Gendered Restrooms and Minority Stress: The Public Regulation of Gender and its Impact on Transgender People's Lives

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The designers of our built environment have created public facilities that are segregated by gender, such as public restrooms, locker rooms, jails, and shelters. Reliance upon gender segregation in our public spaces harms transgender and gender non-conforming people. This paper employs a minority stress framework to discuss findings from an original survey of transgender and gender non-conforming people in Washington, DC about their experiences in gendered public restrooms. Seventy percent of survey respondents reported being denied access, verbally harassed, or physically assaulted in public restrooms. These experiences impacted respondents' education, employment, health, and participation in public life. This paper concludes with a discussion of how public policy and public administration can begin to address these problems by pointing to innovative regulatory language and implementation efforts in Washington, DC and suggests other policies informed by the survey findings.

The concept of two separate and opposing genders – men and women – is entrenched in our society and reflected in our built environment. Public spaces throughout the United States are constructed with gender-segregated facilities, which serve to determine who is and is not allowed to use a particular space. Gender segregation is commonly found in public restrooms, locker rooms, dressing rooms, homeless shelters, jails, and prisons and is intended to provide safety, order, modesty, and security in these facilities. However, the concept of gender that underlies the design of these facilities ignores people who do not fit into a binary gender scheme, particularly transgender and gender non-conforming people. Traditional beliefs about gender are being challenged now more than ever and we must address the inadequacies of our built environment to meet the needs of all people regardless of gender.[1]

Restrooms in particular are an integral and necessary part of the built environment for our daily lives. All people share the real human need for safe restroom facilities when we go to work, go to school, and participate in public life. Since the need is universal, one

[1] For the purposes of this paper, "transgender" and "gender non-conforming" describe people whose gender identity or expression is different from those traditionally associated with their assigned sex at birth.

would think that it would be a priority of our society to make sure restrooms are safe and available for all people. Yet, the way gendered public restrooms are designed and constructed harms transgender and gender non-conforming people, some of whom may not conform to reified expectations of how men and women will look and act.

One way to conceptualize this harm is through a minority stress model. Minority stress develops by experiencing major stressors, such as when one is fired from a job, but can also develop through everyday experiences of disrespect and disparate treatment (Meyer 2003). Research on minority stress has found that it negatively impacts the mental health and social well-being of lesbian, gay, and bisexual people (Meyer 1995; Meyer 2003; Kertzner et al. 2009). Furthermore, lesbian, gay, and bisexual people may suffer minority stress as the result of prejudice and discrimination based on their gender non-conformity in addition to their sexual orientation (Gordon and Meyer 2007). Though these studies did not include transgender-identified participants, the findings on minority stress related to gender non-conformity suggest that minority stress models are appropriate to measure the impacts of prejudice and stigma experienced by transgender and gender non-conforming people.

This paper will utilize a minority stress framework to describe the experiences of transgender and gender non-conforming people when accessing and using gendered public restrooms. Data for this paper come from an original survey of transgender and gender non-conforming residents of Washington, DC, conducted in 2008 and follow-up interviews with selected survey participants. This survey collected data from 93 respondents on their experiences in gendered public restrooms in the DC metropolitan area, including experiences of denial of access, verbal harassment, and physical assault, and how those experiences impacted their education, employment, health, and participation in public life. Analysis of the survey data also will outline differences in these experiences based on race, income, and gender. Public restrooms fall under the purview of public policies that govern their design, construction, maintenance, and use. Public policy and public administration, therefore, can address problems that gender segregation creates. This paper will conclude by pointing to innovative public policy and public administration solutions that have created and implemented protections for transgender and gender non-conforming people and by taking a forward look at the role of gender segregation in urban planning and the built environment.

Gender Segregation and Minority Stress

Ilan Meyer (2003) outlined processes of minority stress as they relate to lesbian, gay, and bisexual (LGB) people. Meyer (2003) locates minority stressors on a range from distal to proximal. Distal minority stressors are those that are based on events external to the individual and unrelated to the individual's self-perception or identity. These could be acute events, such as experiencing an incident of violence or job loss due to being perceived as LGB, or chronic events, such as homelessness due to family rejection. Proximal minority stressors are those that are based in an individual's self-perception and identity. Meyer explains, "Minority identity is linked to a variety of stress processes; some LGB people, for example, may be vigilant in interactions with others (expectations of rejection), hide their identity for fear of harm (concealment), or internalize stigma (internalized homophobia)" (2003, 676).

