

Submission to Statistics New Zealand on the *Sex and gender identity statistical standards: Consultation* from Te Ngākau Kahukura

About us

Te Ngākau Kahukura is a national initiative that works towards an Aotearoa where rainbow (LGBTI+, or sexual, gender and sex characteristic minority) young people feel safe, valued, and that they belong. We work for systems change, targeting key leverage points including funders, political decision makers, researchers, training providers, sector bodies and large agencies supporting young people.

A key part of our work is advising researchers, service providers and agencies about appropriate ways of asking about rainbow identities. We do this to improve the quality of data and research insights available into rainbow lives in New Zealand, and to improve rainbow people's experiences of accessing safe, respectful services and supports.

Te Ngākau Kahukura's two key team members, Joey Macdonald and Moira Clunie, have been engaged with the Stats NZ sex and gender identity standard review as part of the Advisory Group. We look forward to continuing to work with Stats NZ to review the feedback from this consultation process.

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Introduction

The project to review and update the sex and gender identity statistical standards is a vital opportunity to improve the data and research insight that is available to understand the lives and needs of transgender and intersex people in New Zealand. By developing inclusive and respectful ways of asking about people's identities, we hope that this standard will lead to appropriate representation of transgender and intersex people within New Zealand's Official Statistics System and within research and data collection undertaken across Aotearoa. In turn, we hope that availability of data and research will

lead to greater resourcing of support for transgender and intersex people where needed, such as in the health and social service system.

Our submission seeks to consider these needs for data alongside the need to ensure the safety and dignity of transgender and intersex people. In our views, the proposals in the consultation document do not yet balance these needs appropriately. We have provided guidance on recognising the harm of asking about sex assigned at birth, limiting the use of the two-step method and providing the option of asking a transgender status question where this is appropriate. Despite this advice, it is not clear to us that there is a situation where the harm of asking about sex assigned at birth is justified by the data that results.

We have considered the context within which Stats NZ is undertaking this consultation. In particular, we note that:

- Transgender and intersex people are socially and economically marginalised, and this is exacerbated in the context of COVID-19. They are more likely than their peers to face housing insecurity and economic disadvantage. While it is tempting to think that more data will mean that these issues are addressed through government action or funding, this is not the reality that community advocates face (for example, the existence of good data about health inequities has not resulted in targeted health responses).
- In recent years, rainbow advocates have seen an increased desire of researchers and service providers to be inclusive of transgender and intersex people, without enough education or support available for them to do this safely and appropriately. This has resulted in inappropriate data collection and interpretation by some agencies.
- Rainbow community organisations and advocates have seen a significant increase in targeted discrimination in the last two years, including organised advocacy against transgender human rights.

We recognise that there are a range of views on these topics that Stats NZ will have heard during this consultation process, and understand the challenges of balancing these. We don't claim to have all the answers, and encourage Stats NZ to continue engaging with the Advisory Group and with wider transgender and intersex communities to finalise this standard. In this process, we urge Stats NZ to recognise that it is in a position to create a standard that is relevant for Aotearoa and world-leading, and need not be a straightforward reflection of international examples.

Summary of our advice

- We strongly recommend that the standards document includes more detailed guidance about how to decide which data is needed in a given situation, including practical examples and key principles, to mitigate risks for transgender and intersex respondents.
- We strongly agree with the standard's recommendation to ask gender by default.
- We agree with the proposed definition of gender, acknowledging that this is based on Western worldviews. We recommend that Stats NZ undertakes further consultation with Māori and Pacific experts to develop appropriate ways of acknowledging how Māori and Pacific peoples frame these concepts.
- We consider it useful that this standard moves to offering "another gender" rather than "gender diverse" as a third response to the standard gender question. We strongly encourage the use of an open text box to accompany this option.
- We understand why the two-step method is being proposed, and reluctantly agree that it may be useful in a very limited range of circumstances (where there is a specific need to collect sex assigned at birth, where those collecting the data have the ability to analyse it appropriately, where there is statistical validity in differentiating between transgender people who were assigned male or female at birth, and where strict data privacy can be assured).
- We strongly recommend that the standard includes an option for a transgender status question for situations that do not fit this limited range of circumstances, but where there is a need to know whether respondents are transgender. We encourage Stats NZ to continue engaging with transgender and gender minority experts to develop appropriate wording for this question.
- We are concerned that asking about sex assigned at birth is harmful to transgender people, particularly when this is proposed as the only way to collect data about transgender populations. It is not clear that the need for data outweighs this harm.
- We encourage Stats NZ to further engage with intersex experts to understand intersex data needs and appropriate wording for an intersex status question.

