



# Including Trans People in Research

A Practical Guide  
to Collecting Data  
on Gender and Sex



THE UNIVERSITY OF  
MELBOURNE



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# Acknowledgement of Country

We acknowledge that the development of these guidelines took place on Country across Australia. The Trans Health Research group is based in Naarm (Melbourne), on the lands of Wurundjeri people of the Kulin Nation. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples. Sovereignty was never ceded.



## Acknowledgements

A majority of the authorship team behind these guidelines are trans people, including trans women, trans men, and non-binary individuals.

The development of these guidelines was led by the [Trans Health Research Group](#) and supported by a Diversity and Inclusion Grant from the Faculty of Medicine, Dentistry and Health Sciences, at The University of Melbourne.



These guidelines make recommendations that are based on the Australian Bureau of Statistics (ABS) [The Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables 2020](#).

These guidelines also adapt [research resources](#) developed by [TransHub](#). TransHub is a trans-led online hub, created by [ACON's](#) Trans Health Equity team in partnership with over 400 trans people of all genders across New South Wales.

The [Australian Professional Association for Trans Health](#) (AusPATH) Research Committee provided input to the development of these guidelines and the AusPATH Board of Directors provided endorsement. AusPATH is Australia's peak body for professionals working to improve the health, rights, and wellbeing of trans people. These guidelines have also been endorsed by [Thorne Harbour Health](#).

## Partner organisations



## Endorsing organisations



# Contact information

## Trans Health Research Group

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**Instagram:** [www.instagram.com/TransHealthResearch](http://www.instagram.com/TransHealthResearch)

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## Guideline overview

**The trans experience of gender has long been pathologised, criminalised, stigmatised, and medicalised, and as such, trans health and trans research is in its infancy. It's time for that to change.**

There has previously been little guidance for researchers on how to accurately and meaningfully include demographic data which includes trans people in any form of health or medical research. The invisibility of trans people in research contributes to the marginalisation and health disparity experienced by the trans community and presents a barrier to allocation of resources, and trans-affirming practice and policy.

To address this gap, these guidelines have been developed to equip Australian researchers with the information needed to collect gender data in a way that is inclusive and affirming of trans people. The recommended **two-step approach for collecting data on gender and sex** has been adapted from the [ABS Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables](#) and the [TransHub Guidelines for Researchers](#). Implementing this two-step approach is further detailed on pages 10 and 11 below. In summary, it involves two questions, asked sequentially:

### Question 1: How do you describe your gender?

**Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.**

**We acknowledge that you may have multiple descriptors for gender, or your experience of gender may be fluid, but for research classification purposes please select the option that best reflects your gender.**

- Man or male
- Woman or female
- Non-binary
- I use a different term (please specify)
- Prefer not to answer

### Question 2: At birth, you were recorded as:

- Male
- Female
- Another term (please specify)
- Prefer not to answer

The collection of accurate data about gender generates data that can be used to support policy and advocacy, funding submissions, resources, and services that address inequities faced by the trans community, thus improving the health and wellbeing of trans people.

# What does trans mean?

**Trans is an umbrella term that describes people whose gender differs from what was recorded for them at birth** (sometimes referred to as ‘presumed at birth’ or ‘assigned at birth’). In Australia, some communities also use terms such as ‘trans and gender diverse’, or ‘trans, gender diverse and non-binary’. In these guidelines we use ‘trans’ as an inclusive description of gender experiences that are not cisgender (where gender is the same as that recorded at birth).

**Being trans is not a mental disorder, but rather, it is a natural part of human diversity.** Trans people come from all walks of life and have always existed, but the words used to describe groups of people, or by groups to describe themselves, can only develop when enough people are connected and visible. Over the years, trans people have been referred to by others and by themselves in many ways, and with a range of different words.

There is no one correct way to be trans, and as an umbrella term, trans covers a large range of genders including trans man, trans woman, non-binary, genderqueer, genderfluid, agender, Sistergirl, Brotherboy, and more.

