

On The Just And Accurate Representation Of Transgender Persons In Research

Alexis Dinno
Portland State University
Molly C. Franks
(no institutional affiliation)
Jenn Burleton
TransActive
Tyler C. Smith
(no institutional affiliation)

Alexis Dinno, School of Community Health, Portland State University;
Molly C. Franks; Jen Burleton, TransActive; Tyler C. Smith.

The nature of the collaboration producing this paper requires two authors to omit their institutional affiliations.

This paper was produced with no financial conflicts of interest, and was unfunded.

*Correspondence concerning this article should be addressed to Alexis Dinno, School of Community Health, Portland State University
PO Box 751-SCH, Portland, Oregon 97207-0751 United States of America. Email alexis.dinno@pdx.edu*

Abstract

Transgender people deserve representation in population-based research, particularly health research, whether the research is programmatic or academic. The academic literature includes little about the health burdens and risks particular to transgender people, such as anti-transgender discrimination. Transgender individuals can seldom self-identify as such in interviews and on surveys, both because sex and gender are typically collapsed into a single question (e.g. 'Sex: male or female. '), and because change in sex or gender is typically not represented. This paper argues for just and accurate representation of transgender individuals in research, and attends to the special challenges facing researchers because gender variation and its language may be labile and contested. We emphasize special difficulties in identifying transgender children and youth. We outline six principles for soliciting gender identity during research in a manner that is inclusive of transgender identities. Because survey questions are expensive, we conclude by moving from these principles to recommendations for a minimal set of questions soliciting gender identity, prioritized according to the number of questions about transgender permitted on a survey. Researchers can be more inclusive and respectful of transgender persons in research, that health experiences of transgender individuals and populations may be better known, understood, and improved.

Keywords: soliciting transgender identity; survey design; anti-transgender bias; inclusiveness; just research

Topic: Gender Identity and Transgenderism

Transgender people deserve representation in population-based research, including epidemiology (Boehmer, 2002; Feinberg, 2001; Lombardi, 2001). The existing literature includes little about the burdens and risks experienced by transgender people, such as institutional or interpersonal anti-transgender discrimination (Davis, 2001; Feinberg, 2001; Grant et al., 2011). Several prevalent biases limit how transgender populations are represented in the health literature. First, transgender individuals are often studied as vectors of sexually transmitted disease by focusing on small segments of the population engaged in higher risk behaviors. For example, as of April 18, 2013, 17.7% of search results returned from Google Scholar (<http://scholar.google.com>) including the terms 'health' and 'transgender' OR 'transsexual' also referenced 'prostitution.' This contrasts markedly with the 4.5% of search results including the terms 'health' and 'women' OR 'girls' which also referenced 'prostitution,' and the 3.5% of search results including the terms 'health' and 'men' OR 'boys' which also referenced 'prostitution.' Another form of misrepresentation,

which extends at least as far back as Hippocrates, has been treating gender variance itself as a disease (American Psychiatric Association, 2000; Cauldwell, 1949; Hippocrates, 400 B.C.E.). A third bias exists in that transgender individuals seldom have an opportunity to self-identify as such because sex and gender are typically collapsed into a single question in interviews and on surveys (e.g. 'Sex: male or female.'). and because change in the individual's sex is typically not represented.

The authors write as queer and transgender health professionals. We seek just and accurate representation of transgender individuals in research. Meyer wrote "'Transgender' refers to such a variety of individuals, from intersexed^{26f} newborns to heterosexually identified transvestite men, that any discussion of transgender people as a group would distort the group's diversity," (Meyer, 2001) but we are optimistic that representing transgender in research will provide meaningful insights into both shared experience, and the extent of transgender diversity, just as the representation of age, immigrant status, or educational attainment provides insights into both shared experiences and diversity within these categories.

Soliciting transgender identity and history, especially among youth, provides particular challenges because gender variation and the language used to describe it are occasionally labile and often contested. We offer several principles for designing questions pertaining to sex and gender on surveys to facilitate representation of gender diversity, and make several recommendations about question specifics. One problem is that 'transgender' can mean different things to different people. At the most narrow, it refers to the experience of someone whose internal sense of masculinity or femininity doesn't match their body, or doesn't conform to rigid stereotypes of masculinity and femininity. Much more loosely, the term may refer to variance in gender presentation and choice and encompass identities such as 'tomboy,' 'hard butch,' 'high femme,' or androgyny without specific labels, in addition to more clinical terms like 'post-operative transsexual,' or 'cross-dresser' (Bornstein, 1997). For researchers and public health professionals who wish to represent transgender populations in interviews or surveys, we offer the following principles to assist in designing survey questions to be inclusive of transgender people.

Transgender should not be subsumed within a question about sex. Most transgender people are *also* male or female. Placing transgender people into an effectively non-sexed category (i.e. 'Are you: male, female, or transgender?') invites exclusion of transgender people from analyses of male and female experiences, and more importantly, may unjustly exclude transgender experience from study (because many transgender individuals will select either male or female in such cases, and therefore not be represented as transgender).