Prioritising dignity and safety

In the context of a society where transgender and intersex people face violence, marginalisation and discrimination because of who they are, asking people to disclose details of their identity is not a neutral action. We assert that affirming the dignity and safety of transgender and intersex respondents should be the paramount consideration for anyone using the standard.

While there may be benefits for transgender and intersex people in collecting data about them, there are also risks. These range from distress at encountering an inappropriate or offensive question to physical danger of violence from having identity details shared in unsafe ways. They include exposure to discrimination and inequitable or unsafe treatment in a range of contexts. Regardless of which question type is used or how it is phrased, any attempts to collect data about transgender or intersex people carries some risk for transgender and intersex respondents.

Potential benefits to transgender and intersex people include the possibility of collecting of rigorous and insightful data that can support advocacy and inform policymakers. In the long term, better data about transgender and intersex lives may improve access to health and social services, and increase resourcing for community-led initiatives. These benefits are not certain, and it is important that anyone using the standard is guided to do what they can to recognise and mitigate potential immediate harms, rather than assuming that the long-term benefits of their research will outweigh the risks.

Most people using the standard will not have expertise in transgender or intersex identities or populations, and will not understand the risks and sensitivities of asking about gender, sex assigned at birth, transgender status or intersex status in a range of contexts. Further to this, ethics review boards and others who might review any proposed data instruments that use this standard do not usually have expertise in transgender or intersex identities or populations.

Because of this, we strongly recommend that the standard provides detailed guidance that will help people to use it appropriately. The decision tree diagram provided with the consultation document gives useful guidance about how to choose questions that will give accurate and robust results once the user has decided what data they need to collect. However, there is a need for practical guidance about how to decide what types of data are appropriate to collect in different situations, and how to mitigate the risks of that data collection for marginalised respondents.

There is also a need to provide guidance in the form of key principles, so that people using the standard are able to make decisions that balance the pros and cons of collecting different data, and consider the risks that they are asking transgender and intersex respondents to bear. This will also provide a crucial opportunity for researchers and anyone consulting the standard to learn about what it means to respect the self-determination of transgender and intersex people in this context. Key principles could include: privacy; dignity; relevance; harm reduction; bodily autonomy and self-determination; depathologisation of sex and gender; inclusion.

We have provided an updated decision tree diagram, a description of these key principles and an example of the type of practical guidance that the standard could include in the Further Information section of this submission.

Gender by default principle

We **strongly agree** with the gender by default principle in the proposed standard.

We agree that gender by default is a useful and appropriate principle and support the incorporation of this principle across all government agencies, and by all organisations, researchers and professionals who use demographic standards. As outlined in the consultation document, gender is the most relevant data to collect in almost all cases. The self-identified gender that people live with, their personal and social identity, has the most relevance to almost every context where they are being asked for other information about their lives.

As well as being less relevant to people's lives, it is harmful and distressing for many transgender people to be asked about the sex that was assigned to them at birth. We agree with the gender by default principle because it respects dignity and mana, supports self-determination and clearly counteracts the offensive heteropatriarchal idea that medically-defined binary sex categories are more relevant to people's lives than their own sense of self. We recommend that Stats NZ make it very clear that collecting assigned sex data must only be undertaken in very limited circumstances and with a harm reduction approach. We have provided more detail about this in the two step method section of this submission.