Some trans people affirm their gender in social and legal ways, like changing their name or wearing new clothes, changing or modifying their voice, and updating their legal identity, and some affirm their gender in medical ways, including gender-affirming hormones and surgeries. Some trans people don’t affirm their gender in ways that are visible to the outside world at all.





## How many trans people are there?

High quality empirical evidence and data relating to trans health are limited because trans people aren't adequately included in data collection. At the time of writing, accurate data about trans people are not included in the Australian Census. However, a [systematic review](#) of studies published internationally from 2009-2019 found estimates ranged from 2.5% - 8.4% among children and adolescents and 0.5% - 4.5% among adults. This means that in a population of [26 million](#), there could be between 250,000 and 1.4 million trans people in Australia.

## Social marginalisation and health inequity

**Trans people experience unique challenges with visibility and acceptance, and the health inequity faced by trans people globally is a major public health concern.**

In Australia, trans people face discrimination across the lifespan in every aspect of life, including [bullying in school](#), [rejection by family, friends, and community](#), [high rates of homelessness](#), multiple [barriers to healthcare](#), and high rates of [verbal abuse](#), and [sexual and physical assault](#).

Given that we know social factors and [minority stress](#) negatively impact both mental and physical health, it is not surprising that **trans people have a high risk of many mental health and chronic health conditions.**

For example, over 40% of [trans young people](#) and [trans adults](#) have attempted suicide at some point in their lives, a rate almost 10-fold of that seen in the [Australian general population](#) and research from the United Kingdom indicates rates of suicide are [5-fold](#) that of the general population. [Associations](#) have been established between experiences of discrimination, violence, and significant socio-economic and health inequities and higher odds of suicidality. Although there is an absence of Australian data, international research indicates that trans people also experience [high rates of many health conditions](#), including lung disease, infections, dependent patterns of substance use, as well as obesity and liver conditions.

Intersecting marginalisation contributes to even further health inequities, such as in [trans Aboriginal and Torres Strait Islander peoples](#) and [trans women of colour](#).



## Why is it important for research to be trans-affirming?

**As health researchers and scientists, we all want to improve the lives of others. Ensuring that we care for underrepresented communities is everyone's responsibility.**

The exclusion of trans people often extends to research. Due to cisgenderism (the assumption that all people are cisgender, the reinforcing of rigid gender norms and a foundational driver of gendered violence) and a lack of understanding about the diversity of the trans community, trans experiences are rarely accurately reflected in data collection.

Inaccurate representation or exclusion of trans experiences from research can be distressing to trans research participants, contributing to mental ill-health. A lack of data also exacerbates marginalisation and health disparities and leads to inefficient allocation of resources, and public policies that exclude trans communities.

Accurately and meaningfully including trans people in data collection in any sort of population research is much needed, whether this be cardiovascular research, cancer research, neurosciences research, or population-based research. It is a fundamental human right, and requisite of new state-based legislative requirements and strategies such as the [Victorian Gender Equality Act](#) and the [NSW LGBTIQ+ Health Strategy](#).

Trans people often have physical characteristics that are different to cisgender people. [Gender-affirming hormone therapy](#) may impact the prevalence and characteristics of diseases or health conditions in trans individuals that are sex-based or influenced by sex-hormones, and [gender-affirming surgeries](#) may remove or significantly alter body parts, including the genitals and internal reproductive organs. Due to a lack of trans-inclusive research, there are knowledge gaps when it comes to the health of trans people, such as the lack of information around screening and prevention of breast cancer in trans women. Accurate data reflecting the trans experience is required where diseases or health conditions may be impacted by an individual's sex or gender.



# Researchers as trans allies – Language matters!

Respectful and culturally sensitive language in research is essential to minimise harm to the community. Inclusive language can convey visibility and validity to a trans person that can make an immense difference to building trust and engagement in the research process. **Research participants are much more likely to engage if they are asked questions that are trauma-informed and that affirm and consider the whole person.**

By asking better questions and using appropriate language, you can improve trans inclusion in research and contribute to the collection of accurate data about trans people. Small changes to how demographic data are collected can have a significant impact on how trans experiences are included in research across Australia and internationally.

