# A Quick Reference Guide for Research with Trans<sup>1</sup> People

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This short introductory text is meant to provide some guidance for research professionals wishing to collect more thorough data through sex and gender-based analysis (SGBA), which includes trans people, as recommended by federal research funding bodies such as the CIHR. In no way is the list of terms and recommended readings exhaustive, and it is the duty of each member of a research team and Ethics Review Board to ensure any project considers potential harm to all human subjects, including trans people. Keeping up to date with best practices regarding research with trans people will help ensure work meets minimum requirements as per provincial and federal guidelines, will reduce the likelihood of harm to an already marginalized population, and will encourage research that has useful, positive impacts on the advancement of knowledge in general.

# Terminology

All language is built upon specific cultural and geographical context. It is important to keep in mind that colonial notions of gender and sex, as they are currently understood in anglophone university settings, are based on hundreds of years of logics and scientific methods from specific western European traditions of thinking, which includes mind-body dualism (Mehta, 2011). When doing research with Indigenous people, People of Colour, Black people, and several other ethnocultural groups underrepresented in sexual and gender diversity writings, it is important to note that the following terms may not apply, as they could be too culturally specific to Western cultural concepts of gender (Bauer, Braimoh, Scheim, & Dharma, 2017). In a North American context, many Indigenous people use the term Two-Spirit<sup>2</sup>, though some will also use terms below promoted by settlers and non-Indigenous agencies. Additionally, different disciplines will have their own versions of these definitions, depending on theoretical approaches to gender and sex.

Within mainstream Western research involving trans people, here are some terms you may encounter. Terms may apply to certain populations but not others, depending on generational, geographical, and cultural differences. Within an institutional context, it is also important to remember that sexual orientation, sex, gender identity, and gender expression are all protected

<sup>&</sup>lt;sup>1</sup> To keep this guide short, this word will be used throughout for people who have affirmed genders, sex, or sex roles that differ from the labels assigned to them at birth (or before).

<sup>&</sup>lt;sup>2</sup> Two-Spirit is "an umbrella term adopted in 1990 at an intertribal conference in Winnipeg, Canada, as a way of communicating a broad range of traditional Indigenous gender-diverse identities and social roles [43]. Two-spirit represents an assertion of Indigenous identities that may take forms outside of the recent academic formulation of sexual orientation and gender identity as distinct concepts, and outside of identities such as lesbian, gay, bisexual and transgender that have developed within primarily white settler communities. While Indigenous terminology and traditional gender roles may differ between First Nations, they also do not fit neatly into commonly used survey formulations of sexual orientation, as well as gender identity, as they do not make a distinction between the two." (Bauer, Braimoh, Scheim, & Dharma, 2017)

grounds against discrimination in the Ontario Human Rights Code (http://www.ohrc.on.ca/en/code grounds/gender identity).

LGBT: Acronym designating people who are lesbian, bisexual, and gay, transsexual/transgender/trans. The acronym can take a range of forms depending on the identities that are included. The following letters may be added: Q for queer or to designate people who are questioning their sexual orientation or gender identity; 2S for two-spirit; I for intersex people; T for transvestites [sic]<sup>3</sup>; A for allies or for asexuals. A + sign or an asterisk (\*) placed at the end of the acronym indicates the potential inclusion of other identities that aren't yet represented by a letter (Chamberland & Puig, 2015).

Sexual orientation or sexual attraction: physical, emotional, or sexual attraction towards people. We often categorize sexual orientation based on the gender(s) of the concerned party and the gender(s) of the people to whom they are attracted. For example, a man who is exclusively attracted to women may refer to himself as heterosexual or straight. A woman attracted to men, women, and other genders may refer to herself as bisexual. A man who does not experience sexual attraction may refer to himself as asexual. These words have to do with who we are into, whereas gender identity words have to do with who we are independent from attraction.