Along with the recommendation that the standard explicitly note the harm caused by asking invasive questions about assigned sex, we also recommend that it clearly encourage the removal of questions about assigned sex. Organisations or institutions that have been previously regarded "sex on birth certificate" as more accurate or useful than gender must be guided to remove references to birth certificates or assigned sex, and supported to move towards gender by default.

We agree with Stats NZ that it is not always necessary to include questions about gender at all. There are many instances where collection of gender data is not relevant, but has been included as an unthinking default. We support the goal to educate people (particularly those undertaking research) about collecting gender data only when it is relevant, and doing so in an inclusive and respectful way.

‘Gender’ concept definition

We **agree** with the proposed definition for gender.

We agree with the proposed definition for gender, and appreciate that it emphasises social aspects of identity, as well as the importance of self-identification. We agree with subsuming “gender identity” into gender alongside “gender expression,” so that gender becomes the over-arching concept, and it is made clearer that these concepts apply to both transgender and cisgender people.

We also appreciate that the proposed definition emphasises non-binary genders and gives some space for indigenous understandings of gender. This could be further enhanced by explicitly stating “gender is not a binary,” or “there are more than two genders”. It is helpful that the proposed definition explicitly notes that a person’s gender may differ from their legal documents and also that it is possible for a person’s gender to change over time.

Gender and identity is understood differently in different cultures. We note that the definition is based on Western worldviews, and it would be appropriate to state this explicitly. We recommend that the standard speaks to the ways that people indigenous to this region (Māori and Pacific peoples) frame these concepts, and that Stats NZ undertakes further consultation with Māori and Pacific experts to develop this content.

Further, it would be appropriate to note explicitly that the standard itself is written using a Western or Pākehā cultural framework to understand gender and personhood, and is not a neutral document. We consider that it will not detract from the value or efficacy of the advice in the standard if this is explicitly stated, rather, it would make the document stronger and more useful by acknowledging its context.

‘Another gender’

We **agree** with the use of ‘Another gender’ in the standard.

We agree with the use of “another gender” because it is significantly more accurate and useful than “gender diverse.” We strongly agree with the guidance that an open write-in box should be provided alongside this wherever possible. We also strongly agree with the note that it is valid to provide multiple answers to the gender option (for example, selecting both female and another gender).

A major limitation of the current gender standard is that the concept of “gender diverse” conflates transgender experience with non-binary identities. “Gender diverse” is defined as an umbrella term which includes all transgender people, but the suggested way of

asking about gender lists “gender diverse” as a third discrete option, in opposition to male and female options. In practice, many transgender men and women select the male and female options, rather than “gender diverse” which is generally interpreted as referring to non-binary or other genders. “Gender diverse” is further complicated because it is not a term that many people positively identify with, so it can produce confusion for people whose gender sits outside of male or female, but who do not regard themselves as “gender diverse”.

“Another gender” is helpful wording in that it is clearly a general umbrella term that gives space for a range of non-binary and indigenous genders, and does not appear to be a positive identification term in the way that “gender diverse” does. For someone whose gender is not male or female, this term is more open-ended and inclusive than a term like “gender diverse” or “non-binary”. It is also helpful because by implication, it makes it clearer that trans women are women, and trans men are men.

We agree with the advice that a write-in option should be provided wherever possible, and recommend that this is further emphasised in the standard. This approach supports dignity and self-determination by enabling people to positively record their gender, and provides those analysing the data with more nuanced information.

If space is not provided for people to write in their genders, there is potential that the term “another gender” could sound othering or dismissive to people who might select this option, since it combines many genders into a single term.

Two-step method

We **reluctantly agree** with use of the two-step method in the standard.

While we acknowledge that there are some very limited circumstances in which the two step method may be effective as a means to collect data, we are not certain that there are any circumstances in which it is entirely justified or worthwhile, considering the harm that is caused by asking about a transgender person’s sex assigned at birth.