Meyer has modeled and tested the relationship between these processes of minority stress and mental health outcomes for gay and bisexual people, finding that minority stress is associated with negative outcomes in social well-being and mental health (Meyer 1995; Meyer 2003; Kertzner, Meyer, Frost, and Stirratt 2009). Though Gordon and Meyer (2007)

found that LGB people suffer from prejudice, discrimination, and violence due to gender non-conformity, very little research has applied minority stress models directly to the experiences and health outcomes of transgender individuals and none have focused on gender segregation as a cause of minority stress (see, for example, Effrig, Bieschke, and Locke 2011; Garofalo, Emerson, and Mustanski 2010; Vilain and Sanchez 2009; Kelleher 2009). Without question, transgender and gender non-conforming individuals experience violence, stigmatization, and discrimination (see, for example, Grant et al. 2011; Stotzer 2009, and Lombardi et al. 2001). In the largest survey of trans people to date, transgender and gender non-conforming people reported being fired due to anti-transgender bias (26%), being harassed (78%) and physically assaulted (35%) at school, suffering double the rate of unemployment, and attempting suicide at alarming rates (41%) (Grant et al. 2011). Transgender and gender non-conforming people across the United States certainly are suffering the negative impacts and consequences of distal and proximal minority stressors. Furthermore, as a matter of tradition and policy, we have built minority stressors for transgender and gender non-conforming people into our very environment due to our reliance on gender segregation in public facilities.

The impact of gender segregation in transgender and gender non-conforming people's lives has received little attention or study in scholarly research and, as of this writing, no studies have been published in the fields of Public Policy and Public Administration on this topic. However, research in Sociology and by transgender organizations has provided descriptions of the experiences of transgender and gender non-conforming people in public restrooms. In *Queering Bathrooms: Gender, Sexuality, and the Hygienic Imagination*, sociologist Sheila Cavanagh presents findings from 100 interviews with lesbian, gay, bisexual, transgender, and intersex (LGBTI) people on their thoughts and experiences regarding public restrooms (2010). While Cavanagh's study is mainly a theoretical mapping of how public restrooms reinforce gender and sexuality norms and why LGBTI people are harmed in these spaces, she relates narratives from interview participants that describe instances of harassment, humiliation, arrest, and physical violence in public restrooms.

Organizations that serve the trans community have also conducted research on transgender and gender non-conforming people's experiences in public restrooms. The Transgender Law Center (TLC), in cooperation with the National Center for Lesbian Rights (NCLR), found in a survey of transgender people in San Francisco that 63 percent of 75 respondents to questions regarding experiences in public accommodations experienced denial of access and/or harassment at least once while using public restrooms (Minter and Daley 2003). In a separate, more qualitative survey of transgender people in San Francisco, Dylan Vade found that "out of 116 responses from those who did not identify as male or female, 48 people took the time to write out specific bathroom experiences, all negative. These experiences ranged from harassment to violence to getting fired" (Vade 2002, 2). Respondents reported being physically abused, verbally harassed, fired, arrested, and made ill from avoiding restrooms altogether. A 2007 study in Virginia found that public restroom facilities served as a barrier to health care for some respondents (Xavier, Honnold, and Bradford 2007). Out of the sample of 350 Virginians self-identified as transgender, 37 respondents (11 percent) reported that a "lack of appropriate restroom facilities" had prevented them from seeing a doctor or getting health care (Xavier, Honnold, and Bradford 2007, 17).

Original analysis of the two data sets from the San Francisco surveys revealed that respondents experienced problems differently and at differing rates based on race and ethnicity, gender identity, and income. People of color reported problems using restrooms at a much higher rate than white respondents.[2] People who were transitioning from female-to-male reported problems at a much higher rate than people who were transitioning from male-to-female. Lower income groups reported more restroom problems than higher income groups, though this difference was not significant when tested. These differences suggest that discrimination based on race and ethnicity, class, and gender is intertwined with and may exacerbate experiences of prejudice in gender-segregated spaces. The survey conducted for this study improves on these prior surveys by focusing specifically on gendered restrooms, collecting more detailed quantitative data on a wider range of experiences, while also providing a more nuanced understanding of the impact of problems in gendered restrooms though qualitative data collection.

Survey Method and Analysis

Washington, DC served as the site for this survey, which was targeted to transgender and gender non-conforming people who work, live, and/or attend school in the District.[3] As a "hard-to-reach" population, usual sampling techniques for randomization, such as random-digit dialing, were not feasible for this survey. This survey utilized a convenience sampling method designed to reach as many members of the target community as possible. The survey was open for four months beginning November 2008 and advertised and/or distributed directly through seven community organizations, one online community, and two local listserves, all of which serve the LGBT community in Washington, DC. Advertisements for the survey encouraged respondents to forward news of the survey on to others they think are part of the target respondent group. The survey was offered online, in print, and via one-on-one interview in order to be as accessible as possible for people without internet access or low literacy. An incentive to participate was included in the form of a lottery for one of four $50 cash prizes. Follow-up interviews were conducted with six survey participants: two young transgender men, one young and two older transgender women, and one male crossdresser.

Analysis of the survey data was conducted using descriptive statistics, cross tabulations, and where appropriate, Pearson's chi-square and Fisher's exact tests.[4] As noted above, prior research suggests that transgender and gender non-conforming people experience problems at different rates based on race, income, and gender, so analyses of those differences are presented. The survey contained open-ended questions that generated qualitative data, which, along with follow-up interview data, was coded and analyzed. Follow-up interviews conducted for this study offer more detailed qualitative data that

[2] Original analysis was conducted by the author. Pearson's chi-square tests were conducted in this prior research. Unless otherwise noted, the findings reported here were found to be significant ($p < 0.05$).

