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Unfinished Business: Disentangling Sex, Gender, and Sexuality in Sociological Research on Gender Stratification

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Abstract

Focusing on two major strands of research on gender stratification, labor market inequality and health disparities, we argue that cisnormativity and heteronormativity obscure the rich variation in how people experience their own sense of gender and sexuality, as well as how others perceive them. Although researchers' reliance on static notions of gender and sexuality is starting to shift, there is room for improvement, especially in the area of gender inequality. To highlight the advancements in researchers' thinking, we spotlight exemplary work that incorporates gender expansive realities using empirically and/or theoretically grounded approaches. We conclude by outlining best practices to measure gender identity, sexual identity, gender expression, gender conformity, and other facets of gender and sexuality.

1 | INTRODUCTION

Gender inequality is a fundamental focus of sociological stratification scholarship. Although there are a variety of approaches to the study of gender stratification, much of the work centers on the differences in life chances between men and women who are cisgender¹ and heterosexual. Scholars have contributed a great deal to our understanding of the ways and levels at which societal forces generate and maintain inequalities between these two groups (see Blumberg, 1984, for a general theory of gender stratification; Ferree & Hall, 1996, for a representation of stratification in textbooks; Risman, 2004, on gender as a social structure; and Acker, 1988, about gender stratification at an organizational level). Feminist scholars' call to examine the interconnectedness of multiple systems of oppression has provided rich insight into how intersectional dynamics, especially those related to race and class, systemically structure inequity (Choo & Ferree, 2010; Collins, 1993; Crenshaw, 1991; McCall, 2005; Walby, Armstrong, & Strid, 2012). These and other writers contend that researchers of all disciplines should pay greater attention to how multiple statuses across and within identity categories interact to produce real-world outcomes (Jones, Misra, & McCurley, 2013).

Despite some progress at the nexus of race-class-gender, gender stratification scholarship has been slow to respond in other ways: Research continues to rely primarily on taken-for-granted heteronormative² and cisnormative³ understandings of sex and gender (Ingraham, 1994). Cisgender heteronormative interpretations assume that sex and

gender are perfectly aligned, and that opposite-sex attraction is the norm; it ignores or stigmatizes divergence from these expectations (Lucal, 1999; Valentine, 2007). These assumptions prevent a more nuanced understanding of gender and sexuality differences in general and support traditional ideas about masculinities and femininities, in particular. Therefore, ample opportunities exist for more rigorous and careful consideration of intersectionality, both as a vector of inequality and as an analytic lens that reflects the subtleties of people's everyday lived realities. Examining these dimensions is "crucial to the future of feminist sociology" (Schilt, 2008, p. 109) and vital to understanding why the gender revolution is "uneven and stalled" (England, 2010, p. 149).

In this article, we argue that cisnormativity and heteronormativity in social science research obscure the rich variation in how people experience their own sense of gender and sexuality, as well as how others perceive them (Aultman, 2014; Genderspectrum, 2016). We ask: To what extent is gender stratification research critically engaging the notions of gender and sexuality? Moreover, how does examining variations within gender and sexual identities provide deeper knowledge into the mechanisms underlying differences across groups? If, as we argue, mainstream gender stratification analysis can and should include individuals who are not heterosexual and cisgender, how might researchers achieve this goal? We begin by providing an overview of two subfields of gender stratification research: labor market inequality and health disparities. In addition to representing two of the most fundamental facets of well-being, these areas provide an opportunity to consider more closely how social constructionism and essentialism interface with financial circumstances, on the one hand, and physical bodies, on the other.

Within both fields, we briefly discuss how until recently research has conflated sex and gender, and how gender and sexual minorities have often been excluded in these analyses. Next, we spotlight exemplary work that incorporates the lives of gender expansive⁴ individuals using empirically and/or theoretically grounded approaches. We contend that incorporating gender identity, sexual identity, and gender conformity variation within gender categories can enhance our theoretical understanding of the infrastructure of gender inequality. We conclude by pointing to current best practices to measure gender identity, sexual identity, and gender expression and conformity and other facets of gender and sexuality.