The increase in trans inclusion in research will generate novel data which may be used to demonstrate inequities across numerous research areas. These data can, in turn, be used in support of requests for funding, resources, and services to address inequities faced by the trans community, thus improving the health and wellbeing of trans people.



# Collecting data on gender and sex: A two-step approach

**When collecting gender information, it is important to ask two questions. The first question captures the participant's current gender, and the second question captures the participant's sex recorded at birth. These questions must always be sequential and are known as the 'two-step approach'.**

**Asking a research participant if they are trans is insufficient and can be harmful.**

These guidelines for collecting data on gender and sex have been adapted from the ABS [Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables](#) and the TransHub [Guidelines for Researchers](#).

The two-step approach is:

- ✓ Recommended for use in population research and for the purposes of assessing trends in the delivery of programs and services.
- × NOT recommended for use on client intake or registration forms, as collecting gender and sex information is not always relevant or used, and these questions, while very important, do need to be asked slightly differently in client and clinical settings. ACON have made a [good practice approach for intake and registration forms template](#) that is free to use and adapt.

## Question 1: How do you describe your gender?

**Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.**

**We acknowledge that you may have multiple descriptors for gender, or your experience of gender may be fluid, but for research classification purposes please select the option that best reflects your gender.**

- Man or male
- Woman or female
- Non-binary
- I use a different term (please specify)
- Prefer not to answer

The following elements must be included:

- ✓ The word 'gender' in the question to clearly articulate the concept being collected.
- ✓ Including a note to respondents that 'Gender refers to current gender, which may be different to what was recorded at birth and may be different to what is indicated on legal documents'.
- ✓ Label the response options 'Man or male', 'Woman or female', 'Non-binary', 'I use a different term (please specify)', and 'Prefer not to answer'.
- ✓ A write-in facility is available when the 'I use a different term (please specify)' response option is selected.
- ✓ Only one response is permitted.
- ✓ If this question is interviewer administered, the question must always be asked as written and no assumptions made by the interviewer.
- ✓ If in a group research setting (e.g., focus group), this question must be asked privately to each participant, as trans people may not want to disclose their gender and sex in front of other participants.

**Note:** Some participants may have multiple descriptors for gender, or their experience of gender may be fluid. However, in line with the ABS [Standard](#), only one response to this question is permitted. The allowance of only one response regarding gender in research that is not exclusively for trans populations, allows for practical classification of data. Participants may also specify a different term for their gender through the write-in facility, allowing for participants to provide a term/s different to response options provided or to convey a gender that includes two or more response options (e.g., non-binary man). Research that is exclusively for trans populations may include additional gender variables. In these cases, research participants may select more than one gender variable, so allowing for multiple selections is recommended. Indicators that are specific to trans research can be found on [TransHub](#).

## Question 2: At birth, you were recorded as:

- Male
- Female
- Another term (please specify)
- Prefer not to answer

The following elements must be included:

- ✓ The words 'at birth, you were recorded as' in the question to clearly articulate the concept being collected.
- ✓ Label the response options 'Male', 'Female', 'Another term (please specify)', and 'Prefer not to answer'.
- ✓ A write-in facility is available when the 'Another term (please specify)' response option is selected.
- ✓ Only one response is permitted.
- ✓ If this question is interviewer administered, the question must always be asked as written and no assumptions made by the interviewer.
- ✓ If in a group research setting (e.g., focus group), this question must be asked privately to each participant, as trans people may not want to disclose their gender and sex in front of other participants.

## Coding, analysing, and interpreting gender and sex data

Using the two-step approach for the collection of gender and sex data allows for multiple different approaches to data analysis and interpretation. These classification and code structures have been adapted from the ABS [Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables](#).

