



Sexual Orientation and Gender Identity (SOGI) Adult Measures Recommendations FAQs

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Below we provide answers to many of the questions we receive asking us to explain our current set of recommendations (see Appendix A). These responses are based on our collective years of experience conducting empirical research with sexual and gender minority populations, including both published and unpublished studies that indicate evidence for best practices.

GENERAL QUESTIONS

What about the existing Williams Institute published reports on data collection recommendations (i.e., SMART and GenIUSS reports)? Why provide updated recommendations?

The SMART (2009) and GenIUSS (2014) reports are important resources for reviews of what was known about the measurement of sexual orientation and gender identity at the time they were published. While these reports remain useful resources, research and practice has continued to progress in this field. Efforts to generate addenda to these reports are underway. In the meantime, we offer this truncated list of SOGI items for the most commonly requested measures—measures of sexual orientation identity and gender identity for use on large-scale surveys or in administrative data collection. Those who seek measures of sexual attraction and behavior or a measure solely of transgender identity should refer to SMART (2009) and GenIUSS (2014), respectively.¹

¹ For SMART (2009) report, go to: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf>

Why these items?

We used several criteria for selecting the list of currently recommended ways to ask SOGI questions:

- Multiple years of use in large-scale surveys, such as the Center for Disease Control and Prevention's health surveys and the California Health Interview Survey
- Evidence of cognitive testing or other efforts to assess accuracy and nonresponse
- Balance between inclusion of most common response categories and exclusion of responses that may confuse the majority of respondents and lead to false positives

Adjustments to existing tested measures, such as the National Health Interview Survey (N-HIS) sexual orientation identity item, are often proposed by community members based on the idea of giving the community voice, better representation, or validation. However, any adjustments should be weighed against the fact that these questions have been tested with sexual and gender minorities.² Furthermore, around 99% of the people completing a general population survey will be cisgender and around 95% will be heterosexual, so there is risk that adjustments may confuse enough of these respondents to result in invalid data. One type of adjustment that is commonly made is to add a longer list of unique identity terms to those in the recommended questions. While it is important for respondents to find a suitable category for themselves in a survey question, categories with few people in them are often later collapsed into larger categories and sometimes are dropped from an analysis. In this case, a respondent may have had the opportunity to express their unique identity in the survey, yet their voice is taken away in the end. We strongly recommend that any adjustments to the recommended questions should be properly tested to understand the potential impact on the resulting data. Research on these measures is ongoing.

Why do questions used in general population surveys not include all the identity labels that sexual minorities actually use?

We recognize that all kinds of data can inform public policy and community action, but these recommendations are focused on the types of information collected in population-based surveys that study a sample of the entire population, not just sexual and gender minorities.

Large, population-based surveys almost always use multiple-choice questions. Another question format is fill-in-the-blank, where respondents write in their personal identity, but these are not ideal for surveys because they require recoding of each written response into a numeric value that can be used in statistical analysis. This requires the coder or analyst to make decisions on how to represent what the respondents wrote in—which means, the coder is choosing the best ways to recategorize someone's identities into usable data groups. This process can also be very time consuming, especially in studies that include a large number of responses.

² Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys (October, 2016). https://nces.ed.gov/FCSM/pdf/SOGI_Research_Agenda_Final_Report_20161020.pdf

Using multiple-choice questions in large general population studies also have some limitations. One limitation is that questions that are used to identify minorities have to be phrased in ways that all people, including people who are not members of the minority group, will understand. This is a limitation because some terms that are preferred among members of a minority group may not be well-understood outside the minority group. This can lead to serious errors in the results if people who do not understand the term assume that the term applies to them when in fact does not.

Cisgender heterosexual people are the majority, making up about 95% of the U.S. population. If a population-based survey asks a question about respondents' sexual orientation or gender identity and even a small percentage of cisgender heterosexual people answer incorrectly, that survey would miscount the true number of sexual and gender minorities and flood those categories with those who should not be included. For example, if a researcher asked a random sample of people in the general population if they are "asexual" and those people think that "asexual" means being celibate, the researcher will end up with many more people under this category than they actually intended to count. Survey researchers describe this as a problem of misclassification and including people in a group that they don't really belong to is described as having "false positives." Questions that yield a lot of false positives cannot be used for surveys if we want the results to be accurate and useful to policymakers.

The questions we recommend are those that have been tested and deemed to be widely understood in the U.S., so that people answer them accurately. Although the questions and answer options may not be ideal in capturing the full diversity of identities among sexual and gender minorities, these recommendations reflect the current best questions to identify sexual and gender minorities among the general population that will generate usable and useful data.

Why are there two sets of questions for each area (SO and GI)?

We included questions for interviewer-administered surveys and surveys where the respondents answer the questions themselves on a web survey or on paper (i.e., a self-administered survey). The way questions are asked and the responses are recorded differ for each mode of data collection. Interviewer-administered questions are phrased in a way to make the questions easy for an interviewer to read aloud and a respondent to understand and answer audibly. For instance, a long, complex survey question with many answer options might confuse a respondent listening to the question. Self-administered surveys are slightly different in that they allow the respondent to read the question and answer options at their own pace and they can refer back to the question and answer options as needed.

QUESTIONS ABOUT MEASURING SEXUAL ORIENTATION

Why aren't "queer," "pansexual," "asexual" and other identities also listed?