2 | GENDERED LABOR MARKET INEQUALITY

Stratification scholars who study the economic aspects of gender inequality focus on a range of issues including education, work, income, the state, and families. Given the reliance of most adult individuals on paid labor as their main source of income and their financial well-being, labor markets are at the core of research on economic sociology. These and other early treatments of the intersection of gender and labor market-related outcomes almost exclusively conceptualize gender differences as sex differences. Although contemporary sociologists often substitute *gender* for the term *sex*, both theoretically and empirically these comparisons remain firmly rooted in an essentialist binary sex-system. For example, scholarship by Blau, Bentley, Eggerichs, Chapman, and Viswanathan (2014) and Padavic and Reskin (2002) centers on inequality in paid work between cisgender men and cisgender women, and casts important light on the prevalence of traditional assumptions about gender in the workplace and how these assumptions produce unequal monetary outcomes (see also Fausto-Sterling, 2008).

Another example of the ongoing conflation of sex and gender in the field of occupational segregation is the interchangeable use of the terms *sex segregation* and *gender segregation*. While newer research is more likely to use the term *gender segregation* (i.e., Blackburn, Jarman, & Siltanen, 1993; Blau, Brummund, & Liu, 2013; Cha, 2013; Watts, 1998) instead of *sex segregation* (i.e., Bielby & Baron, 1986; England, 1982; Reskin, 1993), analyses remain focused on the differences between cisgender men and cisgender women. These studies discursively erase the experiences of individuals who identify outside the binary. Similarly, mainstream *sex segregation* research rarely mentions sexual identity and therefore erases the experiences of people who are not heterosexual. We argue that this is more problematic than explicitly focusing the analysis on cisgender heterosexual respondents, even if they are considered modal.

2.1 | Steps forward

Research on transgender and genderqueer⁵ workers is beginning to accumulate. Schilt's (2010) study on the experiences of trans men in the workforce reveals that some trans men gain acceptance by becoming "just one of the guys," while others experience marginalization. For trans men, "occupational context shapes workplace outcomes" (p. 165). In fact, workplaces might force transgender individuals to conform to hyper-masculine and -feminine identities in response to colleagues' (perhaps well-meaning) efforts to re-incorporate them into the gender binary (Schilt & Connell, 2007).

In their study of gender identity policies among Fortune 500 firms from 1997 to 2007, Munsch and Hirsh (2010) found that a significant number of high profile companies have started adopting nondiscrimination measures related to gender identity and expression. As a result of heightened attention to legal pressures, media coverage, and "inter-organizational diffusion processes" the companies proactively incorporated protective measures to avoid potential litigation and maintain a positive public image (p. 155). It is difficult to assess whether these policies prevent discrimination against transgender or genderqueer workers. For instance, research by Weiss (2004) indicates that while employers' adoption of gender identity inclusive measures communicated an ethic of equity, the security they created among employees was false.

Sociological research on workplace disclosure of sexual identity (Badgett, Lau, Sears, & Ho, 2007; Chrobot-Mason, Button, & DiClementi, 2001; Levine & Leonard, 1984; Schilt, 2010) both broadly and in particular occupations, such as policing (Bernstein & Kostelac, 2002) and public service organizations (Humphrey, 1999), has expanded considerably over the last three decades. Findings from this area of research have been mixed. Drawing on 2000 U.S. census data, Antecol, Jong, and Steinberger (2008) analyzed how occupational sorting and human capital differences interfaced with the sexual orientation wage gap, and found that, irrespective of marital status, lesbians earned more than heterosexual women, while gay men earned less than heterosexual men, but more than cohabitating heterosexual men. A recent study by Waite and Denier (2015) points to a reduction in the wage gap in the public sector for gay men, lesbians, and heterosexual women. However, heterosexual women still experience a motherhood penalty, and heterosexual men experience a fatherhood premium. As they conclude, "Sexual orientation is nested within gender. Women earn less than men. Gay men earn less than heterosexual men and lesbians earn more than heterosexual women" (p. 581). Findings of lesbians' higher earnings notwithstanding, studies have shown that at least in certain occupational fields homophobic and transphobic work environments are common (Eliason, Dibble, & Robertson, 2011; Irwin, 2002). In other words, minority sexual identity is associated with both advantages (for cisgender lesbians) and disadvantages with respect to employment. Future research needs to examine the experience of transgender and genderqueer workers more carefully to better understand how gender identity and its interaction with sexual orientation shape the experiences of individuals of diverse ethnic/racial backgrounds across different occupational fields.