[3] Data collection activities were originally conducted for the author's doctoral dissertation in cooperation with the DC Trans Coalition and received final approval from the George Washington University Institutional Review Board under IRB #080708, and all approval memos and approved documents are on file with the GWU IRB and the author.

[4] Pearson's chi-square tests and Fisher's exact tests are only generalizable with random samples. With a non-random sample, not only is the test not generalizable, but the test's ability to find statistical significance may be limited. Yet the test can be used to crudely measure a statistical relationship between two variables within the sample and provide hypotheses for future research. Chi-square tests of independence were performed when the expected value of each cell was 5 or higher. The Fisher's exact test, a test designed for use with thin cells, was used when any cell had an expected value of 4 or below. Test statistics and p-values are reported and will indicate which test was used.

allowed for better understanding of how people's experiences have impacted their lives by tracing and linking specific events to any subsequent impacts.

Survey Sample Demographics

The target population for the survey was transgender and gender non-conforming people who live, work, or have spent significant time in Washington, DC. Approximately 50 percent (n=47) of survey respondents lived in Washington, DC. DC-resident respondents came from all four quadrants of the city, with the majority living in the northwest quadrant. Only 3 of the 93 respondents lived in zip codes outside the Washington, DC metropolitan area, which includes northern Virginia and the Maryland suburbs.

Table 1 shows the racial/ethnic and age composition of the full survey sample and how it compares to the District of Columbia. Though nearly half of the survey respondents reside outside of Washington, DC, in Virginia or Maryland, this comparison gives a rough idea of how the survey sample differs from the general DC population.[5] In the survey sample, 67 percent of respondents identified as white only, 17 percent identified as Black or African American only, and 12 percent reported two or more races. This sample appears skewed in favor of white respondents. The survey sample is composed mainly of individuals 44 years old and younger. Compared to the DC population, the survey sample seems much younger overall.

Table 1. Race and Age of the Survey Sample and the District of Columbia

Demographic	Survey Sample		DC
	Frequency	Percent of Sample	Percent of Population
Race/Ethnicity (n=93)			
Black/African-American alone	16	17%	54%
Hispanic/Latin@ alone[6]	2	2%	9%
Native American/American Indian alone	0	0%	<1%
Asian/Pacific Islander alone	2	2%	2%
White/Caucasian alone	62	67%	34%
Two or more races	11	12%	1%
Age (n=93)			
18-24	34	37%	14%
25-34	30	32%	24%
35-44	15	16%	18%
45-54	8	9%	16%
55-64	5	5%	14%
65 and older	1	1%	14%

Source for DC Data: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.

[5] An analysis of just the DC-resident respondents did not show any impact on the trends observed in Table 1 except in the case of race. DC residents in the sample seemed slightly less skewed from the DC population than the sample as a whole: 60 percent identified as white only, 29 percent identified as Black or African American only, and 13 percent reported two or more races. Yet, regardless of the residency of the respondents, this sample appears skewed in favor of white respondents.

[6] The use of "@" in the word "Latin@" is sometimes used in written Spanish to make the word gender-neutral in a concise manner.

Table 2 presents the income and educational attainment of the survey sample and the District of Columbia. Nearly half of the survey sample and the population of the District of Columbia had annual individual incomes of $19,999 or less – 46 percent and 48 percent, respectively. While the third and fourth income quintiles seem slightly larger in the survey sample, DC appears to have a larger share in the highest income category, at 9 percent versus 5 percent in the survey sample. While there appears to not be a large difference in income, survey respondents in the survey sample report higher educational attainment than the DC population. The survey sample had fewer people in the three lowest categories of educational attainment, and markedly higher percentages for those who had some college (no degree) and those who completed a bachelor's degree.

Table 2. Income and Educational Attainment of the Survey Sample and the District of Columbia

	Survey Sample		DC
Demographic	Frequency	Percent of Sample	Percent of Population
Income (n=92)			
$0-$19,999	42	46%	48%
$20,000-$39,999	17	18%	20%
$40,000-$59,999	15	16%	12%
$60,000-$99,999	13	14%	11%
$100,000+	5	5%	9%
Educational Attainment (n=93)			
8th grade or less	0	0%	4%
Some high school (no diploma)	6	6%	9%
High school/GED	9	10%	18%
Some college (no degree)	19	20%	12%
Associate's degree	4	4%	3%
Bachelor's degree	26	28%	19%
Graduate/professional degree	17	18%	19%

Source for DC Data: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008. Percentages in each category may not add to 100% due to rounding.

Table 3 describes the gender identity of the survey respondents in four categories, arranged by respondents' sex assigned at birth and gender identity today. Sixty respondents (65 percent) were assigned female at birth. Thirty-seven of those respondents identified as a man, transgender, transsexual, and/or female-to-male (FTM). Twenty-three respondents assigned female at birth did not identify as transgender in any way, but identified themselves as gender non-conforming and/or genderqueer. Thirty-three respondents (35 percent) were assigned male at birth. Twenty-nine of these respondents identified as a woman, transgender, transsexual, and/or male-to-female (MTF). Four respondents assigned male at birth did not identify as transgender in any way, but identified themselves as gender non-conforming and/or genderqueer.

