

Gender Analysis of Intimate Partner Violence in “High Risk” Behavior Epidemiology

Developed in Women, Gender and Health 207:
Advanced Topics of Women, Gender, and Health
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Appropriate Harvard T. H. Chan School of Public Health Courses:

SBS 219: High-Risk Behavior: Epidemiology and Prevention Strategies; other Social and Behavioral Sciences (SBS) core courses/electives as appropriate.

Brief Background:

The field of high-risk behavior prevention research refers to the examination of how certain behavior, such as substance abuse, violence, self-harm, and “risky” sexual behavior, places an individual at a higher risk of injuries and mortality throughout their lifetime (Dryfoos, 1991). The epidemiology of such behavior examines multiple factors, including developmental, social, geographical, and cultural factors. In high-risk behavior research, therefore, it is common to stratify results by socially constructed groups, such as gender. However, very few studies have incorporated an intersectional and gender-based analysis lens when analyzing findings, thus missing the nuances and structural barriers that factor into the engagement in certain health-related behaviors. In particular, a majority of the research conducted “focus[es] on the role of multiple social *identities* (e.g., gender, race/ethnicity, sexual orientation) rather than social *inequalities* (e.g., sexism, racism, heterosexism) in shaping the distribution of health outcomes between and within social groups” (Agénor, 2020). Therefore, this exercise will encourage and challenge students to think more about the roles that intersectionality, gender, and gender expression play in the epidemiology of behaviors deemed “high-risk.”

For this teaching example, we aim to provide an introduction to incorporating a gender analysis lens into “high-risk” behavior epidemiology research, starting with an overview of how to conduct a gender-based and intersectional analysis in research. Students will next examine what behavior is deemed “high-risk” and why. Then, to illustrate the ways in which a gender-based analysis and intersectional lens may be applied to high-risk prevention research, a case study of intimate partner violence (IPV) will be used. Research has found that gender minority groups, including those who identify as transgender (i.e., a person whose gender identity and/or expression is different from their sex assigned at birth) and nonbinary (i.e., a person whose gender identity falls outside the traditional gender binary of male or female), are especially vulnerable to IPV. Specifically, transgender and nonbinary individuals are 1.7 times more likely to experience any form of IPV compared to heterosexual cisgender individuals. Because the

median lifetime prevalence of physical IPV among transgender individuals is 37% and the lifetime prevalence of sexual IPV is 37.5 % (Peitzmeier et al., 2020), this case presents the opportunity to interrogate how gender analysis may be integrated into high-risk behavior epidemiology by examining a major exposure within a population.

Learning Objectives:

1. Define intersectional and gender-based analysis and implement it alongside the application of epidemiological methods in health risk prevention research and practice.
2. Define and distinguish between sex, gender, and gender expression as a means to understand how gender identity influences health and health equity at the organizational, community, and societal levels.
3. Interrogate the term “high-risk” in relation to gender-based intimate partner violence and the design of health risk prevention interventions.
4. Critically appraise principles of “high-risk” behavior research, including data collection and analysis, using a case study method.

Teaching Methods:

- 1) **Content description and warning (approximately 5 minutes):** Class will begin by acknowledging that intimate partner violence is a topic that may have directly or indirectly impacted students currently in the classroom. The instructor should allow for students to physically leave the conversation or classroom to take care of themselves. It is also important to remind students the week before this class that this topic will be covered and that students may want to prepare themselves however is best for them.
- 2) **Brief lecture on terms and concepts (approximately 10 minutes):** Next, students will be introduced to gender-based analysis, intersectionality, and how to utilize a structural lens within epidemiologic research. It is expected that students will already have previous knowledge of basic epidemiologic research and statistical analysis (i.e., knowledge of confounders, effect measure modification, bias, stratification, etc.), as well as knowledge of the social and structural determinants of health. For this section, there will also be a student handout and a separate instructor guidance sheet that provides more details on these concepts, including an introduction to the differences and nuances of gender identity, gender expression, sex, and sexual orientation (see supplemental materials below). If time allows, students may be separated into small groups of 3-4 students to discuss the “Gender 101” questions/prompts. If not, students should be asked to reflect upon these questions independently or through a Canvas discussion board prompt prior to class, if appropriate.
- 3) **Case study/discussion (approximately 10 minutes):** Students will be assigned the case study and discussion questions as a reading assignment to be completed before the start of this scheduled lecture to provide adequate time for critical reflection. The instructor and/or teaching fellow (TF) will highlight key points in the case study to reiterate the

learning objectives and stimulate discussion using the provided discussion questions. Small groups of 3-4 people will discuss the three large discussion questions. There are also a few probing questions for the instructor to pose to the class after all students reconvene for the large group discussion.