Economists have begun to quantify the strength of the relationship between sexual identity and the labor market. For example, Drydakis's (2011) experimental study covering a large spectrum of employment opportunities and interactional scenarios and Drydakis's (2014) field experiment found that lesbians received fewer callbacks for interviews than their heterosexual counterparts, with the second study showing a smaller gap than the earlier one had. Findings by Bailey, Wallace, and Wright (2013) and Acquisti and Fong (2015) contradict Drydakis's findings. But other studies show that sexual minority status shapes earnings. For instance, men with male partners have lower earnings than other men, but in some contexts, women with female partners have higher earnings than other women (Black, Makar, Sanders, & Taylor, 2003; Clain & Leppel, 2001; see Drydakis, 2009 for a review). Elmslie and Tebaldi's (2014) work suggests declining stigma has reduced the wage gap gay men experience. However, the wage differential persists in management, sales, and protective services, up to 16%. These pioneering studies underscore the importance of a research agenda that includes gender and sexual minorities, as they might face particular hardships, and can provide us theoretical insights that a narrow focus on cisgender heterosexual populations does not provide (see theory section below). Additional research is needed to understand these discrepancies at the intersection of sexuality, gender identity, and gender expression. Below, we turn our focus to health inequality, another fundamental facet of well-being.

3 | GENDERED HEALTH INEQUALITY

Reviews of gender differences in health frequently imply that comparing men and women is sufficient to advance our understanding of gender. They do so by conflating varying characteristics that correlate with cisgender identities. This obscures not only the variable effect of sex (e.g., levels of estrogen) but also within-group variation based on gender and sexual identity (e.g., adherence to appearance norms). Even very recent review articles, such as the informative annual review “Social Foundations of Health Care Inequality and Treatment Bias,” use a model that distinguishes between individuals' socioeconomic status, age, race, and gender. It makes no distinction between sex and gender, using the terms interchangeably throughout the study (Spencer & Grace, 2016). The literature that discusses under-representation of women in clinical research focuses on women's menstrual cycles and the potential for pregnancy, ignoring the fact that trans women and many cisgender women have neither or only the former. There is no universal “woman's body,” but rather an infinite number of physiological combinations. Bird and Rieker (2008) point out that many differences between men and women, even physiological ones, are shaped by social environments that aid and constrain individuals' choices. They likewise argue that researchers need to acknowledge that there is variation in opportunity structures by gender and sexual identity that influence gender-based health differences (Bird & Rieker, 2008).

3.1 | Steps forward

Research on health inequality has long acknowledged the distinction between biological sex and gender. Within the medical research to which medical sociology responded, biological differences between males and females were assumed to be at the root of observed health inequalities. Medical sociologists questioned the hypothesis that such inequalities would be reproducible in any environment due to the “truly” biological nature of their origins (Fausto-Sterling, 2000). In so doing, they promoted an integrative approach to inequality that attended to differences based on sex as well as on gender (Rieker & Bird, 2005). One key contribution of this research has been the emphasis on the socially constructed features of gender itself, and the ways that variation in such constructions condition mental and physical health. However, until recently empirical efforts overwhelmingly confounded sex and gender and largely overlooked sexuality.

Research over the last decade reveals an increasing trend toward distinguishing sex and gender with respect to health disparities. This work establishes a clear disadvantage among trans people regarding mental health outcomes, such as suicide (Clements-Nolle, Marx, & Katz, 2006; Moody, Fuks, Peláez, & Smith, 2015), non-lethal self-harm (Reisner et al., 2015), and depression and anxiety (Budge, Adelson, & Howard, 2013). Explanations for these disparities include societal stigma (Hughes, Reisner, & Pachankis, 2015; Lombardi, 2001; Yang, Manning, van den Berg, & Operario, 2015), discrimination in healthcare settings (Bradford, Reisner, Honnold, & Xavier, 2013; Poteat, German, & Kerrigan, 2013; Reisner, Gamarel, Dunham, Hopwood, & Hwahng, 2013), low levels of familial support (Grossman & D'Augelli, 2006; Moody & Smith, 2013; Olson, Durwood, DeMeules, & McLaughlin, 2016), and histories of violence (Bradford et al., 2013; Kenagy, 2005; Stotzer, 2009). The literature also addresses the inclusion of gender identity-based diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders V (DSM-5)* (American Psychiatric Association, 2013), which contributes to the stigmatization of and discrimination against trans (and other non-conforming) individuals (Yost & Smith, 2014; see Vidal-Ortiz, 2008 for a wider discussion of this topic).