Table 3. Self-Identified Gender and Transition Status of the Survey Sample

	Gender Identity (n=93)		Has had any medical transition (n=49)	
Gender Identity Today	Frequency	% of Sample	Frequency	Row %
	Assigned Female at Birth (n=60)			
Man / Transgender / Transsexual / FTM	37	40%	24	65%
Gender Non-Conforming / Genderqueer (not trans identified)	23	25%	0	0%
	Assigned Male at Birth (n=33)			
Woman / Transgender / Transsexual / MTF	29	31%	24	83%
Gender Non-Conforming / Genderqueer (not trans identified)	4	4%	1	25%

Table 3 above also shows medical transition status by each gender category. Overall, 49 respondents (53 percent) have had medical transition of some sort. Sixty-five percent of those transitioning from female-to-male (FTM) and 83 percent of those transitioning from male-to-female (MTF) have had some form of medical transition, which may include hormone treatment, surgery, and other medical treatments or procedures for purposes of gender transition. The most common medical treatment respondents reported was hormone treatment. Forty-five respondents reported having had hormone treatment; these 45 respondents comprise 48 percent of the sample and 92 percent of those who have had any medical transition.

Survey Respondents' Experiences with Gendered Public Restrooms

The survey assessed people's experiences accessing or using gender-segregated public restrooms by asking specifically about denial of access to facilities, verbal harassment, and physical assault. Overall, 65 respondents (70 percent) reported experiencing one or more of these problems. Eighteen percent of respondents have been denied access to a gender-segregated public restroom, while 68 percent have experienced some sort of verbal harassment and 9 percent have experienced some form of physical assault when accessing or using gender-segregated public restrooms. This section reviews the results of questions about denied access, verbal harassment, and physical assault provided through the survey and follow-up interviews and provides an analysis of each based on gender, race/ethnicity, and income.

Denied Access

Eighteen percent of respondents have been denied access to at least one gender-segregated public restroom in Washington, DC. Table 4 describes the income, race/ethnicity, and gender of those denied access to gender-segregated public bathrooms. Comparing the rates of those denied access in each of the lowest three income quintiles shows very little difference, at 21 percent, 24 percent, and 20 percent. Twenty-five percent of all Black or African American respondents were denied access to gendered public bathrooms, which is

slightly higher than the share of white respondents (18 percent) and respondents of two or more races (18 percent). Twenty-six percent of all female-to-genderqueer respondents were denied access, which is about 10 points higher than the other two gender categories reporting denied access. There appears to be no significant relationship between being denied access to public restrooms and income (*Fisher's exact* = 0.377), race/ethnicity (χ^2 = 0.36, p = 0.85), or gender (χ^2 = 0.4073, p = 0.816).

Table 4. Denied Access to Gender-Segregated Public Restrooms by Income, Race/Ethnicity, and Gender

	Denied Access (n=17)	
Demographic	Frequency	% of row category
Income (n=92)		
$0-$19,999 (n=42)	9	21%
$20,000-$39,999 (n=17)	4	24%
$40,000-$59,999 (n=15)	3	20%
$60,000-$99,999 (n=13)	1	8%
$100,000+ (n=5)	0	0%
Race/Ethnicity (n=93)		
Black/African-American alone (n=16)	4	25%
Hispanic/Latin@ alone (n=2)	0	0%
Asian/Pacific Islander alone (n=2)	0	0%
White/Caucasian alone (n=62)	11	18%
Two or more races (n=11)	2	18%
Gender (n=93)		
Transgender Female-to-Male (n=37)	6	16%
Transgender Male-to-Female (n=29)	5	17%
Female-to-Genderqueer (n=23)	6	26%
Male-to-Genderqueer (n=4)	0	0%

Verbal Harassment

Sixty-eight percent of respondents reported experiencing at least one instance of verbal harassment in gender-segregated public restrooms. For purposes of this survey, "verbal harassment" was defined very broadly. These experiences could include, but were not limited to, having been told they were in the wrong facility (n=39), told to leave the facility (n=12), questioned about their gender (n=34), ridiculed or made fun of (n=19), verbally threatened (n=8), and stared at or given strange looks (n=56). Respondents also reported in qualitative responses having had the police called, having been confronted while using urinals, and being followed after using a facility.

Table 5 describes respondents' verbal harassment experiences by income, race/ethnicity, and gender. Eighty-two percent of those in the second income quintile ($20,000-$39,000) have experienced verbal harassment, which is the highest rate by income category in this sample. Black or African-American respondents reported the second-highest rate of verbal harassment (87 percent) and 64 percent of those reporting two or more races experienced verbal harassment. The percent of those who identified as gender non-conforming or genderqueer who have experienced verbal harassment is 78 percent for those assigned female at birth and 75 percent for those assigned male at birth. The rate of verbal harassment is relatively lower for those who identify as transgender female-to-male (68 percent) or transgender male-to-female (59 percent).