**Gender identity or gender**: the internal sense of belonging or not belonging to a gendered social category. Though gender identity often falls in line with sex designation at birth, this is not always the case and the two can be separate. Gender informs social roles and etiquette, and will influence which pronouns we use (e.g. she, he, they, ze) and which honorifics will feel respectful (e.g. miss, mister, mx).

**Sex or biological sex**: a combination of several physical factors with which we associate gender roles, that are commonly known as "sex". These may include: genotype, hormonal profile, presence or absence of gonads (testicles, ovaries), body hair patterns, presence or absence of Adam's apple, chest tissue, genital configuration, sense of physical embodiment, pitch of voice, and other stereotypically gendered attributes.

**Intersex**: term for people who have endogenous genotypic, hormonal, or anatomical profiles that fall outside of the medial classifications of male and female – a naturally occurring physical state that is not the product of a gender affirmation or a sex transition process.

Cis or cisgender: an umbrella term that designates people whose gender or sex are congruent with what was assigned to them at birth, via a conscious or subconscious process of self-affirmation. Some cis people modify their bodies (e.g. birth control, breast implants, vasectomies) or social statuses, many do not. Cis is a prefix and an adjective that is more respectful than using "normal", and less clunky than using "non-trans". Using cis to designate non-trans individuals helps normalise transness and avoids "othering" trans people.

**Trans or trans\*** (asterisk recently falling out of favour): an umbrella term that designates people whose gender or sex differ from what was assigned to them at birth, via a consensual process of

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<sup>&</sup>lt;sup>3</sup> The word "transvestite" is typically recognized as derogatory, though it may be used in Spanish-, French-, and Portuguese-speaking communities that have a different connection to the word, which is often written as *travesti*, and recognized as a separate gendered category outside of anglophone cultures.

self-affirmation. Some trans people modify their bodies or legal statuses, many do not. Trans is a prefix and an adjective, not a noun.

**Transgender**: an umbrella term for people whose gender differs from what was assigned to them at birth. Transgender is an adjective, not a noun or an adverb (transgendered[sic]).

**Transsexual**: a term for people whose sex differs from the one assigned to them at birth. Many anglophones find this term to be derogatory, as it has been inherited from psychiatric diagnoses. However, many other cultures and some anglophones will continue to use this term to identify themselves. Most people who use the term have had or wish to have some sort of hormonal or surgical intervention as part of their gender affirmation process (i.e. transition).

**Non-binary**: an umbrella term for people whose genders fall outside of the gender binary. The gender binary is a social categorization system that assigns people as either male/men or female/women, which can be restrictive to many. People who are non-binary may be on the manwoman continuum, outside of it, or some combination of gender categories.

**Genderqueer**: term for people who are non-binary and whose gender is queer. Though queer has historically been used as an insult for LGBTQ+ people, its reclaimed form has been adopted by some to describe genders and sexualities that are beyond normalized scripts.

**Agender**: term used for people who do not have a gender or do not feel themselves to have gendered qualities.

It is important to always honour the current self-determined gender of the people around you, as you would their current marital or relationship status, parental identity, or religious identity. As transness becomes de-medicalized, identity terms are likely to keep changing.

A trans woman is a person who knows herself to be a woman and was assigned male at birth.

A cis woman is a person who knows herself to be a woman and was assigned female at birth.

A trans man is a person who knows himself to be a man and was assigned female at birth.

A cis man is a person who knows himself to be a man and was assigned male at birth.

A **non-binary person** is a person who knows their gender to be non-binary, and might have been assigned male or female at birth.

### Ethics and trans people

There is a long history of scientific representation of trans people as objects, and rarely subjects or equal members of a research team: this is especially noticeable in health sciences (Bauer et al., 2009), psychology, social sciences, and gender studies (V. Namaste, 2009; V. K. Namaste, 2015). As we witness a collective shift towards social recognition of trans people's humanity and right to self-determination (Irving, 2013), we are faced with a difficult task: how do we adapt institutional procedures and favour intellectual humility when so few trans people are meaningfully engaged or included within academia?

