

# Size of the Transgender Population and Why It Matters

The inclusiveness and ambiguity with which the descriptor “transgender” is being used in the public sphere can make estimates as to prevalence very difficult. In this article we will review some of the best studies to arrive at a useful working estimate as to the percentage of the North American/Western population that is transgender, and then draw some conclusions as to why the size of this population is important.

## **Transsexualism and Gender Identity Disorder**

One of the main difficulties in arriving at an estimate lies in the definition of “transgender”. Current public policies and legislation are increasingly defining the term very inclusively, and the language used by the Justice Department and Bill C-16 would certainly exemplify this. We will turn to current measurements of this more inclusive group, but it is useful to know the history of studies in this field as well.

In the past, “transgenderism” was far more pathologized than it is now. Currently, “gender dysphoria” or “gender identity disorder” are terms used in the medical field, while “transsexualism” is a term that persists in Europe, but is falling out of use in North America. Whatever term one uses, a clinical approach to estimating this population has often resulted in extremely low estimates- usually under 0.1% or even 0.01% of the population. In her doctoral dissertation, [\*A Follow-Up Study of Boys with Gender Identity Disorder\*](#) (2012) Devita Singh says,

Since the 1960s, a number of studies have reported estimated prevalence rates for GID in adults (for a review, see Zucker & Lawrence, 2009). Rates have varied, in part, depending on the inclusion criteria (e.g., including individuals who have had, at least, hormonal treatment but have not necessarily had any surgical interventions vs. only including individuals who have had sex reassignment surgery). For example, De Cuypere et al. (2007) estimated that 1 in 12,900 biological adult males in Belgium have GID, while Weitze and Osburg (1996) estimated a prevalence rate of 1 in 42,000 in Germany. The estimated prevalence rate in most other studies have fallen within this range (i.e., 1/12,900-1/42,000). Based on these estimated rates, it seems reasonable to presume that the prevalence of GID is low. In Steensma et al.’s (2012) prospective study, only 1 (0.1%) of the 879 participants, a biological male, had undergone gender reassignment (cross-sex hormonal treatment and surgery) when followed up in adulthood. (*A Follow-Up Study of Boys with Gender Identity Disorder*, p15)

Sam Winter, in his [appendix](#) to *Transgender people: health at the margins of society* (2016), says,

Arcelus et al have recently conducted a systematic review of research in this area that makes use of 12 studies providing prevalence data (or supplying information enabling it to be calculated)... Arcelus et al reported prevalence figures of 4.6 transgender people in every 100,000 individuals (1 in every 21739 people), with 6.8 transgender women in every 100,000 birth-assigned males (1 in every 14706), and 2.6 transgender men in every 1000,000 birth-assigned females (1 in every 38461).

The “bible” of psychiatry, DSM-5, states that the prevalence of gender dysphoria is 0.005-0.014% for adult born as males, whereas it is 0.002-0.003% for adult born as females (American Psychiatric Publishing, 2013).

Whichever numbers one uses, if you are defining the transgender population in a clinical way, with its strong (but not absolute) correlation with transition, you end up with a very small prevalence; 0.01 percent is by no means the lower range!

### **Are You Transgender?**

The percentages grow exponentially higher when the studies ask “gender” questions in population-based studies. The simplest version of these questions is simply to ask “do you consider yourself transgender?” This was precisely the question that many states chose to add as an optional module to the BRFSS (Behavioral Risk Factor Surveillance System) national survey in the United States. From this the [Williams Institute](#) concluded a prevalence of transgender identity in the United States of 0.6% in 2016. They arrived at this figure by extrapolating the actual 0.52% figure they found in the participating states to the rest of the United States via demographic analysis and mapping. Having quickly reviewed the [methodology behind the study](#), I have no particular reason to doubt the methodology or the prevalence estimates they have arrived at. This number of 0.6% is quickly replacing the older number of 0.3% arrived at in a [previous Williams Institute study \(2011\)](#) that was qualitatively inferior, and is now being used in many [mainstream media](#) outlets.

Other recent studies have arrived at largely similar conclusions. In his “Table: Population studies yielding prevalence data for transgender people” in the aforementioned [Transgender people](#) (2016), Sam Winter compares five studies on transgender prevalence, but there are some differences between these studies that ought to be noted. Of these five, the only true parallel to the BRFSS data noted above is [Conron et al \(2012\)](#) which yields a 0.5% estimate (actual is 0.467%) in Massachusetts using the same BRFSS module question noted above.