Table 5. Verbal Harassment in Gender-Segregated Public Restrooms by Income, Race, and Gender

	Verbal Harassment (n=63)	
Demographic	Frequency	% of row category
	Income (n=92)	
$0-$19,999 (n=42)	29	69%
$20,000-$39,999 (n=17)	14	82%
$40,000-$59,999 (n=15)	11	73%
$60,000-$99,999 (n=13)	7	54%
$100,000+ (n=5)	1	20%
	Race/Ethnicity (n=93)	
Black/African-American alone (n=16)	14	87%
Hispanic/Latin@ alone (n=2)	2	100%
Asian/Pacific Islander alone (n=2)	1	50%
White/Caucasian alone (n=62)	39	63%
Two or more races (n=11)	7	64%
	Gender (n=93)	
Transgender Female-to-Male (n=37)	25	68%
Transgender Male-to-Female (n=29)	17	59%
Female-to-Genderqueer (n=23)	18	78%
Male-to-Genderqueer (n=4)	3	75%

There seems to be no significant relationship between experiencing verbal harassment and one's race/ethnicity (*Fisher's exact* = 0.269) or gender (*Fisher's exact* = 0.517). However, experiencing verbal harassment is related to one's income ($\chi^2 = 4.396$, $p = 0.036$). Survey respondents who made $49,999 or less annually are more likely to experience verbal harassment than survey respondents who made $50,000 or more annually.

Physical Assault

Eight respondents (9 percent) reported experiencing at least one instance of physical assault in gender-segregated public restrooms. Like the term "verbal harassment" discussed above, "physical assault" was defined very broadly in this survey to capture a range of experiences respondents had where an altercation involving physical contact with others occurred. These experiences could include, but were not limited to, having been physically removed from the facility (n=4), hit or kicked (n=2), physically intimidated and/or cornered (n=6), and slapped (n=1). One transgender male-to-female respondent reported having been sexually assaulted while using the men's room.

Table 6 describes the distribution of experiences of physical assault by income, race/ethnicity, and gender. In this sample, there is a marginal relationship between race/ethnicity and experiences of physical assault (*Fisher's exact* = 0.078). This suggests that people of color in this sample were more likely than white respondents to experience physical assault. There is also a marginal relationship between income and physical assault in this sample (*Fisher's exact* = 0.056). Respondents making less than $50,000 annually in this sample were more likely to experience physical assault than respondents making $50,000 or above. There seems to be no relationship between gender and physical assault in this sample (*Fisher's exact* = 0.530).

Table 6 Physical Assault in Gender-Segregated Public Restrooms by Income, Race, and Gender

	Physical Assault (n=8)	
Demographic	Frequency	% of row category
Income (n=92)		
0 to $19,999 (n=42)	5	12%
$20,000-$39,999 (n=17)	2	12%
$40,000-$59,999 (n=15)	1	7%
$60,000-$99,999 (n=13)	0	0%
$100,000+ (n=5)	0	0%
Race/Ethnicity (n=93)		
Black/African-American alone (n=16)	3	19%
Hispanic/Latin@ alone (n=2)	0	0%
Asian/Pacific Islander alone (n=2)	0	0%
White/Caucasian alone (n=62)	3	5%
Two or more races (n=11)	2	18%
Gender (n=93)		
Female-to-Male (n=37)	2	5%
Male-to-Female (n=29)	4	14%
Female-to-Genderqueer (n=23)	2	9%
Male-to-Genderqueer (n=4)	0	0%

Impact of Gendered Restrooms in Education, Employment, Health and Public Life

A single experience of denied access, verbal harassment, or physical assault is certainly a problem in its own right. These experiences, however, can have far-reaching effects that impact people's lives. Experiences of discrimination can impact people's lives in many ways, even leading to poverty or to negative health consequences (Grant et al. 2011). This survey sought to assess the impact on people's lives in four areas: education, employment, health, and participation in public life.

Education

Thirty-one respondents currently attend or have attended school in Washington, DC. Forty-two percent of these respondents reported being denied access to and/or verbally harassed in restrooms at their school in DC. Ten percent of the 31 respondents reported that incidents of denied access to and/or verbal harassment in restrooms negatively impacted their education in some way. One respondent had excessive absences due to problems with using restroom facilities. Another respondent reported that problems with restrooms caused poor performance as well as excessive absences. One former DC student reported that she had performed poorly in school and had to change schools; she finally dropped out of school due to problems with restrooms.

Although other respondents reported that problems using these facilities at school did not affect their education, some reported that accessing and using restrooms was disruptive to their daily life at school. For example, students reported avoiding going to the restroom at school when they needed to or having to find restrooms that had very little traffic. In a follow-up interview, a young transgender man described the situation at his school where school administration required him to use the restroom in the guidance office instead of the regular men's restrooms. He explains:

> The ones in the guidance office are supposed to be unisex, but they're still marked men/women, so I don't feel comfortable using the one

> marked women and then I have to wait an hour before I can try going there again. . . There's not always a line, but we only have ten minutes between classes, so if the bathroom is occupied, I don't have any time to wait. It's also not easy to leave during class, which means I would have to go back at the end of class.