**Table 1** outlines the classification and code structure recommended for gender data.

Table 1. Classification and Code Structure for Gender		
Code	Label	Definition
1	Man or male	Persons who described their gender as man or male.
2	Woman or female	Persons who described their gender as woman or female.
3	Non-binary	Persons who described their gender as non-binary.
4	Different term	Persons who described their gender as a term other than man/male, woman/female or non-binary. <sup>x</sup>
5	Not stated	Persons who preferred not to respond or provide an inadequately described response to gender. <sup>■</sup>

<sup>x</sup> Except where the written response for 'Different term' indicates a variation of one of 'Man or male', 'Woman or female' or 'Non-binary', where that response will be coded to the associated label.

<sup>■</sup> An inadequately described response includes responses that are nonsensical or irrelevant to gender.

**Table 2** outlines the classification and code structure for sex recorded at birth data.

<b>Table 2. Classification and Code Structure for Sex Recorded at Birth</b>		
<b>Code</b>	<b>Label</b>	<b>Definition</b>
1	Male	Persons whose sex at birth was recorded as male.
2	Female	Persons whose sex at birth was recorded as female.
3	Another term	Persons whose sex at birth was recorded as other than male or female. <sup>x</sup>
4	Not stated	Persons who preferred not to respond or provide an inadequately described response to sex. <sup>▪</sup>

<sup>x</sup> Except where the written response for ‘Another term’ indicates a variation of one of ‘Man or male’ or ‘Woman or female’, where that response will be coded to the associated label.

<sup>▪</sup> An inadequately described response includes responses that are nonsensical or irrelevant to sex recorded at birth.

**Table 3** outlines the categories of the cisgender and trans classification that can be derived from the collected gender and sex data.

For example, participants who report their sex recorded at birth as male and their gender as woman or female, are trans women, and participants who report their sex recorded at birth as female and their gender as non-binary, are non-binary people recorded female at birth.

For participants who do not respond or provide an inadequately described response to their gender, or whose sex at birth is neither male nor female, it is not possible to accurately determine whether such persons are cisgender or trans without further information.

<b>Table 3. Cisgender and Trans classification</b>			
<b>Gender question response</b>	<b>Sex recorded at birth question response</b>		
	<b>Male</b>	<b>Female</b>	<b>Another Term or Not stated<sup>x</sup></b>
<b>Man or male</b>	Cisgender man or male <sup>^</sup>	Trans man or male <sup>▪</sup>	Can not accurately determine
<b>Woman or female</b>	Trans woman or female <sup>▪</sup>	Cisgender woman or female <sup>^</sup>	Can not accurately determine
<b>Non-binary</b>	Trans person with a non-binary gender recorded male at birth <sup>▪</sup>	Trans person with a non-binary gender recorded female at birth <sup>▪</sup>	Can not accurately determine
<b>Different term</b>	Trans person (who uses a different term) recorded male at birth <sup>▪</sup>	Trans person (who uses a different term) recorded female at birth <sup>▪</sup>	Can not accurately determine
<b>Not stated<sup>x</sup></b>	Can not accurately determine	Can not accurately determine	Can not accurately determine

<sup>x</sup> Responses to the gender question of ‘Not stated’ and responses to the sex recorded at birth question of ‘Another term’ or ‘Not stated’ provide insufficient information to enable accurate classification as cisgender or trans.

<sup>^</sup> If person’s gender is exclusively the same as their sex recorded at birth, then the individual is cisgender (i.e., not trans).

<sup>▪</sup> If person’s gender is different to a person’s sex recorded at birth, then the individual is trans.



Using the two-step approach for collecting gender demographics allows for data from cisgender and trans people of all genders to be accounted for and analysed appropriately.

Analysis can include:

- ✓ Women of all gender experiences (cisgender and trans)
- ✓ Men of all gender experiences (cisgender and trans)
- ✓ All trans people with a binary gender (trans women and trans men)
- ✓ All trans people with a non-binary gender
- ✓ All cisgender people
- ✓ All trans people

**Note:** The ‘two-step approach’ allows for the classification of non-binary people by sex recorded at birth. However, it is recommended that sex recorded at birth for non-binary participants only be reported in demographic data and when it is relevant to the research, such as when there are statistically significant differences observed across the non-binary sample by sex recorded at birth.