#### General guidelines for ethical research

Like all research involving humans, a few points must be considered to ensure an ethical, scientifically rigorous inclusion of trans people. Some practices and approach encourage a more ethical process of working with trans populations (Adams et al., 2017):

- a. language and framing of transgender health research should be non-stigmatizing;
- b. whenever possible, research should be grounded, from inception to dissemination, in a meaningful collaboration with community stakeholders;
- c. research should be disseminated back to the community;
- d. the diversity of the transgender and gender diverse (TGGD) community should be accurately and sensitively reflected;
- e. informed consent must be meaningful, without coercion or undue influence;
- f. the protection of participant confidentiality should be paramount;
- g. alternative consent procedures should be considered for TGGD minors;
- h. research should align with current professional standards that refute conversion, reorientation, or reparative therapy; and
- i. IRBs should guard against the temptation to avoid, limit, or delay research on this subject.

#### Quantitative research and questionnaires

Necessary data is severely lacking on trans people in all fields of research with humans, including the federal census. Part of this is since research is made by-and-for cisgender (non-trans) people, and part of it is due to the lack of cultural competency among researchers which pushes them to ask questions such as:

#### Are you:

- a) Male
- b) Female
- c) Other

These types of questions are othering, often create a sense of unease in participants, and will lead to people feeling disrespected: they might not complete surveys and they might let fellow trans people know the research team doesn't "get it". A recent Ontario-based study (Bauer et al., 2017) has found that questions which specifically ask about one's trans status gave better data, without causing confusion among a diverse sample of English-speaking Canadians. To capture the experiences of all subjects, trans or not, respect for self-determination is necessary (asking gender, pronouns, giving options on how to answer), something quantitative research rarely does when it comes to trans people.

Instead of using "other", you could include "something else" or "an identity not listed above" with an open field. Here are some verified options suggested by Bauer et al (2017) to avoid othering or causing confusion among trans participants, for times when a researcher wishes to force an answer, while still collecting inclusive sociodemographic data:

- Option A: Multidimensional Sex/Gender Measure (MSGM). Two-point question for sexual and gender data collection methodology as per Bauer et al. (2017). This option was tested and validated with trans and cisgender (non-trans) participants.
  - Q1. What sex were you assigned at birth, meaning on your original birth certificate?
    - 1 Male
    - 2 Female
  - Q2. Which best describes your current gender identity?
    - 1 Male
    - 2 Female
    - 3 Indigenous or other cultural gender minority (e.g. two-spirit)<sup>4</sup>
    - 4 Something else (e.g. gender fluid, non-binary)

The third question may be asked only of those who indicate a current gender identity different than their birth-assigned sex. If so, it can be forward-filled to code cisgender participants as living in their identified (and birth-assigned) sex/gender.

- Q3. What gender do you currently live as in your day-to-day life?
  - 1 Male
  - 2 Female
  - 3 Sometimes male, sometimes female
  - 4 Something other than male or female.
- Option B: Multidimensional Sex/Gender Measure (MSGM). Two-point question for sexual and gender data collection methodology as per Bauer et al. (2017). This option contains a collapsed version of gender identities outside the male/female binary. It does not take into account Indigenous or other cultural minority gender diversity, making its use a bit more limited in terms of ethnocultural data.
  - Q1. What sex were you assigned at birth, meaning on your original birth certificate?
    - 1 Male
    - 2 Female
  - Q2. Which best describes your current gender identity?
    - 1 Male
    - 2 Female
    - 3 Something else (e.g. gender fluid, non-binary)

The third question may be asked only of those who indicate a current gender identity different than their birth-assigned sex. If so, it can be forward-filled to code cisgender participants as living in their identified (and birth-assigned) sex/gender.

<sup>&</sup>lt;sup>4</sup> Rationale for Q2-R3: "We have also added an Indigenous or cultural gender identity response option to recognize the traditional gender identities that exist in many Indigenous cultures within Canada and the world. We included "two-spirit" as an example even though it is a term designed to communicate the concept of Indigenous gender identities to non-Indigenous people, as it is commonly recognized, and we were not able to identify any other umbrella term." (Bauer et al., 2017)

- Q3. What gender do you currently live as in your day-to-day life?
  - 1 Male
  - 2 Female
  - 3 Sometimes male, sometimes female
  - 4 Something other than male or female.