Fewer studies address the physical health of trans people than address their mental health. A vast majority of the literature on transgender physical health centers on sexually transmitted diseases, predominantly HIV/AIDS (Brennan et al., 2012; Clements-Nolle, Marx, Guzman, & Katz, 2001; Herbst et al., 2008; Nemoto, Operario, Keatley, Han, & Soma, 2004; Poteat, Reisner, & Radix, 2014). Boehmer (2002) criticizes the persistent focus on STDs as an indication of “the dominance of a biomedical paradigm that narrowly understands LGBT health in relation to sexual behavior” (p. 1129). A nascent effort to examine the incidence of other forms of morbidity counters this trend. Cancer has become a primary focus of this endeavor (Brown, 2015; Burkhalter et al., 2016; Quinn et al., 2015), with recent

research calling for specific attention to the risk of prostate cancer (Loughlin, 2015). Accordingly, in 2016, the American Cancer Society set a goal to identify and reduce cancer-related health disparities in the LGBT population (Wender, Sharpe, Westmaas, & Patel, 2016). Disparities in cardiovascular disease have also received modest attention (Feldman et al., 2016).

Studies on sexual identity and health began largely with convenience samples centered on psychological outcomes, and moved on, in the 1990s, to small-scale studies of AIDS in the gay male population (Stall et al., 2016). Generally speaking, these foci continue to dominate the literature. In addition to documenting higher prevalence of HIV and HIV risk factors among sexual minority individuals (Goodenow, Szalacha, Robin, & Westheimer, 2008; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Mojola & Everett, 2012), research reveals higher rates of mental disorders (for reviews, see Herek & Garnets, 2007 and Meyer, 2003), especially depression and anxiety (Cochran, Sullivan, & Mays, 2003; Mays & Cochran, 2001; Sandfort, de Graaf, Bijl, & Schnabel, 2001) and suicidality (Balsam, Rothblum, & Beauchaine, 2005; Cochran & Mays, 2000; Russell & Joyner, 2001).

The Fenway Institute (Makadon, 2008) and the Gay and Lesbian Medical Association (2006) have assembled guides to the health of sexual minorities, comprehensively documenting scientific knowledge about clinical issues affecting sexual and gender minority individuals (Mayer et al., 2008). Additionally, a recent article in the *American Journal of Public Health* documenting disparities in all-cause mortality between sexual minority and heterosexual individuals may signal, and further encourage, a new emphasis on physical health (Cochran, Bjorkenstam, & Mays, 2016). The chief mechanisms contributing to morbidity and mortality disadvantages among sexual minorities include health behaviors, such as smoking (Johnson et al., 2016; Lee, Griffin, & Melvin, 2009; Rosario et al., 2014), drinking (Burgard, Cochran, & Mays, 2005; Case et al., 2004; Scheer et al., 2003), and obesity (Boehmer, Bowen, & Bauer, 2007; Fredriksen-Goldsen, Hyun-Jun, Barkan, Muraco, & Hoy-Ellis, 2013). Research has also established stigma-related stress as a primary contributor to health disadvantages among sexual minorities (Burton, Marshal, Chisolm, Sucato, & Friedman, 2013; Hatzenbuehler, 2009; Herek, Gillis, & Cogan, 2009; Meyer, 1995).

Research on genderqueer individuals moves beyond the literature on health among trans and sexual minority individuals. This work investigates the well-being of individuals outside of the male-female gender binary (Harrison, Grant, & Herman, 2012; MacNeela & Murphy, 2015; Richards et al., 2016). Studies in this area remain quite limited but suggest that individuals who identify as agender, third gender, or another variant of non-binary suffer unique challenges that affect their mental health (Budge, Rossman, & Kimberly, 2014) and their interaction with the healthcare system (Schulz, 2012). Improving healthcare for genderqueer individuals requires a more finely tuned analytic approach that addresses these disparities and investigates whether others exist. Identifying differences between and within gender and sexual minority groups requires a commitment to recruit diverse samples and examine a broad set of physical as well as mental health outcomes. Next, we discuss how more inclusive research will not only provide important substantive insight, but may also contribute to theory building.