## How can research be made even more affirming?

It stands to reason that research participants will be much more likely to engage if they are asked questions that affirm and consider who they are. This doesn't just mean being able to signify in some way that they are trans, but also that questions related to names (legal name and chosen name), pronouns, bodies, relationships, legal status, access to medical care, medication, socioeconomic status, mental health, and experiences of discrimination and stigma etc. are inclusive and affirming of trans people and can represent them accurately.

While asking participants about their gender and the sex recorded for them at birth enables accurate collection of gender and a better understanding of trans lives, it does not offer accurate information about participants physical characteristics. A [body parts audit](#) would give this information.

To help create more trans-affirming research, TransHub has a wealth of information relevant to researchers. This includes the [basics on what it means to be trans](#), [language to use in different clinical settings](#), and [additional research-related information](#). Additionally, ASHM and ACON have developed a free [trans sexual health e-learning module](#) and the Network of Alcohol and Other Drugs Agencies and ACON have developed [LGBTIQ+ Inclusive and Affirming Practice Guidelines for Alcohol, Substance Use, and Mental Health Services, Support, and Treatment Providers](#) and an accompanying [webinar](#).

For more information about how to accurately collect data on variations of sex characteristics (intersex) and sexual orientation, see the ABS [Standard](#) and [Intersex Human Rights Australia](#).

For an example of a demographic survey that is inclusive of LGBTIQ+ people, including questions about gender, sex, variations of sex characteristics, and sexual orientation, see the [Appendix](#).

Most research about trans people is undertaken by those who don't share a lived experience or lived expertise. Where possible, trans people should be included in research teams, and/or in community/consumer advisory groups, and should reflect the diversity of the trans community, including Aboriginal and Torres Strait Islander trans peoples, neurodivergent trans people, and trans people with a disability.

# Resources

Key Australian trans health research	
Trans Health Research	<a href="#">Peer-reviewed publications</a> <a href="#">Research Reports</a> <a href="#">Research Blogs</a>
Australian Research Centre in Sex, Health, and Society	<a href="#">Private Lives</a> <a href="#">Writing Themselves In</a>
Rainbow Health Victoria	<a href="#">Research Matters: Trans and gender diverse health and wellbeing</a>
Telethon Kids Institute	<a href="#">Trans Pathways</a>
Kirby Institute	<a href="#">Australian Trans and Gender Diverse Sexual Health Survey</a>
Walkern Katatdjin	<a href="#">National Survey of Aboriginal and Torres Strait Islander LGBTQIA+ young people</a>

Standards of Care for the medical treatment of trans people	
Australian Professional Association for Trans Health	<a href="#">Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy</a>
The Royal Children's Hospital Melbourne	<a href="#">Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents</a>
World Professional Association for Transgender Health	<a href="#">Standards of Care for the Health of Transgender and Gender Diverse People, Version 8</a>

Research resources	
ACON	<a href="#">ACON Research Ethics Review Committee (REC)</a>
Thorne Harbour Health	<a href="#">Thorne Harbour Health Community Research Endorsement Panel (CREP)</a>
Australian Bureau of Statistics	<a href="#">Standard for Sex, Gender, Variations of Sex Characteristics, and Sexual Orientation Variables</a>
International Transgender Health Forum	<a href="#">The Transgender Research Informed Consent (TRICON) Disclosure Policy</a>



## Key definitions

The below definitions have been sourced from the [Australia Bureau of Statistics](#), [TransHub](#), the [World Health Organisation](#), and [GLAAD](#), and through consultation with the trans community.

In some contexts, such as in research and health policy, it is appropriate to use umbrella terms. In these guidelines, for example, we use the term trans as an umbrella term for people whose gender differs from what was recorded for them at birth. On an individual level, however, it is best practice to use the language that an individual uses for themselves.