## **Further readings**

Below is a list of readings in quantitative and qualitative research for people who wish to adapt their research to be more respectful and inclusive of trans people. All the proposed readings have at least one trans author and are based on research in Ontario or Canada within the last six years.

2SHAWLS: A community-based HIV research project in Ontario led by Indigenous people living with HIV/aids who identified as Two-Spirit that looked at resilience and well-being http://www.oahas.org/2shawls/

Adams, N., Pearce, R., Veale, J., Radix, A., Castro, D., Sarkar, A., & Thom, K. C. (2017). Guidance and Ethical Considerations for Undertaking Transgender Health Research and Institutional Review Boards Adjudicating this Research. *Transgender Health*, 2(1), 165–175. https://doi.org/10.1089/trgh.2017.0012

Bauer, G. R., Braimoh, J., Scheim, A. I., & Dharma, C. (2017). Transgender-inclusive measures of sex/gender for population surveys: Mixed-methods evaluation and recommendations. *PLOS ONE*, 12(5), e0178043. https://doi.org/10.1371/journal.pone.0178043

Bauer, G. (2012) Making Sure Everyone Counts: Considerations for Inclusion, Identification and Analysis of Transgender and Transsexual Participants in Health Surveys (Webinar) *CIHR Institute of Gender and Health - Webinar Series on Integrating Gender and Sex in Health Research*. University of British Columbia. Vancouver, BC. URI: <a href="http://hdl.handle.net/2429/41729">http://hdl.handle.net/2429/41729</a>

CIHR (n.d.) Sex, Gender and Health Research Guide: A Tool for CIHR Applicants. <a href="http://www.cihr-irsc.gc.ca/e/32019.html">http://www.cihr-irsc.gc.ca/e/32019.html</a>

#### References

- Adams, N., Pearce, R., Veale, J., Radix, A., Castro, D., Sarkar, A., & Thom, K. C. (2017). Guidance and Ethical Considerations for Undertaking Transgender Health Research and Institutional Review Boards Adjudicating this Research. *Transgender Health*, 2(1), 165–175. https://doi.org/10.1089/trgh.2017.0012
- Bauer, G. R., Braimoh, J., Scheim, A. I., & Dharma, C. (2017). Transgender-inclusive measures of sex/gender for population surveys: Mixed-methods evaluation and recommendations. *PLOS ONE*, *12*(5), e0178043. https://doi.org/10.1371/journal.pone.0178043
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). 'I Don't Think This Is Theoretical; This Is Our Lives': How Erasure Impacts Health Care for Transgender People. *Journal of the Association of Nurses in AIDS Care*, 20(5), 348–361. https://doi.org/10.1016/j.jana.2009.07.004
- Chamberland, L., & Puig, A. (2015). A practical guide to welcoming sexual and gender diversity in colleges and universities. Montréal, Québec: Chaire de recherche sur l'homophobie, Université du Québec à Montréal. Retrieved from http://collections.banq.qc.ca/ark:/52327/2561853
- Irving, D. (2013). Against the grain: Teaching Transgender Human Rights. *Sexualities*, *16*(3–4), 319–335. https://doi.org/10.1177/1363460713479746
- Mehta, N. (2011). Mind-body Dualism: A critique from a Health Perspective. *Mens Sana Monographs*, 9(1), 202–209. https://doi.org/10.4103/0973-1229.77436
- Namaste, V. (2009). Undoing Theory: The "Transgender Question" and the Epistemic Violence of Anglo-American Feminist Theory. *Hypatia*, 24(3), 11–32.
- Namaste, V. K. (2015). *Oversight: Critical Reflections on Feminist Research and Politics*. Women's Press. Retrieved from https://books.google.ca/books?id=tvqfCgAAQBAJ