[Clark](#) (2014) surveys high-school students, and ought not be a reliable indicator of the

adult population, coming out at 1.2%. Almost every prevalence study mentions that children and adolescents experience higher rates of gender variance. Many note also that high to very high rates of children with gender identity disorder resolve before adulthood without any intervention. In the Ontario longitudinal study done by Singh, 88.8% of male children had their Gender Identity Disorder resolved by early adulthood (p108). We will return to this study by Clark, and how it is being used, in our conclusion.

Winter cites [Glen and Hurrell](#) (2012) at a prevalence estimate of 0.5%, which represents the more conservative of several methodologies in the report. In spite of the fact that this percentage lines up with other studies and *may* be representative, it never ought to have been included as the authors themselves state in the report, “the sample was not required to be representative of the general population”, and “the trial data cannot be used to estimate the percentage of the population in particular trans groups (for example, the percentage of transsexual people)” (p7)!

### **Gender Non-Binary**

Two of the studies Winter includes, [Van Caenegem](#) (2015) and [Kuyper](#) (2014) use much broader definitions and questions in their studies which affords the opportunity to compare those who identify as gender incongruous and those who are gender ambivalent. We will focus on Kuyper here, as it gives larger percentages and uses a wider variety of factors and questions which leads to the ability to combine factors to arrive at different percentages.

Table 2 contains the results of these varying factors. Those who report an ambivalent gender identity (who feel as much like the opposite sex as that they were born with) is reported at 4.6% for males and 3.2% for females. Those who reported incongruent gender identity were 1.1% of males and 0.8% of females (hence the 0.9% reported in Winter’s table). But what is fascinating is how these numbers plummet when connected to more objective measures. Ambivalent GI men who disliked their male body was only 1%, the largest of any combination of measures. Incongruent GI men who wished to adjust their gender was only 0.3%. Ambivalent GI women who disliked their female body was 0.6%, and incongruent GI women who wished to adjust their gender was only 0.05%!

So Kuyper is useful in demonstrating just how much larger the numbers grow when using subjective criteria. The authors illustrate just how disparate these measures when they state,

In other words, only a fifth of the individuals who reported a different gender identity than the identity of their assigned sex at birth reported an accompanying dislike of the physical features of their sex at birth and, of the individuals who did report a certain dislike, only half or fewer of those participants wanted medical help to eliminate the incongruence.

Another notable finding is that though the ambivalence and incongruity numbers for males is higher than females, the disparity grows considerably when factoring in desires for transition.

When the figures mentioned above were combined, the percentage of natal men with ambivalent or incongruent gender identities who reported both aspects of gender dysphoria was 0.6 % of the total male sample. For natal women, this estimation was 0.2 %. This sex difference was significant...

### **Three Groups**

We have described three groups in this article. While these various groups are neither completely distinct, nor completely defined, yet they possess general characteristics that are important to understand. The first group- a clinically defined one, is exceedingly small and is strongly correlated, although not absolutely, with pathology and physical transition. The second group are those who claim to be transgendered, a far larger group, but also a group that is less likely to physically transition, or even desire transition. As I describe in [another article](#), one [recent Canadian study](#) has shown that this group may retain many characteristics of their birth sex, including birth-sex genitalia, birth-sex sexual patterns, and may live in their birth-sex gender part-time or full-time. The last group (“gender ambivalent” or “gender non-binary”) is one that is emerging only recently as the traditional gender binary has been breaking down over the last couple decades. There is every reason to believe that this last group, who don’t call themselves transgendered, yet reject or are ambivalent towards their birth sex, are even less likely to evidence the characteristics of the opposite sex or desire transition, as Kuyper shows.

### **Size Equals Strength**

Why is this survey of the transgendered population important? Two reasons stand out. The first is that the size of a given population is often the weight or importance given in policies and legislation. Size equals strength. Thus, there will always be a bias among trans-advocates toward using the largest numbers. I am not demonizing advocates in saying this—everyone does it. I myself have been using the statistic that 1 out of every 2 women will experience an unwanted sex act in their lives derived from the [Badgley Report](#). I am aware of other studies that have lower numbers, however I feel justified in using the Badgley numbers because 1) it is a government mandated report, 2) it is a Canadian report, 3) the methodology was good. I have used the highest women-violence statistic that I feel meets a good qualitative and relevancy threshold (and especially because sexual violence is usually under-reported). Everyone has presuppositions, and anyone can be accused of bias. This is why I always recommend demanding sources and then actually looking at them yourself. The question isn’t “is the author biased”, but “is there a misrepresentation or a cherry-picking of the data?” That is the question.