**Birth recorded/assigned/presumed.** The attribution first made on a birth record where individuals are typically categorised as being either male or female, based primarily on visual inspection of the genitalia. Babies are generally presumed a gender based on this attribution, most people agree with the presumptions made for them (cisgender) and some don't (trans). AFAB/PFAB are acronyms for Assigned female at birth/Presumed female at birth. AMAB/PMAB are acronyms for Assigned male at birth/Presumed male at birth.

**Brotherboy.** Sometimes spelled 'Brothaboy'. A term used by Aboriginal and Torres Strait Islander peoples to describe gender diverse people who have a male spirit and take on men's roles within the community. Brotherboys have a strong sense of their cultural identity. Please note, 'Brotherboy' may also be used by Aboriginal people to refer to cisgender men in the Aboriginal community.

**Cis/cisgender.** A term used to describe people who identify their gender as the same as what was recorded for them at birth (male or female). 'Cis' is a Latin term meaning 'on the same side as'.

**Cisgenderism.** Sometimes referred to as cisnormativity and cissexism, is the assumption that all people are cisgender, the reinforcing of rigid gender norms, and a [foundational driver of gendered violence](#). It is a structural stigma that denies, ignores, and pathologises the trans experience and trans people. Cisgenderism positions expansive expressions of gender as a problem, ignores the validity of non-binary genders and seeks to enforce traditional gender roles and inequalities.

**Gender.** Gender refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or recorded sex at birth. This may be called gender identity, or simply gender (e.g., man or male, woman or female, non-binary, agender).

**Gender affirmation.** Sometimes referred to as gender transition, this is the personal process or processes a trans person determines is right for them to live as their defined gender and so that society recognises this. Gender affirmation may involve social, medical and/or legal steps that affirm a person's gender.

**Intersex.** A term sometimes used for people who have a variation in sex characteristics – they are born with naturally occurring and very normal differences of chromosomes, gonads (ovaries and testes), hormones, and/or genitals. There are more than 40 different ways to be intersex. Trans and intersex are not the same thing. Some intersex people are trans but most are cisgender. More can be learnt about variations of sex characteristics through [Intersex Human Rights Australia](#).





**Non-binary.** This is an umbrella term for any number of gender identities that sit within, outside of, across or between the spectrum of the male and female binary. A non-binary person might identify as genderfluid, trans masculine, trans feminine, agender, bigender etc.

**Sex.** A person's sex is based upon their sex characteristics, such as their chromosomes, hormones, and reproductive organs. While typically based upon the sex characteristics observed and recorded at birth or infancy, a person's reported sex can change over the course of their lifetime and may differ from their sex recorded at birth.

**Sistergirl.** Sometimes spelled 'Sistagirl'. A term used by Aboriginal and Torres Strait Islander peoples to describe gender diverse people that have a female spirit and take on women's roles within the community, including looking after children and family. Many Sistergirls live a traditional lifestyle and have strong cultural backgrounds. Please note, 'Sistergirl' may also be used by Aboriginal people to refer to cisgender women in the Aboriginal community.

**Trans/trans and gender diverse.** These are inclusive umbrella terms that describe people whose gender differs from what was recorded for them at birth. It is inclusive of a large range of genders including trans man, trans woman, non-binary, genderqueer, genderfluid, agender, Sistergirl, Brotherboy, and more. Trans is also shorthand for transgender and transsexual.

**Trans man.** A trans man is someone who is a man, or has a present experience of manhood, and who was recorded female at birth. This can include trans men, trans masculine people, and more.

**Trans woman.** A trans woman is someone who is a woman, or has a present experience of womanhood, and who was recorded male at birth. This can include trans women, trans feminine people, and more.

**Transgender.** A transgender person is someone whose gender differs from what was recorded for them at birth. It is important to note that there are some people who are transsexual and not transgender, therefore trans rather than transgender, is considered a more inclusive umbrella term.

**Transsexual.** A transsexual person is someone who has changed, or who seeks to change, their sex through medical interventions. This includes, but is not limited to, hormones and surgeries. This term may also be used by people who do not pursue medical interventions. Unlike orientation-related terms like heterosexual and homosexual, the "sex" in this term refers to the changing of a person's sex characteristics, or to affirm another sex. Transsexual is sometimes referred to as an outdated term (e.g., [GLAAD](#)). However, there are some people who are transsexual and not transgender, and it is important to use the language that an individual uses for themselves.