4 | THEORETICAL POTENTIAL OF MORE INCLUSIVE RESEARCH

In his research on the sociological explanations of earnings inequality, Leicht (2008) argues that there is often much more variation within groups than between them. Similarly, Annandale and Hunt (1990) point out that diversity within the categories of “man” and “woman” produce scenarios in which any given man may have more in common with a woman than with another man (and vice versa). These authors underscore the central problem with research describing “mean” differences between heterosexual cis men and cis women: Viewing gender as a unitary concept obscures in-group variability that may better explain relevant outcomes.

We believe that examining in-group diversity in the expression, perception, or performance of gender may be particularly illuminating. Including measures of gender expression highlights the distinction between sex and gender, unsettling assumptions of cisnormativity. Moreover, relying on measures of gender expression interrogates the common expectation that gender expressions consistent with one's gender identity define sexuality. In addition to

challenging cisnormative and heteronormative assumptions, greater attention to gender expression could help reveal the extent to which femininity and masculinity are at the heart of relative advantage and disadvantage in areas such as employment and health.

Connell's (1995) classic work on four patterns in masculinity politics, especially her notion of subordinated masculinity, raises important questions about the variation in men's experiences and illustrates the utility of considering within-group differences. Examining the extent of gender-differentiated roles within social institutions, Charles, (Charles, 2011, p. 357) argues that gender is a "fundamental axis of human identity" and "if both men and women adopt new gender-neutral practices or if men behave more like women" gender disparities will diminish. This statement highlights the potential of and the need for examinations of issues of masculinity and femininity to better recognize the rich dimensions of gender variation (see also Lucal, 1999).

Research on cis men who take on female-dominated occupations may suggest the potential of this stream of research. Simpson's (2004) project on the experiences of men in primarily female occupations (e.g., nurses, primary school teachers, librarians, and airline cabin crew) finds that, overall, men (both cis men and trans men) benefit from their status based on several gendered assumptions. In particular, employers presume they are more career-focused than cis women employees, and as a result, the men employees experience preferential treatment (coined "glass escalator" by Williams, 1992). Lupton (2006, p. 104) finds that men's entry into female-dominated occupations is not necessarily about threats to masculinity from certain occupations, but is better understood as "an issue of social mobility operating within the context of a gendered labor market."

Gendered attributions of value and legitimacy also matter when it comes to perceptions of success associated with different industries. Stokes's (2015) study of gender and sexuality in fashion design shows that although gay men receive more acclaim for their work than their female peers, they also face homophobia. Gay men may benefit from certain masculine privileges because the field of fashion design is not immune to hegemonic masculinity or standards of heteronormativity. Stokes concludes that "gender privilege operates in purportedly 'gay-friendly' workplaces, with sexuality bolstering and complicating gay men's advantages" (p. 238). Findings such as these support Williams's (2013) call to revise the concept of "glass escalator" (Williams, 1992), which she describes as being inattentive to the experiences of gay, lesbian, and transgender people.

We suggest that gender identity and expression are also important to include in future research about the workplace. Even though these concepts are challenging to measure, we must commit to paying more rigorous attention to the research questions we ask and the measures that we use so as to take seriously the notion that neither gender nor sexuality "affect all women, all men, or all members of any other category in a uniform way" (Magliozzi, Saperstein, & Westbrook, 2016, p. 8).

Studies that consider the naturalization of heteronormativity in the workplace likewise have important implications for understanding how organizational demands shape and promote conventional gender expectations. Barber's (2016) work on heterosexual aesthetic labor in two men's hair salons highlights how managers marshal the sexual identities and gender habitus of traditionally feminine female workers as a means of masculinizing their hair salons. Drawing on interviews with salon clients and employees, she illustrates that service workers "become interactional resources for customers' projections of privileged identities" (p. 618). By considering workers' agency and management strategies, these findings shed crucial light on how workplaces become gendered, raced, and classed organizations and how sexuality contrastingly shapes women's and men's employment responsibilities (see also Misra & Walters, 2016).

Research in the realm of health provides similar evidence on the relevance of gender expression. Perhaps the literature on health-seeking behavior best exemplifies this. This work documents a substantial and widespread reluctance of men to seek help from healthcare professionals (for a review, see Addis & Mahalik, 2003). Investigation of the mechanisms by which this reluctance arises points to ideals of masculinity that equate help-seeking behavior with weakness (Chapple & Ziebland, 2002; Davies et al., 2000; White & Johnson, 2000). Courtenay (2000, p. 1389) argues, "When a man brags, 'I haven't been to a doctor in years,' he is simultaneously describing a health practice and situating himself in a masculine arena." This research makes clear the contribution that masculinity, rather than maleness, makes to adverse health outcomes.