Assignment

Case Study:

Jack is a research coordinator at a local university and is currently interviewing survivors of intimate partner violence (IPV). Jack is a white transmasculine person (i.e., a transgender individual who identifies with a masculine gender identity) and uses they/them pronouns. The aim of this qualitative study is to examine the association between IPV and gender. The study is open to adults of any gender residing in the United States who have experienced IPV within the past 3 years or who are currently experiencing IPV. Jack has just finished an interview with a 28 year old Black transgender woman from Texas. To document the interview, Jack used an audio recorder and will submit the recording for professional transcription. The study protocol dictates that Jack will memo about the interview after each interview, then share their notes with their supervisor. This will enable the study team to refine the questions they ask future participants and revise the interview guide as needed to understand better the associations between IPV and gender.

In Jack's recent memo about his interview with the participant, he wrote the following notes:

Participant is a 28-year-old Black trans woman from Houston, Texas. Two years ago she broke up with a Black cisgender man. They lived together and shared finances. At the time, the participant held a part-time job and did not have health insurance. Her partner worked full-time at the only LGBTQ Domestic Violence agency in town and paid rent, utilities, groceries, etc.

Participant also started using hormone replacement therapy as a part of her gender journey and method of gender affirmation.

When asked to list out the ways her partner harmed her, the participant listed the following actions:

- *Hiding her hormones, requiring her to go through him to access her hormones every week*
- *Threatening to "out" her as transgender to her family and friends*
- *Coercing her to do specific sexual acts by saying a "real woman" would do them*

At the end of their memo, Jack is starting to identify some trends among other transgender individuals in the study who have experienced IPV, particularly around controlling gender-related health care access by their partners.

Discussion Questions:

1. Jack is identifying that transgender participants in this study may experience a lack of control of their gender affirming health care in ways that cisgender participants are not expressing. What about Jack's memo indicates to you examples of transgender-specific IPV?
2. Which aspects of IPV are present here that may not be considered "traditional" or "typical" presentations of IPV?
3. What are some ways in which these "high-risk" behaviors/situations are considered to be related to individuals' actions, but in reality are created in part due to structural factors?
4. Using a gender analysis lens, what "risks" or aspects of the relationship described would public health practitioners need to fully address and intervene upon to prevent IPV?

Probing questions from instructor to use in the larger discussion

1. You may have noticed that Jack is a white transgender person conducting these interviews. What are some of the implications of that identity that you can see in their memo-ing notes in terms of how they interpret what they hear in the interview with this Black transgender woman?
2. What other information do you think would be relevant from the interview, Jack's notes, or other sources to understand what "high-risk" behaviors are happening here? Why are we labeling them "high-risk"?

Supplemental Materials

Gender 101 (faculty supplement)

The goal of this section is to provide an introduction to some of the nuances of sex and gender, how stereotypes and stigma may play into characterizations of "high risk" behaviors, and how these ideas are relevant to epidemiology and ethical research. We define some of the relevant terms below, as well as provide some background information that would be useful for students to know (Trans Student Educational Resources, 2015; PFLAG, 2022; Human Rights Campaign, n.d.; Office of Population Affairs, 2022).

Sex Assigned at Birth - The sex (e.g., "male" or "female") assigned to a child at birth based on the child's visible sex organs, including genitalia and other physical characteristics.

Gender Identity - A person's internal sense of being a man/male, woman/female, both, neither, or another gender. It is how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their assigned sex at birth.

Gender Expression - The way a person acts, dresses, speaks, and behaves (i.e., feminine, masculine, androgynous). Gender expression does not necessarily correspond to assigned sex at birth, nor to socially defined behaviors and characteristics typically associated with being masculine or feminine.

Sexual Orientation - Emotional, romantic, or sexual feelings toward other people or no people.

Cisgender - A person whose gender identity and assigned sex at birth are congruent (i.e., a person who is not transgender).

Transgender - An umbrella term describing a person whose gender identity and/or expression is different from their sex assigned at birth. This can include binary transgender people (e.g., transgender man, transgender woman) as well as non-binary or genderqueer people.