We understand that the two-step method has been used and validated in international contexts, and can see its value in very limited circumstances, such as collecting population health data where there is a need to differentiate between people’s likely body structures based on the sex they were assigned at birth. We note that this method can only be used to broadly estimate likely health needs - for example, it can not be assumed that all people who were assigned female at birth have a uterus.

As we noted in our earlier answer around the gender by default principle, asking about sex assigned at birth is harmful and distressing for many transgender people, and has

limited relevance for data collection. By asking this question in a survey or form, there is an increased likelihood that transgender people will decline to complete it altogether. Because of this, asking assigned sex at birth should be avoided except where there is a specific need to collect it, where those collecting the data have the ability to analyse it appropriately, where there is statistical validity in differentiating between transgender people who were assigned male or female at birth (for example in a whole-population instrument like the Census), and where strict data privacy can be assured.

However, the need to collect transgender demographic data is much wider than this limited range of circumstances. Examples of data collection that may need transgender demographic data include opinion surveys that seek to understand the differences between respondents, local government consultations that seek to hear from a range of constituents, and any small-scale research that needs to identify trans or rainbow population outcomes. We emphasise that for most studies undertaken in New Zealand, the likely number of respondents and the small population size of transgender people mean that a researcher could not meaningfully differentiate between non-binary respondents who were assigned male or female at birth, even if they would theoretically find it beneficial to have this data.

To meet this wide range of information needs where there is a need to know whether respondents are transgender, we consider that there is a need for the standard to offer the option of asking a transgender status question.

At the end of this submission, we have provided a suggested update of the decision tree diagram showing when a transgender status question would be relevant, and two suggested ways of asking such a question. We suggest that Stats NZ continues to engage with transgender and gender minority experts to develop questions that have the most appropriate wording possible in a New Zealand context.

We understand the limitations of a transgender status question, as outlined in Stats NZ's consultation document. In particular, regardless of how carefully such a question is worded, it would undercount the number of people whose experience might be defined as transgender by a researcher, but who do not personally identify with the terms used in the question. This is not a strong reason not to recommend a transgender status question. The same limitation applies to other identity-based demographic questions, such as the Stats NZ sexual identity standard (which asks people about their identity terms, providing a limited list of options, rather than asking about broader sexual attractions and behaviours) and the ethnicity standard (which, for example, counts as Māori only those who positively identify themselves as Māori, not all who whakapapa Māori).

If the Standard does not include the option of a transgender status question, we consider this would have negative implications in terms of seeing good research undertaken which gives insight into transgender lives.

The consultation document suggests that a transgender status question should never be asked, and that the two-step method can only be used in very limited circumstances. This means that in situations where transgender demographic data is needed, but there is no need to know a respondent's sex assigned at birth, researchers could respond by:

- using the two-step method in an attempt to appear inclusive and follow perceived best practice, causing unnecessary offence and distress, and limiting response rates. This may result in transgender people being underrepresented in results due to opting out, and carries the risk of poor analysis by less experienced researchers since it is more complex to use the two-step method to ascertain which respondents are transgender.
- not asking about transgender status because they see that their data collection does not fit the limited circumstances that are appropriate for the two-step method, and they see no other guidance about appropriate ways to ask about transgender identity. This would mean researchers could not identify transgender respondents, limiting the value of their research for gaining insight on transgender lives and views.
- developing their own transgender status question, potentially with inappropriate wording or non-comparable results. This may result in offence, distress or confusion if a question is worded badly. It would also limit the comparability of data sets since transgender status would not be asked about in a standard way.

Without providing the option of a transgender status question, the standard would have limited value for ensuring a range of good data and information is collected about transgender people in Aotearoa.

'Sex at birth' concept definition

We **neither fully agree nor disagree** with use of the sex at birth concept in the standard.

We agree that the concept of sex is ambiguous, being understood sometimes as a self-defined term relating to personal and social identity similar to gender, and sometimes as a medically-determined aspect of selfhood assigned to a person at birth and potentially amended through subsequent medical and legal procedures.