This situation distracted him in class both because of his need to remain continent in the face of physical discomfort and his anxiety about finding an available restroom at the end of the class period.

Employment

Sixty survey respondents have worked in Washington, DC. Twenty-seven percent of these respondents reported being denied access and/or verbally harassed while using restrooms at their place of employment in DC. Thirteen percent reported that problems of denied access to and/or verbal harassment in restrooms at work affected their employment in some way. Four of these respondents changed jobs or quit their job. Four respondents reported that problems using these facilities contributed to poor job performance, excessive absences, and excessive tardiness.

Other respondents discussed how problems with gender-segregated restrooms at work caused them other kinds of complications. One respondent described having to deal with co-worker resentment, "When I transitioned at work, some of the other women complained behind my back because they didn't want me to use the women's room along with them, and at least one of them started going to the women's room on a different floor of the building just to shun me." Another respondent explained how he carefully planned for restroom use:

> I felt forced to make sure I used the bathroom before I left the house and did not use the public restroom unless I was 100% [sure] there was no one in there or [I would] go to a different floor that I didn't work on where I was less likely to encounter the same jerks, or I waited until I got home to use the bathroom [because] I usually didn't feel safe at all using the restrooms in public.

Another respondent reported that problems using the restroom caused him to plan out what time he would use the restroom so he could avoid confrontations.

Health

Fifty-four percent of respondents reported having some sort of physical problem from trying to avoid using public bathrooms, all of whom reported that they "held it" to avoid public restrooms. Health problems that respondents reported due to avoiding using public bathrooms include: dehydration (n=9), urinary tract infections (n=7), kidney infection (n=2), and other kidney-related problems (n=2). Six percent of respondents have seen a doctor for health problems caused by avoiding public restrooms.

Respondents described additional health problems due to avoiding public restrooms. One respondent explained, "I had avoided using public bathrooms for so many years and would hold it when I needed to go that now my bladder is weaker." Another respondent described how excessive continence might aggravate an existing medical condition: "I have kidney problems already. I know it's not good for me to hold it, but the alternative could be much worse."

In addition to the physical problems caused by avoiding public restrooms, some respondents have avoided getting health care when they needed it. Nine percent of respondents have avoided going to a hospital, healthcare facility, or doctor's office because those facilities have gender-segregated restrooms. One respondent avoided going to the doctor when he got a urinary tract infection. He explained: "I knew when I had contracted an infection from holding it daily and [I] drank a lot of prune juice and used a friend's left over prescription to get rid of it. I didn't want to hear the lecture from a medical professional." The lecture he did not want to hear was instruction from a doctor not to avoid using the restroom when he needed to go.

Participation in Public Life

Problems or expectation of problems with gender-segregated public facilities can impact a person's participation in public life, causing him or her to refrain from going to public places or attending public events. Fifty-eight percent of respondents reported that they have avoided going out in public due to a lack of safe restroom facilities. Thirty percent of respondents reported not attending a specific event for a variety of reasons related to public restrooms. The most common reasons for avoiding an event were that the length of the event was too long to avoid using the restroom (n=20) and a lack a familiarity with the venue where the event was being held (n=18). Respondents also reported avoiding events because the event was not important enough to risk problems with restrooms (n=17), restrooms at the event seemed unsafe (n=15), and there would be no friends or people the respondent knew at the event who could help navigate the restroom (n=14).

Thirty-eight percent of respondents reported avoiding particular public places because they only have gender-segregated facilities available. The places respondents most frequently avoided include shopping malls, retail stores, restaurants, gyms, and bars, including gay bars. Conversely, 49 percent reported that they will plan their route through certain areas of the city or will go to a specific place because they know there are safe restrooms there to use. One respondent described a similar strategy she used as follows:

> Given that the anti-androgen most MTF [transsexual] folks have to take, Spiro, causes frequent urination, I quickly learned where all the safe bathrooms were when having to go into Washington, DC. Once I found safe places, I plotted my travel routes to be near them, and I avoided going very much beyond those set routes.

Respondents offered other strategies they use to navigate gendered public restrooms. Common strategies involved finding gender-neutral restrooms, having a friend along for a trip to the restroom, using the restroom at home before going out in public, and if necessary, swinging by a nearby friend's house to use the restroom. Other suggestions respondents offered include using the restroom during "off peak" hours when traffic is low and avoiding places where one has previously had problems using the restroom. One respondent uses a strategy that combines several elements: "Stay out in DC for short periods of time. Scout bathroom options. If men's and women's entrances are very close and the bathrooms are not currently in use, I will use them. If there is a line to use the restrooms, I will not. Standing in line usually always results in verbal abuse or denial of access."

