

The Ethical Case for Undercounting Trans Individuals

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Abstract This article makes an ethical case for celebrating the undercounting of trans individuals in surveys and studies. Despite positive motivations compelling researchers to more accurately enumerate the transgender spectrum, researchers trying to quantify the trans experience should ask themselves if their personal definition of who is trans is more or less important than the identity of trans individuals living a low/nondisclosure life.

Keywords trans identity, survey research

For much of the past fifty years, LGBT activism and “acting up” have focused on the political and social value of being out and proud. In recent years, the emphasis on publicly claiming an identity has extended to demanding that LGBT populations “stand up and be counted.” At this moment, however, it is important for us to pause and examine the ethical implications of outness and the desire for accurate counts of transness.

Just because it may be possible one day to find accurate ways to count trans people, it does not mean that we always should.

A decade ago, I stood firmly on the other side of this argument. I am the pastor of Grace Evangelical Lutheran Church in San Francisco and have been the executive director of Welcome, primarily serving LGBTQ homeless individuals for twelve years. Despite being “out” about my trans identity, I, like many trans individuals, maintain a low level of disclosure about my medical choices.

Living on the autistic spectrum, I am a stickler for rules and exactness in counting. My unique way of thinking, fueled by lessons learned coming out in South Dakota, convinced me that the ability to self-identify is an intrinsic part of liberty. In the past, this has caused me to create long, elaborate counting systems and surveys that did a better job at validating people’s choices than in collecting concise information.

Working with the homeless, I know all too well that exactitude in counting vulnerable populations not only has real and lasting budgetary implications but also has the potential to produce the political momentum needed to create safety nets and to end discriminatory policies.

Yet along with all the positive effects of accurate data on health care and public policy and in making us feel a little less alone, there is also an ethical case to be made for not counting trans individuals, particularly those who are the most vulnerable.

Each year since 2002, I have spent a week on street retreat, sleeping on the sidewalks, in shelters, or in the makeshift spaces that homeless individuals in San Francisco or Minneapolis call home. During these outings I have answered my fair share of surveys, honestly providing my financial, medical, sexual, and employment history. I have gone through the process of changing my sex marker in shelter databases and with primary care providers.

In these situations, I have found that the surveys that did the best job uncovering my sexuality and gender identity were time-consuming, were conducted orally in locations without privacy, and were used as a gateway to gain shelter or other resources designed to care for the most vulnerable. While some of these surveys make it possible for individuals engaging in high-risk behaviors to obtain much-needed health care, prevention, and harm reduction, they also require vulnerable individuals to make themselves even more vulnerable in exchange for obtaining basic food and shelter services. Regardless of the socioeconomic class of those answering the overly sexualized questions, providing unnecessary medical information to strangers can leave trans individuals feeling pathologized, overexposed, and abnormal.

In ancient biblical times, people believed that infertile women were a different sex than fertile women (Carden 2006). Can you imagine the outrage if people were asked to list their fertility status on forms in an attempt to acquire a more accurate understanding of their sex? What if menopausal women or men taking Viagra were required to state their hormonal status in parity with trans individuals? Should women who have had surgery to remove breast cancer or a hysterectomy and men who had prostate cancer removed be counted differently than others who have not? If not, then why is it considered acceptable to ask trans individuals questions about their hormones and the surgical state of their bodies?

In addition to the ethical issues about vulnerability and privacy, the full spectrum of our community will never be fully represented by these numbers. Perhaps the greatest barrier to accurate and complete data is the identity choice of some individuals to *not* come out as trans. As long as there are individuals some might describe as trans who have fully affirmed their asserted sex living as trans low/nondisclosers, studies on our community will always undercount it.

As Julia Serano points out, low/nondisclosing individuals are not hiding their true identity when they choose not to identify as transgender (2007). Rather, these individuals are asserting the identity they have always known themselves to be and/or have become. To many low/nondisclosing individuals whose transition is complete, their identity is now male or female, and there is no longer a need or desire to identify as a member of the trans community. This creates an ethical dilemma. If the ability to self-identify is an intrinsic part of liberty, then how can it be right to include this individual under a trans umbrella? But not including these individuals undercounts the number of people who *at some point* in their lives may need transgender-related health and social services and who may need policies protecting them from discrimination.

Researchers striving for accuracy may try to find better ways to include trans low/nondisclosing individuals. While this could improve understandings of the ways in which people across the trans continuum live and breathe, it may also have effects beyond the study results. For example, failing to take into account the trans low/nondisclosure experience may artificially increase unemployment and violence statistics, causing some trans individuals to believe that their lives will be safer and more productive if they choose to delay transition or not to transition at all. On the other hand, the inclusion of trans low/nondisclosing individuals in data may decrease the rate of discrimination reported and make it more difficult to use numbers to justify the need for special protection under the law.

There are many positive motivations compelling researchers to more accurately enumerate the transgender spectrum and to enable people to find their place on it. Still, the project of counting trans individuals raises hard questions. Researchers trying to quantify the trans experience should ask themselves if their personal definition of who is trans is more or less important than the identity of individuals living a low/nondisclosure life. Those who conduct surveys in social-services settings should think long and hard about the extra vulnerability they are imposing on an already vulnerable group. Does the perception that food, housing, and other benefits must be “paid for” by answering intrusive questions mean that the consent is real? If it is not yet possible to fully describe and quantify our community, what are the potentially negative consequences of survey results that say they represent the entire trans community?

We are a diverse, evolving community that cannot be generalized or captured in statistics. Instead of striving to be quantified and reduced to numbers frozen at one moment in time, we should find better ways to educate the cis community. Our strength lies beyond what can be counted by researchers. The wisdom that evolves from our lives cannot be fully understood without living them.

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