# Appendix - Example of an LGBTIQA+ inclusive demographic survey

The below survey is an example of how questions relating to gender and sex can be easily integrated into demographic surveys. Contextualising these data points as relevant to other demographics can serve to destigmatise their inclusion. Please note that any research surveys should be specific to your needs, and this is an example only.

## Name and pronouns

Provide a brief introduction to this section including a) the reasons for collecting these data, b) reinforce confidentiality, privacy, secure storage of deidentified data, if necessary, c) acknowledge that the questions may cause discomfort, and d) state if these questions are optional.

**We would like to ask you for some personal details to personalise your experience in the research project. As your participation in this research involves accessing your Medicare records, we require your legal name. We understand this may be uncomfortable for some people and ensure you that your identifying information will be stored securely and will never be made publicly available.**

1. **What is your first name? This does not have to be your legal name, but how you would like to be addressed.**  
[free text]
2. **What is your legal first name?** [free text]
3. **What is your legal surname?** [free text]
4. **What are your pronouns? Please select all that apply.**
  - He
  - She
  - They
  - Other (please specify)
  - Prefer not to answer

## Cultural and language diversity

Provide a brief introduction to this section including a) the reasons for collecting these data, b) reinforce confidentiality, privacy, secure storage of deidentified data, if necessary, c) acknowledge that the questions may cause discomfort, and d) state if these questions are optional.

**We would like to ask you some questions about your cultural background and what languages you speak. This information provides us with detail about how diverse the community is, and how differences in culture and language may translate to differences in other aspects of life. If you do not wish to answer any of the questions, you may select “prefer not to answer.”**

[Insert relevant questions about cultural and language diversity here.]

## Gender, sex recorded at birth, sexuality, variation of sex characteristics

Provide a brief introduction to this section including a) the reasons for collecting these data, b) reinforce confidentiality, privacy, secure storage of deidentified data, if necessary, c) acknowledge that the questions may cause discomfort, and d) state if these questions are optional.

In this next section we ask you some questions about your gender, your sex recorded at birth, variations in sex characteristics, and your sexuality. Collecting this information helps us accurately see a fuller picture of a person and to explore differences between groups of people. The answers you provide to these questions will never be publicly linked with any of your identifying information. We understand that some of these questions may be uncomfortable for you. If you do not wish to answer any of the questions, you may select “prefer not to answer.”

1. How do you describe your gender?

Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents. We acknowledge that you may have multiple descriptors for gender, or your experience of gender may be fluid, but for research classification purposes please select the option that best reflects your gender.

- Man or male
- Woman or female
- Non-binary
- I use a different term (please specify)
- Prefer not to answer

2. At birth, you were recorded as:

- Male
- Female
- Another term (please specify)
- Prefer not to answer

3. Were you born with a variation in your sex characteristics? (this is sometimes called ‘intersex’)

- Yes
- No
- I don’t know
- Prefer not to answer

4. What is your sexual orientation?

- Asexual
- Bisexual or pansexual
- Gay or lesbian
- Queer
- Questioning/Unsure
- Straight (heterosexual)
- I use a different term (please specify)
- Prefer not to answer

## Employment, housing and education

Provide a brief introduction to this section including a) the reasons for collecting these data, b) reinforce confidentiality, privacy, secure storage of deidentified data, if necessary, c) acknowledge that the questions may cause discomfort, and d) state if these questions are optional.

**In this next section we ask you some questions about your employment status, housing and ownership and education. This information helps us accurately see a fuller picture of a person and to explore differences between groups of people and understand how different employment and education status can impact other parts of people's lives. The answers you provide to these questions will never be publicly linked with any of your identifying information. We understand that some of these questions may be uncomfortable for you. If you do not wish to answer any of the questions, you may select “prefer not to answer.”**

[Insert relevant questions about employment, housing and education here.]



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