believe that this holds true as well for transsexual people. Placing four or more transsexual people together will not teach them to be men and women; it will teach them to be transsexual.

Such a halfway house will breed dependency, for there will be a natural tendency to cling to its nurturing environment rather than face the harsh realities of a world that has been shown to consistently reject transsexual people. This will be a disaster, for in so doing, the residents will have become institutionalized—that is, they will have gone from being people who were able to live and work and play out in the world to people who are not able to live and work and play out in the world. They will have traded their independence for dependency and isolation.

If the halfway house is true to its name and stay is temporary, then one of two things must happen: the individual, ready or not, will be returned to society, perhaps in worse shape than before, or else will be required to be maintained in an artificial environment with the same sort of social and financial supports as the halfway house offers—a group home for transsexual people, as it were.

Halfway houses for transsexual people are a recipe for failure. By removing transsexual people from society, we will decrease appropriate learning opportunities, teaching “transsexualism” rather than manhood or womanhood. We will increase dependency, delay real-life test, and allow transsexual people to move further into transition than they might have if they had had feedback from society. We will feed and foster the unrealistic dreams and fantasies of those who are running away from manhood and womanhood by providing them with just the sort of nonchallenging environment they are seeking. The halfway house will serve not as a place of respite, but as a hideout for the polymorphously perverse and the habitually unfit, who would be better served in other settings.

The transition of transsexual men and women is a time-consuming and painful process that is best accomplished in the community. When circumstances are such that the individual can no longer function in society and respite is needed, the individual’s transsexualism should not be used as a scapegoat. Respite should be because of the immediate problem, whether that be substance abuse, physical abuse by a spouse or lover, or mental or emotional difficulties. In that setting, the real obstacle can be identified and dealt with. In the catch-all of a transsexual halfway house, the actual difficulty will be likely to be overlooked or glossed over and blame placed on the individual’s transsexualism as the root of the problem.

Transsexual halfway houses will not serve their proposed function, in

my opinion, because they will remove people from society at a time when it is critical that they be in society. They are not the answer. The answer is for transsexual people to function in society, whether they are doing well, or whether they are in trouble. When they re doing well, there is no need for extensive support. When they are not, there are supportive services already in place: substance abuse programs, mental health centers, shelters for battered women (and men), support groups, help lines, and referral services, as well as private physicians and psychologists. Those who are interested in helping transsexual people should focus their monies and energies on teaching transsexual people to cope in the community, rather than removing them from it, and on teaching community programs to cope with transsexual clients. As citizens, transsexual men and women are entitled to these services and must learn to avail themselves of them.

There is another problem with transsexual halfway houses. Halfway houses of any kind are unwelcome in the most residential neighborhoods; at best, a sort of wary tolerance may develop. There is no reason to think that transsexual halfway houses will be more acceptable and every reason, considering the generalized societal rejection of transsexual people, to suppose that community reaction would be swift and harsh. By gathering transsexual people in a central location, they will be more vulnerable to ridicule and even attack, for the aggressors will know where they are; it will be a matter of public record. It will probably be necessary to implement expensive security measures. If the location of the house becomes a public issue, news media will be almost certain to provide coverage and be unlikely to respect the confidentiality of the residents in doing so. Under such conditions, the halfway house will hardly be the safe haven it was meant to be.

Rather than dream of transsexual halfway houses, we should focus on helping those transsexual men and women who are already in society to stay there by providing them with counseling, vocational placement, case management, and other services. We can help them best by serving as advocates and educators rather than as landlords. We can help to locate and use existing resources, or even better, we can train transsexual men and women to locate and use the resources themselves. We can educate caregivers about the Standards of Care and about the needs of their transsexual clients. We can provide legal counsel and support for transsexual people who stand up for their rights to function in our society. We can do all of this, and more, on a fraction of the money it would take to operate a transsexual halfway house. The needs of transsexual men and women will ultimately be better served if they stay in the community, for only then will they ever achieve the happiness to which all transsexual people aspire. Those who would run

a halfway house should be aware of this and know that despite their good intentions, they will be doing their clients a great disservice.

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