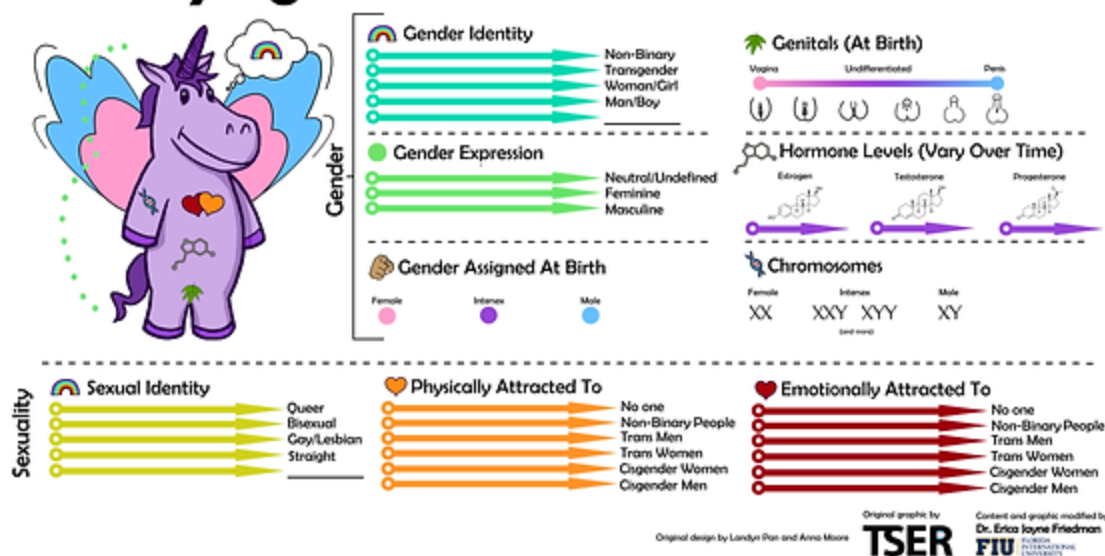
Non-binary - Describes a person whose gender identity falls outside the traditional gender binary of male or female. Other terms for people whose gender identity falls outside the traditional gender binary include genderqueer, gender expansive, etc.

Gender-affirming care - Includes a wide variety of support for transgender individuals, including health care experiences that affirm a person's identity (such as through the use of proper names, pronouns, and gender-neutral bathrooms), medical gender-affirming care (e.g., puberty blockers and hormones), and surgical gender-affirming care (e.g., "top" surgeries, "bottom" surgeries). It is important to note that desire for or access to gender affirming care is not a prerequisite to be transgender or non-binary.

Gender 101 (for students)

The same definitions above will be provided, along with the following activity:

The Flying Gender Unicorn



Using the “Flying Gender Unicorn” diagram (Trans Student Educational Resources, 2015) and the explanations above, consider some of the following questions and discuss them in small groups, if time allows.

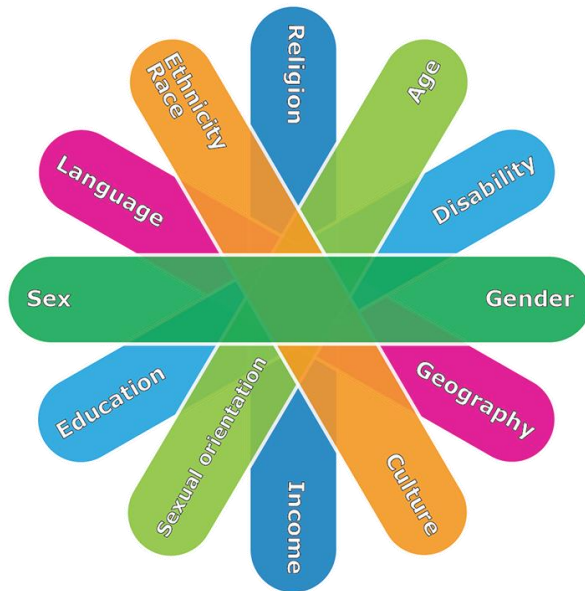
1. What is the difference between sex, gender identity, gender expression, and sexual orientation?
2. What are some examples of different pronouns people can use? What, if any, is the relationship between pronouns and gender identity?
3. What is the gender binary? What are some ways the gender binary becomes reinforced in our daily lives? How does research reinforce harmful ideas of the gender binary?

Gender-Based Analysis and Intersectionality (for students and instructors)

Gender-based analysis is a framework and analytical process for assessing the ways that people of different genders and their communities experience policies, programs, initiatives, and societal structures (Johnson, Greaves, & Repta, 2009). It is important that gender-based analyses utilize an intersectional framework, in order to understand the way multiple structures differentially impact power, privilege and inequality.

Intersectionality theory, a term/framework coined by Black feminist scholar Kimberlé Crenshaw (2017), is another analytical framework for understanding how individual and collective identities intersect to create different modes of discrimination, privilege and power. For example, the effects of white supremacy, colonialism, and capitalism impact a Black transgender woman very differently from a white cisgender man.

In epidemiology, “demographic” factors like gender, sex assigned at birth, race, ethnicity, class, sexuality, religion, and disability are often collected and analyzed as if they represent individual characteristics. These frameworks remind us that identities cannot be isolated from one another and that they must be understood within broader systems that create varying degrees of privilege and power.



Source: Government of Canada, 2021

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