Asking about the sex that was assigned to an individual at birth is clearer because this references a specific point in a medical and bureaucratic process of creating a legal document (a birth certificate). The process of medically assigning sex to an individual is not a simple observation of fact, and can result in a person being given a legal status that does not match their subsequent sense of identity. To recognise this, we recommend using phrasing such as “assigned sex at birth” rather than the more neutral sounding “sex at birth.”

We note that some intersex people have raised the concern that “assign” is a loaded and triggering term because the “assigning” of sex to infants often involves nonconsensual medical violence. Many transgender and cisgender people also describe the assignment of sex as a coercive and violent process that harms individuals and perpetuates colonial and heteropatriarchal social structures. Alternatives include “designated” or “recorded” sex at birth, however we suggest that both of these imply a neutral or factual process. If one of these is needed, then either designated or assigned would be preferable.

A related problem is that asking about sex at birth is invasive and dismissive towards people who have updated their birth certificate to reflect more accurate data about their sex or gender. It is an arduous legal process to change one’s birth certificate, and those who have undertaken it are then being asked to disclose outdated information which they have deliberately and at great effort managed to have removed from their birth certificate. For many, having a birth certificate updated is seen as a process of correcting data which was incorrectly recorded at birth.

Because asking about sex assigned at birth is particularly sensitive and carries risks of harm, we suggest that whenever this question is asked, an explanation should be provided of why this is being asked, and how the information will be used and protected.

More fundamentally, we consider that the standard places too great an emphasis on “sex at birth” by recommending the two step method as the only viable option for collecting data about transgender populations. We consider that the standard needs to provide stronger guidance around limiting the use of the two step method and “sex at birth” question, clearly recognising that “sex at birth” is not appropriate in most contexts, and asking this question has serious risks for participants’ wellbeing and safety, and for participation rates.

If this standard were to result in “sex assigned at birth” being asked in a wider range of contexts, this risks reinforcing harmful public perceptions, including:

- the idea that the violent, coercive process of assigning sex is neutral
- the idea that there are only two sexes: male and female (erasing intersex people and harming non-binary trans and intersex people)
- the primacy of sex data, and the perception that sex is ‘real’ while gender is ‘invented’

As noted in our answer on the two step process, we consider that a transgender status question is most appropriate in almost all cases.

We recommend that Stats NZ engage further with intersex communities and organisations before finalising the standard, particularly because any definition of sex adopted in the standard needs to be acceptable to intersex people. We recognise that there are a variety of intersex perspectives just as there are a variety of transgender perspectives, and the process of developing this standard needs to provide time and capacity for Stats NZ to understand the depth and diversity of intersex views.

Intersex information needs

We **neither agree nor disagree** that this approach will meet information needs for the intersex population.

We agree that it is important to collect data about intersex populations and intersex people’s experiences, and we recommend specific consultation and engagement with intersex people and organisations in order to gain clearer perspective about how best to collect data about intersex people.

From the wording of the question in the submission form, it is unclear what kind of feedback is being sought. It could be asking “Is the proposed wording in the proposal and the method of using an intersex status question an acceptable way to collect population numbers of intersex people?” In which case we would tentatively answer yes but with the caveat that only intersex people and intersex organisations can determine what is acceptable in this area. It is acceptable to us (the authors of this submission do not represent intersex perspectives) because, like with the transgender status question, we recognise that it has limitations but we also have not found a better alternative way to ask directly about a positive identification of intersex identity or about the experience of having a variation of sex characteristics.

We understand that some people who have a variation of sex characteristics identify as intersex, and some do not. We understand that some people would describe themselves as having an intersex variation, and others may only know or prefer the

medical diagnostic terms related to their variation. Many are not aware of their variation of sex characteristics, or do not have specific language to describe it. We know that some intersex people also identify as transgender. Because of this, similar to any transgender status question, an intersex status question must be accompanied by a more detailed description explaining what intersex means and what the question is intended to count, and must be noted that it will inevitably result in an undercount of the actual population of people who have variations in sex characteristics.