In the studies on the transgender population there is ample room for inflating them by using more ambiguous “gender variance” approaches. If there is clear communication of definitions and approaches, this needn’t be an insurmountable problem. But there is a high degree of likelihood that bias may win out and the transgender population is overstated by claiming that these “I don’t fall nicely into a gender category” individuals are transgendered, or claim to be so.

A very recent article in [The Guardian](#) (Australia), is one example. In one place, (and not the most egregious statement in it!), the author states, “Nobody knows precisely how common transgenderism is, either. Safe Schools estimates that 4% of people are transgender or “gender diverse” a figure its critics say is inflated.” Although the author perhaps adds the “inflation” comment to guard her journalistic credibility, she still gives a statistic that is highly problematic, and in two ways. Firstly, we do have some very good data (the William Institute, 2016) on how common transgenderism is (0.6%). It just happens to be significantly lower than the number they go on to spuriously quote. If there is an intentional admission of a known and well-accepted statistic here, the journalistic integrity of the author ought to be questioned. If the admission is due to ignorance, it speaks of a lack of basic research, as the 0.6% is being trumpeted very loudly due to it being twice the previously accepted estimate.

The second problem is that although it mentions “gender diverse” in addition to “transgender” it clearly conflates the two. It doesn’t communicate at all that the gender diverse number is far larger than the transgender number, and that those two categories were distinct in the original study the numbers are being pulled from, that of Clark (2014), where the transgender group was 1.2% and those unsure of their gender was 2.5%. I can only surmise that someone has equated “unsure of gender” and “gender diverse”, added this number to the “transgender number”, and then rounded up from 3.7 to 4%.

Whether these serious errors are the fault of Roz Ward, Safe Schools, or journalist Gay Alcorn, I don’t know. What I do know is that the Safe Schools program benefits from these sorts of errors and ambiguities. The point is this- where there is increasing ambiguity in definitions, there is increased opportunity for those with bias and the political power or will to wield it in their favour.

### **Who Is Entering the Woman’s Change Room?**

But there is a second reason that defining the trans population is highly relevant. When trans-advocates speak about access to women’s shelters, change rooms, bathrooms and sports teams, there is a tremendous opportunity for category sleight-of-hand. The trans-advocates may trot out fully transitioned transmen and transwomen as examples of those who should have access to their respective gendered facilities. The poster-child transwoman looks like a woman, and so any natural aversion that a biologically-female woman may have to a male in her showering, changing, or bathroom space is avoided. But this is a well-controlled illusion. It is, of course, not outright falsehood. The poster-child transwoman actually looks like that, and may have

been accessing women's bathrooms for years, largely without being noticed. But what the trans-advocates don't want you to notice is what is going on in the other hand- that they are defining gender only by "sense" and that the person accessing the woman's bathroom or shower may present as a man, look like a man, have male genitalia, and even have [male-pattern sexuality](#). There is at least one report of a ["woman" having an erection](#) while in the women's change-room. That won't make the poster! If it were better known, biologic women would react with outright hostility, and policies and legislation like Bill C-16 would get swept away by a tsunami of opposition. The larger and more inclusive the trans group gets, the more problematic a Bill like C-16 gets.

So, here's the problem for trans-advocates concerning the trans population in a nutshell; you can have your 0.6% and the political mess of erect penises in women's change rooms along with it, or you can have your 0.01% prevalence and your poster-child transwoman. You can't mix and match to present what you want.

Most of the public is unaware of the current trends in the research literature. Many wouldn't be able to delineate these three groups and their differing (if generalized) characteristics. But in the chaos of ambiguities concerning definitions of "transgender" there are opportunities for misinformation and political propaganda. Policy makers, it is incumbent on you to do your research, and not rely on those who are biased, including, perhaps, myself. Spend the time to get this right. I think the welfare of women and children hang in the balance.

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