As the above research illustrates, scholars have made promising steps forward in the field, but incorporating trans, genderqueer, and gay subjects would provide further crucial insight. How does perceived or expressed masculinity interact with sexual identity? For example, do feminine cis men who are gay face more hiring discrimination or more reluctance in health-seeking behavior than their masculine counterparts? And how do the implications of gender expression vary based on other characteristics such as race, class, and/or physical ability? A small but revealing literature suggests that race plays a prominent role in how men enact masculinity when employed in professions considered “women’s work” (Essed, 1991). Notably, Wingfield (2010) highlights that black male nurses consistently faced gendered racism from patients, doctors, and colleagues. Concurring with earlier research, she finds that they established a marginalized masculinity in which they reconfigured caring as an attribute of masculinity, and, at the same time, embraced ideals such as prestige and authority often associated with hegemonic masculinity (a term coined by Connell, 1995). Nursing appears to offer them the “status that becomes an integral part of establishing masculinity” (Wingfield, 2010, p. 33). In the next section, we address how measurement practices can contribute to a more inclusive research agenda.

5 | MEASUREMENT PROSPECTS

Practical methodological constraints arising from the research process are partly responsible for the paucity of attention given to gender and sexual minorities in the stratification literature. For example, sampling innovations may be necessary to recruit these hard-to-reach populations into nationally representative surveys. Additionally, the relatively small proportion of the population that these groups comprise can impose severe limitations on traditional statistical analyses, which rely on large numbers of observations from which meaningful inferences can be drawn. The terms scholars use in surveys and participant recruitment can conceal the social dimensions of sexuality, undermine self-labeling, and obscure variations in sexual behavior (Young & Meyer, 2005). These challenges notwithstanding, efforts are underway to include gender and sexual minorities in mainstream data collection and to avoid using language that erases the existence of people who are not heterosexual and cisgender.

Advocacy organizations and academic think tanks, such as the National Gay and Lesbian Task Force and the Williams Institute, have led the way in trying to provide demographic data on and information about the ongoing challenges gender and sexual minorities face in the United States (Badgett, Donnelly, & Kibbe, 1992; Black, Gates, Sanders, & Taylor, 2000; Gates, 2011; Park & Halawi, 2014). Based on the self-identification of respondents in a recent telephone survey, Flores, Herman, Gates, and Brown (2016) estimate the U.S. transgender population at about 0.6% of the total adult population, totaling 1.4 million people. Government agencies are seeking to add both gender identity and sexual identity as components of federal data collection. The Gender Identity in U.S. Surveillance (GenIUSS) report (The GenIUSS Group, 2014) identifies some “best practices” about gender identity in survey instruments, emphasizing that different study populations may require different approaches (Reisner et al., 2015). Specifically, it recommends a two-step approach that asks both sex assigned at birth, and, in a follow-up question, the individual’s current identification (“How do you describe yourself? Male; Female; Transgender; Do not identify as male, female, or transgender”; The GenIUSS Group, 2014, pp. 5-6). The authors also suggest possible alternatives to the follow-up questions that offer additional response options, including genderqueer. As the authors of the report concede, the “best practices” are not static and should change as societal understanding of gender identities develops.

A report by the Sexual Minority Assessment Research Team (2009) identified best practices for survey questions regarding sexual identity. It argues that, at a minimum, surveys should inquire about respondents’ self-identification (“Do you consider yourself to be: Heterosexual or straight; Gay or lesbian; Bisexual?”; p. ii). The authors also propose asking about sexual behavior and attraction, as these may not overlap with sexual identity but may be quite relevant for health and other disparities. For sexual behavior, the recommended item asks with whom the respondent has had sex in the reference period, giving as options “Men only,” “Women only,” “Both men and women,” and “No sex” (p. ii). Sexual attraction is defined as the sex or gender of individuals that someone feels attracted to, with the recommended survey item reading “People are different in their sexual attraction to other people. Which best describes your

feelings? Only attracted to females; Mostly attracted to females; Equally attracted to females and males; Mostly attracted to males; Only attracted to males; Not sure" (p. ii).⁶ Relying on classifications based on identifying same-sex partners through marital status questions and household rosters makes it impossible to assess the sexual identity of singles and contributes to bisexual erasure. Ideally, when panel studies include these measures, they are asked not only at baseline but also at subsequent waves to capture fluidity in sexual identity, which is particularly important for women in early adulthood (Diamond, 2008).