Respondents also noted that the ability to "pass" in restrooms is important in avoiding problems when using them. As one respondent put it, "There are tricks to passing in the bathroom. I have never been 'caught.'" One respondent, who self-identified as a butch lesbian, described a strategy that involves singing: "I sing and/or talk to people and feminize my walk every time I enter a public bathroom. I do this to help clue people in to

the fact that I am a woman without announcing it. It works under 50% of the time. I am often still read as a man."

Gender Segregation as a Cause of Minority Stress

Minority stressors created by gender segregation range from the distal to the proximal. Seventy percent of survey respondents experienced denied access, verbal harassment, and/or physical assault when trying to access or while using gendered public restrooms. Respondents experienced these problems in public places, at work, and at school. These experiences of distal stressors created expectations of problems in these spaces, causing some to hide from public life. These more proximal stressors that survey participants reported included absences from work and school, poor performance at work or school, choosing to not participate in public life, avoiding particular places or events, and having to develop strategies to navigate gendered restrooms. While some specific negative impacts on physical health were discussed through the survey, such as bladder infections and distress, it is reasonable to assume there is an impact on the mental health of those who suffer this type of minority stress (see, for example, Lombardi and Bettcher 2005).

This survey was not designed to measure mental health outcomes based on the minority stress study participants experienced, but many offered narratives that describe possible impacts on mental health. Experiencing consistent problems in gender-segregated public restrooms can contribute to a sense of stigmatization and ubiquitous discrimination. In a follow-up interview, a participant discussed the dangers of constant harassment:

> There have been plenty of times where, for example, in the women's bathrooms when women say mean things about me to their friends but not to my face, that's really emotionally damaging, and that, to me, that's dangerous. . . . I mean, we are talking about someone's gender identity, which is something that is so fundamental to who people are. People questioning that, and having that questioned on a daily basis can and does lead to self-harm and even suicide and all sorts of things. Verbal harassment and even non-verbal harassment, people just staring at you, can be dangerous.

No survey respondents reported that problems navigating gendered public facilities directly contributed to any self-harm, but several respondents expressed dismay or sadness due to other people consistently challenging their gender identity. One respondent remarked, "It's depressing to have to often explain my gender identity when others don't have to." Another respondent explained, "I just hope I never have to experience these negative experiences, though it appears this it is all very possible based upon past happenings. I am sad, about all this stuff." One respondent predicted a future threshold where consistent glares would finally cause her to avoid using public restrooms altogether. She stated, "I do not really avoid any place because I am at the moment not at a limit with the uncomfortable stares and glares I get." One respondent offered an apt summary statement to the complexities of problems restrooms create when she stated, "Subtlety is the key to cruelty."

The survey findings presented above describe the minority stressors that result from our reliance on gender segregation in our built environment. Certainly individual actors who would deny access, harass, or physically assault anyone in public spaces are responsible for their actions in those instances, but gender segregation immediately creates a system of surveillance and policing of public spaces based on subjective assessments of a person's gender and gender expression (Cavanagh 2010). Transgender and gender non-conforming

people must navigate a public world organized around gender and be subject to this type of surveillance when using gendered spaces. Minority stress for these groups of people is literally built into our environment. Further research is needed to better understand the mental health impacts of gender segregation for transgender and gender non-conforming people.

Limitations

This study should be viewed as an exploratory study, which provides a definition of the problems that gender segregation creates for transgender and gender non-conforming people and seeks to establish this problem as one that public policy and public administration should address. Continued research on this subject is warranted, both to further establish an understanding of the problems related to minority stress for transgender and gender non-conforming people, particularly as it pertains to gender segregation, and the solutions that public policy and public administration can offer. Future research endeavors similar to this study would benefit from improved sampling methods that allow for greater generalizability, better representation of the demographics of the underlying population, and a more sophisticated accounting of gender transition. In over-representing white respondents, the results of this survey are likely biased toward finding fewer reported incidents in gender-segregated restrooms, particularly in the area of physical assault. Since this survey limited responses to experiences in Washington, DC, rather than over the lifetime of the respondents, results may be biased toward fewer reported incidents. Several survey respondents remarked that they had moved to Washington, DC after they transitioned gender and experienced much fewer problems after having transitioned. Researchers would improve upon this study by better accounting for the temporal nature of gender for study participants who have transitioned or will transition gender.

Conclusion

Transgender and gender non-conforming people can find themselves in danger in the gendered spaces in our built environment. Until public policy and public administration can meet the challenge to address this problem and rethink our reliance on gender segregation in our built environment, the onus will always be on the individual to try to navigate these spaces safely. In considering the role gender segregation plays in our environment, we should consider whether gender segregation is necessary to organize our public spaces. This is something that many legislators, public officials, and administrators are currently grappling with as transgender and gender non-conforming people have increased their visibility, formed political coalitions in the United States, and organized to make known the issues and problems they encounter in our society. While some jurisdictions have responded to the call to make changes to their policies and public spaces, many have not yet taken on this challenge but undoubtedly must face it in the future.