The standard must also provide advice and guidance about the contexts where it is appropriate to ask about whether someone is intersex. The standard is a reference point for many different researchers, agencies and data analysts, and will be used in a wide range of contexts. Intersex advocates will be better placed than we are to explain in which contexts it is or is not acceptable or helpful to ask if a person is intersex.

Relatedly, intersex advocates may have data needs that they would like the standard to be able to give guidance on. The wording of the question, “To what extent do you agree or disagree that this approach will meet information needs for the intersex population?” could be interpreted to mean “will this approach meet the data needs that intersex populations have?” An answer to this question can only be obtained by asking intersex people and organisations about what kind of data they want to collect or want others to collect, and using that information to offer guidance to people consulting the standard so that they make informed decisions about whether they include an intersex status question or use a different method.

It may be that intersex advocates need data about the different health needs of different intersex people. For example, they might want to know which medical diagnoses are most commonly given by medical professionals in New Zealand, or to know more in-depth information about how variations of sex characteristics are relevant (or not) to other health and mental health needs. They may need to know information about the levels of mental distress experienced by intersex people and how this relates to their sex or gender (and related experiences of discrimination or pathologisation). We encourage Stats NZ to continue the conversation with intersex people and organisations in order to better understand data needs, how different types of data are best obtained, and in what contexts an intersex status question would be useful.

Further information: updated diagram, key principles and practical guidance

Updated decision tree diagram

At the end of this document, we have provided an amended version of the decision tree diagram that was provided with the Stats NZ consultation document. This shows our recommendations for when and how a transgender status question should be asked.

Key principles

We recommend that the standard includes principles that support people using the standard to make decisions that balance the pros and cons of collecting different data, and consider the risks that they are asking transgender and intersex respondents to bear. These could include:

Privacy: Transgender and intersex people must be able to decide when and how to share information about their identities, experiences, bodies, health needs, and so on. Privacy is particularly important given that discrimination is still common in public and private contexts.

Dignity: Transgender and intersex people deserve respect as whole and complex beings who are valued members of whānau and communities. Transgender and intersex people are targeted by other individuals and by wider social norms as objects of derision and abjection. Treating the existence of transgender and intersex people as non-controversial, and their experiences and identities as valid and accepted, is an important part of challenging discrimination and upholding dignity.

Relevance: It is not always relevant to ask about gender or about whether someone is transgender or intersex. Consider why you are asking, and ensure that people can opt out if they want to because they might not think it is relevant, or they might weigh the risks and benefits of disclosure and decide that in this case it is not justified.

Harm reduction: The act of collecting data about who is and who is not transgender or intersex carries a risk in the context of a society that marginalises transgender and intersex people. Harm reduction involves enabling informed consent. For example, explaining why you are asking for this information and how it will be kept private or anonymous, ensuring people can make an informed decision about what to disclose and opt out if they want to, and being clear about the wider goals of the data collection or research.

Bodily autonomy and self-determination: There is a pervasive and mistaken belief that ascertaining the sex that a person was assigned at birth yields information about that person's body, identity, or health needs. In comparison, asking about gender (when relevant) in a respectful, inclusive, and flexible way, with an opt out option, supports the self-determination of transgender people.

Asking questions about either a person's sex assigned at birth or their gender does not automatically provide information about that person's body or health needs. For example, if a respondent records their gender as female, it does not follow that they necessarily have a uterus or XX chromosomes. Similarly, no matter what a respondent answers about their sex assigned at birth, this does not provide information about their current health needs. Bodily autonomy for transgender people in the context of data collection means not assuming correlation between these things.

Self-determination for transgender and intersex people in this context means respecting individuals' authority on their own experience, and not requiring transgender or intersex people to conform to dominant social norms in order to participate in private or public life. Supporting self-determination includes asking questions and providing response options that give space for people to record themselves accurately, and providing opt-out options so people can decide whether or not to provide information.