Do not include transgender identity in sexual orientation questions. Gender identity is different from sexual orientation; every person has *both* a gender identity *and* a sexual orientation. Gender identity intersects with sexual identity (as do age, family relationships and a host of other signifiers). However, conflating gender and sexuality may perpetuate blindness toward the broader health concerns of transgender people. It also directs attention away from the health needs of transgender and gender non-conforming children, for whom gender is often salient long before sexual orientation.

The timing of transgender identity and transitions in gender identity during an individual's life should be represented. The diversity of gender variance includes diversity in when during the life course gender shifts. Transgender experiences occurring as small children, as opposed to transgender experiences developing during adolescence or adulthood, may bear in important ways on health. Detailed research into the life-course of transgender individuals should also accommodate the timing of multiple transitions in gender; examples include transitions in medicalized treatment (e.g. non-concurrent surgeries, puberty-inhibiting treatment, or hormone therapy), transitions in covert vs. overt, or strongly typed vs. androgynously typed outward gender expression, and transitions in social relationships (e.g. legal change of sex or name, or pronoun change).

Do not prioritize any mode or direction of gender transition/transgression. Building tacit assumptions about a transgender individual's developmental trajectory may subtly exclude some transgender individuals from representation. Transgender individuals do not necessarily desire hormonal or surgical changes in sex. Wanting to not be a woman does not necessarily equate with wanting to be a man.

Although inclusiveness is desirable, avoid "select all that apply" modes of soliciting different flavors of transgender identity in structured surveys. Although many gender-variant terms have formal definitions, there is a rich descriptive language for transgender experiences (e.g. 'third gender,' 'gender-queer,' 'pink boy' or 'boy-girl'), these vary widely in significance, and it is unlikely such a 'menu' format will capture the full range of language in use, or even capture them in an analytically useful fashion.

Simple and straightforward language is desirable. Clarifying language helps, because 'transgender' and other terms

26 - We are concerned by Meyer's assumption that the intersex population would, in general, be comfortable with being absorbed under the transgender "umbrella".

pertaining to gender variance may not be known or understood by respondents whom researchers would label as transgender.

Recommendations

We recommend the following minimal set of questions pertaining to gender identity, prioritized according to the number of questions about transgender permitted on a survey.

(0 questions about transgender) *Ideally two questions should be asked to identify the respondent's sex over the lifetime.* Researchers should ask 'What was your sex at birth,' and 'What is your sex currently?' These questions may also be expanded to be inclusive of individuals with *both* male and female sexual characteristics. Survey designers should consider whether to make explicit what they mean by sex, for example 'What sex is designated on your birth certificate' would provide a legalistic insight (not necessarily correlated with other aspects of social roles, sexual biology, and personal identity). Medicalization and self-identity of transgender makes clarification desirable: how should a transgender individual who is taking hormones but has not had surgery answer the sex question? How should a post-operative transsexual answer it? What about intersex individuals?

(1 question about transgender) *A straightforward yes or no question asking if the respondent self-identifies as transgender should be included. This question should be separate and in addition to a question about the respondent's sex.* This question should likewise be prefaced for clarity. For example, 'People may describe themselves as transgender if they do not conform to other people's expectations based on their birth sex.' Age-appropriate language is important.

(2 questions about transgender) *A follow up question for those answering 'Yes' to transgender self identity: When were you first aware that your gender identity either did not match your body or other people's perception of your gender?* This question will facilitate the differentiation of the 'As long as I can remember' and those transgender individuals who developed transgender identity in adolescence or later (in fact, there should be an option for 'as long as I can remember,' in addition to numeric year responses).

It is our desire to see epidemiologists and other population researchers engage in more inclusive and respectful research relating to transgender persons, that the health experiences of transgender individuals and populations may be better known, understood, and improved.

References

- Feinberg, L. (2001). Trans health crisis: for us it's life or death. *American Journal of Public Health*, 91(6):897–900.
- Lombardi, E. (2001). Enhancing transgender health care. *American Journal of Public Health*, 91(6):869–872.
- Boehmer, U. (2002). Twenty years of public health research: Inclusion of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health*, 92(7):1125–1130.
- Davis, K. (Director & Producer). (2001). *Southern Comfort* [Film]. New York: Q-Ball Productions.
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Technical report, National Center for Transgender Equality and National Gay and Lesbian Task Force, Washington, DC.*
- Hippocrates (400 B.C.E.). *On Airs, Waters, Places*. Web Atomics, URL: <http://classics.mit.edu/Hippocrates/airwatpl.mb.txt>. Translated by Francis Adams in 1849.
- Cauldwell, D. O. (1949). Psychopathia Transsexualis. *Sexology*, 16:274–280.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV TR*. American Psychiatric Association, Washington, DC.
- Meyer, I. H. (2001). Why lesbian, gay, bisexual, and transgender public health?. *American Journal of Public Health* 91(6):856–859.
- Bornstein, K. (1997). *My Gender Workbook: How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely*. Routledge, New York, NY.