To date, no cognitive testing and no assessment of errors has been conducted to test whether adding a broader variety of terms describing non-heterosexual identities create confusion to respondents that can add to errors in the data. For instance, there could be problems with data accuracy due to heterosexual people not understanding the terms and mistakenly selecting them. For example, the term "same-gender loving or SGL" is used by a minority of Black sexual minorities but may be misunderstood and mistakenly selected by people who do not actually identify as SGL but are not familiar with the term. This will inflate the number of people counted as SGL and, depending on the type of survey, mask any disparities in health and well-being when compared to heterosexual

people. Also, while terms like “queer” are actually used by many non-heterosexual people, the term’s meaning varies greatly, including whether it refers to sexuality, gender expression and identity, a political statement of alliance with LGBT causes, or all of the above.

Similarly, people use asexual as a sexual orientation identity but it is also confused in the general public with the concept of simply not being sexual active at the time or being celibate, which is different from what this identity label is supposed to capture in the context of sexual minority identities.

Although, as we say above, providing respondents a write-in option is not ideal (i.e., it creates coding issues and sometimes unusable data), we recommend including that in addition to standard response options as the field continues to explore how many people use various labels (particularly, queer, non-binary, pansexual) and to serve as a foundation for survey development testing efforts. The strategy of including a write-in is particularly important when the survey will be analyzed to inform future iterations of the question.

QUESTIONS ABOUT MEASURING GENDER IDENTITY

Why not include an option for “transgender man” and “transgender woman” for the gender identity question?

We recommend the 2-step version of gender identity because it captures anyone whose gender identity is different from their sex assigned at birth, treating “transgender” as both a social status and an identity. Using this approach avoids the need for terms like Trans man and Trans woman, which are not universally understood.

Why not ask about current gender identity first?

We recognize that the question asking sex assigned at birth may be an uncomfortable question for some respondents. Sometimes, community advocates and researchers put the gender identity question first in order to affirm a respondent’s gender identity before asking sex assigned at birth. However, we recommend, until further testing can be conducted, that surveys ask sex assigned at birth first then gender identity, which is the order that has been tested and used on large scale surveys.

One concern about changing the order is that research shows that many transgender respondents will answer standard binary sex questions (those with male/female options only) and a more expanded gender list according to their sex assigned at birth. Others will answer according to their gender identity. If the gender identity item comes first in the two-step measure, transgender respondents may select their sex assigned at birth, especially if it is unclear that a question about sex assigned at birth will also be asked. Those who answer according to their sex assigned at birth would then be categorized as cisgender in the two-step.³ We recommend asking the sex assigned

³ Schilt, K. & Bratter, J. (2015). From multiracial to transgender? Assessing Attitudes toward expanding gender options on the US Census. *Transgender Studies Quarterly*, 2(1), 77-100.

Herman, J.L., Becker, T., Reisner, R., Krueger, E., Hughes, T., Meyer, I.H., Bockting, W., & Wilson, B.D.M (2018, November 13). “Male” and “female” is not enough: Replacing the standard binary gender question on population-based surveys. Paper presented by J.L. Herman at the Annual Meeting of the American Public Health Association, San Diego, CA.

Herman, J.L. (2018, June 11). Identifying Gender Minorities in U.S. Population-based Surveys: Current Measurement Research with the

at birth question first because it is most clear about the context it is referring to (i.e., original birth certificate), for transgender and cisgender respondents alike.

This is why we disagree with some of our colleagues' untested assertion that flipping the order improves data collection. We are also wary about the assumption that flipping the order will inherently improve people's comfort levels or communicate greater respect. That is, it is entirely possible that asking people to describe their current gender identity, and then asking about their sex assigned at birth gives the impression that the latter response is seen as more valid. For now, we recommend using the format that has been tested more recently and is used in some large-scale surveys, but acknowledge this is an important area to keep exploring and studying.

APPENDIX A

SEXUAL IDENTITY

Interviewer Administered

Do you think of yourself as gay or lesbian; straight, that is, not gay or lesbian; bisexual; something else; or you don't know the answer?

1	Gay or lesbian
2	Straight, that is, not gay or lesbian
3	Bisexual
4	Something else
5	I am not sure yet
7	Refused
9	I Don't Know what this question means

[If something else] What do you mean by something else? _____ (write-in)

Self-Administered

Which of the following best represents how you think of yourself?

1	Gay or lesbian
2	Straight, that is, not gay or lesbian
3	Bisexual
4	Something else
5	I am not sure yet
7	Refused
9	I Don't Know what this question means

[If something else] What do you mean by something else? _____ (write-in)

GENDER IDENTITY

Interviewer Administered

On your original birth certificate, was your sex assigned as male or female?

1. Male
2. Female

Do you currently describe yourself as male, female, or transgender?

1. Male
2. Female
3. Transgender
4. None of these

[If none of these] What is your current gender identity? _____ (text)

Self-Administered

What sex were you assigned at birth, on your original birth certificate?

1. Male
2. Female

How do you currently describe yourself?

1. Male
2. Female
3. Transgender
4. None of these

Confirmation Question (for interview administered and self-administered if programmed online)

Just to confirm, you were assigned [RESPONSE] at birth and currently describe yourself as [GENDER RESPONSE].
Is that correct?

1. Yes, that is correct
2. No