Depathologisation of sex and gender: Intersex and transgender people have different but related experiences of being pathologised by the medical establishment and by the wider social norms that reflect the limitations of a Western medical paradigm. It is crucial that data collection about intersex and transgender people does not reinforce the inaccuracies of an approach that treats transgender or intersex status as something that is wrong, in need of fixing, inherently deviant, or inherently risky. The risks associated with being transgender or intersex are not because we are transgender or intersex, they are because of the wider social exclusion and discrimination we face.

Data collection that aims to support the dignity and wellbeing of transgender and intersex people must seek to challenge mistaken and harmful ideas such as the existence of only two sexes, or only two genders, or the idea that there are correct and incorrect ways of being transgender and/or intersex.

Inclusion: Ways of understanding and describing gender or personhood differ across cultures, and change over time. People's sense of self and gender is complex and personal. Prioritising inclusion means allowing space for people to identify in ways that are relevant to them, and taking care not to centre or prioritise dominant worldviews.

Practical guidance about deciding which data is needed

As well as explaining the principles that should guide data collection, the standard should include practical guidance about how to apply these principles, using the decision tree diagram, to decide which types of data are needed. The standard could provide examples of different data needs, and give a detailed explanation of how the user would decide which questions to ask.

For example, when a healthcare provider is enrolling a new client, there may be no need for an enrollment form to ask about transgender or intersex status, because this information may not be *relevant* to their interactions with the organisation or administration staff. It may become relevant, and be shared, within the *privacy* of a confidential doctor-patient relationship, but it would not follow that this information should be collected in a database where it would be available to others.

The provider may wish to ask about transgender status on their enrolment form as a signal of inclusiveness to transgender clients. Based on the principles outlined in the standard, the provider should consider what effect this might have for transgender clients and how they could signal inclusiveness instead in ways that demonstrate their competence as a medical professional or practice. Similarly, they may wish to collect sex assigned at birth to understand health needs, but do not need to know this information on an enrollment form since detailed health needs will be shared with a doctor, and is it not useful to use sex assigned at birth as a proxy for health needs (for example, it does not determine body structures such as the presence or absence of a uterus or prostate).

Many different people, organisations, and agencies will consult the standard in order to better understand how to collect data about gender, and about transgender and intersex people specifically. We recognise that it is a challenge to create a standard that can respond to such a wide range of circumstances and needs. Our recommendation to provide practical examples and key principles is based on the understanding that the standard is not a simple or insignificant document, and that part of what it can achieve, in addition to essential guidance for data collection, is an unpacking of the complexities around what it means to respect transgender and intersex self-determination.

Step 1	Is sex or gender information needed?	No	Do not collect sex or gender
		Yes	Go to step 2

Step 2	Do you need to know whether respondents are transgender?	No		Collect gender only male/ female/ another gender (with open box) (& go to step 3)			
		Yes	Do you need to know respondents'/ populations' sex assigned at birth for a specific reason (and do you have a large population sample size, strict data privacy provisions and ability to analyse transgender data accurately)?	No	Do you need to know details about respondents' specific transgender identities?	No	Collect gender and transgender status male/ female/ another gender (with open box) do you consider yourself to be transgender? * yes/ no/ prefer not to say * transgender is an umbrella term that refers to people whose gender is different to the sex they were assigned at birth. Other identities considered to fall under this umbrella can include non-binary, transsexual, takatāpui, fa'afafine, genderqueer – and many more. (& go to step 3)
				Yes	Collect sex assigned at birth and gender ** male / female ** explain why this is being asked, and how information will be used and protected male/ female/ another gender (with open box) (& go to step 3)	Yes	Collect gender and transgender status male/ female/ another gender (with open box) Are you: Transgender Non-binary Takatāpui Fa'afafine Etc (open box option) (tick as many as apply) (& go to step 3)

Step 3	Do you need to know whether respondents are intersex?	No	no extra questions
		Yes	Collect intersex variation data Were you born with a variation of sex characteristics (otherwise known as an intersex variation)? yes/ no/ don't know