Westbrook and Saperstein (2015) give an excellent overview of current practices of conflation of sex and gender, and point to the disparity between theories of gender and survey research practice. They call for a consistent distinction between sex and gender, and explicitly to "incorporate self-identified sex and gender" (p. 555), allow for fluidity over time, and move beyond a binary categorization. Future data collection should also include questions about experiences of misgendering, or perceived mismatch between gender identity and how others "read" a person's gender identity. Miller and Grollman (2015, p. 814) examined the role of experiences of gender non-conformity by identifying respondents' agreement with the statement "People can tell I'm transgender/gender nonconforming even if I don't tell them." The California Health Interview Survey is leading the way by including in its adolescent sample a question about how respondents think others perceive them: "A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way people think of them. On average, how do you think other people at school would describe your appearance, style, dress, or mannerisms? Very feminine; Mostly feminine; Somewhat feminine; Equally feminine and masculine; Somewhat masculine; Mostly masculine; Very masculine" (Jans et al., 2016, p. 6). This is an exciting step toward better assessing the possible effects of gender normativity and gender expansiveness in health scholarship.

New survey methods will require ongoing refinement of measurement techniques. Cognitive testing by those involved in the GenIUSS report suggested that assessing gender conformity among adults is more difficult, as it might be very context-specific (The GenIUSS Group, 2014). One limitation is that perceptions may vary between home and work, as the presentation of self can be more constrained in some settings and less so in others, which cannot be gauged by a question about how "most" people see somebody. For adolescent samples, anchoring the question in a school setting seems like a very workable proposal. Nevertheless, more research needs to be done to refine questions (The GenIUSS Group, 2014; Reisner et al., 2015). One promising method of normalizing questions that reflect non-binary understandings of sexuality and gender is to place them at the end of the standard "demographics" section to signal the "neutrality" of these questions (Ridolfo, Miller, & Maitland, 2012). Diamond (2008) found that the recommended questions, at least about sexual identity, are no longer controversial, even for older respondents. With regard to assessing discrepancies between how people see themselves and how they sense others see them, Magliozzi et al. (2016, p. 6) introduce a measurement instrument that captures "the heterogeneity hidden by categorical measures" (e.g., respondents assigned male at birth may identify with a high numerical femininity score and low masculinity score). If presented as a conventional measure, responses limited to "male or female" would not have accurately reflected their "gendered sense of self" (p. 6).

Including such questions routinely in all larger data collection efforts might not instantly yield large samples of gender and sexual minorities. However, over years, pooled samples can enable researchers to explore the extent to which gender identity or sexuality serves as a marker of inequality or a determinant of a wide range of attitudes within non-specialized and nationally representative surveys. Sociologists must do a better job at gathering data that reflect the various ways that people identify. This will help to better uncover and ameliorate underlying labor market and health disparities.

6 | CONCLUSION

More than a quarter-century ago, Annandale and Hunt (1990, p. 29) pointed out that research conflates the sociological concepts of biological sex and gender that "cross-cuts the male/female dichotomy." Ten years later, Courtenay (2000)

argued that non-heterosexuality is either discounted altogether or treated as a nuisance and excluded from studies in the literature on gender. These unfortunate tendencies seem to be on the wane, as evidenced by the research discussed above as well as the 2015 theme for the annual American Sociological Association meeting, "Sexualities in the Social World." Moving forward, sociologists must capitalize on this momentum by engaging more thoroughly with the subtleties and intersections of inequality and sex, gender, and sexuality (Fausto-Sterling, 2014).

Whole subfields of sociology center around sexuality and gender identity, as ASA sections on Sexualities; Sex and Gender; and Race, Gender, and Class indicate. Other areas, such as the Sociology of Family, increasingly focus on diverse families and attitudes toward them. For instance, Powell, Bolzendahl, Geist, and Steelman (2010) illustrate that the family arrangements of gays and lesbians might provide meaningful insights into theoretical ideas of who counts as family. In their 2010 annual review article, Biblarz and Savci (2010) provide an overview of what is known about lesbian, gay, bisexual, and transgender families but note that the evidence is scarce, especially for the latter two groups. Although progress is heterogeneous among subfields, a common denominator is that the measurement of gender and sexuality presents a challenge to quantitative research. The National Institutes of Health's 2015 funding opportunity announcements called for proposals to study the health of gender and sexual minorities. Such studies have the potential to greatly increase the available data and expertise on the topic across a range of disciplines, but especially in the realm of health and the intersection of social science and health.