There are some models of public policy and public administration initiatives that have begun to address the problems gender segregation creates in public restrooms. For instance, statutory language that gives transgender and gender non-conforming people legal protections in restrooms have been adopted in the state of New Jersey, the cities of Oakland, Boston, Denver, and Boulder, and several jurisdictions within the state of Oregon. Enforcement regulations, which are drafted and implemented by government agencies, provide restroom protections in the cities of San Francisco, New York, and Washington, DC. Washington, DC's enforcement regulations contain the strongest language in the

country in regard to gender-segregated public facilities and serve as a good model for creation of public policy and implementation to address this problem.

In 2005, the DC Human Rights Act was amended to include "gender identity or expression," and enforcement regulations for this amendment were adopted in 2006 that cover gender-segregated public facilities. These enforcement regulations for the DC Human Rights Act not only protect the rights of people to use the public facility consistent with their gender identity, but also mandate the creation of more gender-neutral restrooms in the District. Single-occupancy public restrooms in DC are now required to be gender-neutral. This requirement makes the enforcement regulations in DC the strongest in the country as of this writing. Implementation of the regulations is ongoing, with the DC Office of Human Rights working in conjunction with local advocacy groups, like the DC Trans Coalition and the DC Center, to identify and educate businesses that are out of compliance.

In addition to adopting legal protections for transgender and gender non-conforming people and creating more gender-neutral restrooms, transition-related health care coverage for transgender individuals must be considered as part of any public policy solution to the problems transgender people experience in gendered spaces. Participants in the survey for this paper suggested that medical gender transition decreases instances of denied access, harassment, and physical assault. Indeed in this sample, people who had any medical treatments or procedures to transition were less likely to experience harassment than those who had not transitioned ($\chi^2 = 5.0107$, $p = 0.025$). People assigned male at birth who had undergone electrolysis or laser hair removal for facial hair were less likely to experience verbal harassment than those assigned male at birth who had not ($\chi^2 = 11.2108$, $p = 0.001$). Significant barriers exist to getting medical transition treatments and procedures for those who need them. Fifty-two respondents said they wanted to have some (or more) transition-related medical treatments or procedures, but 63 percent said they cannot afford it. Eighty-five percent of these respondents said they would be more likely to get the medical treatments or procedures they want if they had insurance that covered them. Expanding access to transition-related health care for transgender people would be an important part any public policy initiative to address the problems created by gender segregation.

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References

Cavanagh, Sheila L. 2010. *Queering Bathrooms: Gender, Sexuality, and the Hygienic Imagination*. Toronto: University of Toronto Press.

Effrig, Jessica C., Kathleen J. Bieschke, and Benjamin D. Locke. 2011. Examining victimization and psychological distress in transgender college students. *Journal of College Counseling,* 14 (2): 143-157.

Gordon, Allegra R. and Ilan H. Meyer. 2007. Gender nonconformity as a target of prejudice, discrimination, and violence against LGB individuals. *Journal of LGBT Health Research,* 3(3): 55-71.

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. 2011. *Injustice at Every Turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.

Kelleher, Cathy. 2009. Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counselling Psychology Quarterly,* 22(4): 373-379.

Kertzner, Robert M., Ilan H. Meyer, David M. Frost, and Michael J. Stirratt. 2009. Social and psychological well-being in lesbians, gay men, and bisexuals: the effects of race, gender, age, and sexual identity. *The American Journal of Orthopsychiatry,* 79(4): 500-510.

Lombardi, Emilia and Talia Bettcher. 2005. Lesbian, Gay, Bisexual, and Transgender/Transsexual Individuals. In Barry S. Levy and Victor W. Sidel (Eds.), 130-144. *Social Injustice and Public Health*, New York: Oxford University Press.

Lombardi, Emilia L., Riki A. Wilchins, Dana Priesing, and Diana Malouf. 2001. Gender Violence: Transgender Experiences with Violence and Discrimination. *Journal of Homosexuality* 42(1):89-101.

Meyer, Ilan H. 1995. Minority stress and mental health in gay men. *Journal of Health and Social Behavior,* 36:38-56.

Meyer, Ilan H. 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin,* 129(5): 674-697.

Minter, S., & Daley, C. 2003. *Trans Realities: A Legal Needs Assessment of San Francisco's Transgender Communities.* San Francisco: National Center for Lesbian Rights and Transgender Law Center.

Mustanski, Brian S., Robert Garofalo, and Erin M. Emerson. 2010. Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health,* 100(12): 2426-2432.

Sánchez, Francisco J. and Eric Vilain. 2009. Collective self-esteem as a coping resource for male-to-female transsexuals. *Journal of Counseling Psychology* 56(1): 202-209

Stotzer, Rebecca L. 2009. Violence against transgender people: A review of United States data. *Aggression and Violent Behavior,* 14: 170–179.

Vade, Dylan. 2002. *Gender Neutral Bathroom Survey.* Unpublished report on file with author. Factsheet Accessed August 29, 2012 at http://archive.srlp.org/files/documents/toolkit/gnb_survey.pdf

Xavier, Jessica, Julie A. Honnold, and Judith Bradford. 2007. *The Health, Health-related Needs, and Lifecourse Experiences of Transgender Virginians.* Virginia: Virginia HIV Community Planning Committee and Virginia Department of Health.