Researchers should begin to treat gender and sexuality with a recognition of multidimensional scales rather than as mutually exclusive categories. General population samples should more fully include gender and sexual minorities. As sociologists, we must be more rigorous in our treatment of gender and sexuality and more intentional in our theoretical analyses and methodological approaches as a means of modeling change. In addition to remaining focused on broad structural dynamics, greater attention to agency is critical to our understanding of the reproduction of gender and sexual inequality, which, as Bridges (2010, p. 5) notes, persists "despite good intentions." Our gender system (Lucal, 1999) has consequences that reach beyond work and health. Thus, researchers in all subfields need to be more sophisticated in their exploration of the complexities of human experience. A more rigorous approach to conceptualizing sex, gender, and sexuality could bridge the still-large gap between gender theories and survey data, as Westbrook and Saperstein (2015) point out, and resulting research on inequalities.

We still know little about gender and sexual minorities of color and individuals from lower socioeconomic strata, which is critical for moving toward equality. This is undoubtedly a challenge for the field, but each challenge represents an opportunity for greater knowledge. Incorporating a variety of gender and sexual identities as vital subjects and objects of sociological research has the potential to dramatically change the way we understand mechanisms of gender inequality (Valocchi, 2005). By including gender identity and sexual identity, as well as measures that reflect on how gender is expressed, performed, or perceived (Butler, 1990, 1993), we can achieve a better understanding of how different aspects of gender and sexuality influence individuals' lives. Similar to race and class, gender and sexuality are complex and multidimensional. Assuming cisgender heterosexuality for all people unless proven otherwise ignores this complexity and obscures important insight.

ENDNOTES

¹ *Cisgender* refers to individuals who possess "the male or female reproductive organs (sex) typical of the social category of man or woman (gender)" to which they were assigned at birth (Aultman, 2014, p. 61). Throughout the article, we use *cis men* or *cis women* to denote these individuals. *Transgender*, the antonym of *cisgender*, is often identified as the mismatch between physical attributes (i.e., reproductive organs, secondary sex markers) and gender identity. This is not a complete distinction, as *trans** identities include all who do not identify with the sex assigned at birth or who identify with multiple genders (e.g., bigender).

² *Heteronormativity* refers to "the institutions, structures of understanding, and practical orientations that make heterosexuality seem not only coherent—that is, organized as a sexuality—but also privileged" (Berlant & Warner, 1998, p. 548). *Heteronormativity* upholds the notion that heterosexuality is universal (Warner, 1993; Ingraham, 1994).

³ *Cisnormativity* is the presumption that there are only two genders, "that our bodies define our gender, and that our gender necessitates certain roles within families and society" (McGuire, Kivalanka, Catalpa, & Toomey, 2016, p. 60).

- ⁴ *Gender expansive* is an umbrella term that recognizes individuals who do not identify with customary gender roles and are not limited to one gender narrative or experience (Baum et al., 2014). Although it is more popular in descriptions of youth, we want to promote the use of this term for adult populations as well.
- ⁵ The Trans, Gender, and Queer Terms Glossary (LGBT Campus Center, University of Wisconsin-Madison, 2012) defines *genderqueer* as referring to “people whose gender identity is outside of, not included within, or beyond the binary of female and male” (p. 5). It can also refer to “gender non-conformity through expression, behavior, social roles, and/or identity” (p. 5).
- ⁶ These measures are not inclusive of non-binary identities of sex partners or objects of attraction, and the sexual attraction question does not include asexuality. From a pragmatic standpoint, it seems defensible to recommend these questions as best practices. Although they may, to some extent, reaffirm cisnormativity, they constitute a significant advance in prevailing approaches. Moreover, terminology such as trans or genderqueer might be unfamiliar or alienating to survey participants. Including questions that respondents find difficult to answer can compromise the success of survey efforts (Pew Research Center, 2016). Our hope is that over time, new, non-cis-centered terminology will emerge in the public discourse and survey instruments will be updated accordingly.

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