

**Hidden Costs**

*Marginalized Perspectives in the Construction of Public Restrooms*

## **Abstract**

The following report examines the social, economic, and public health impacts of gender segregated restrooms on marginalized people, including women, people who are pregnant or breastfeeding, caretakers, disabled people, and members of the queer community. The design of public restrooms, primarily the gender segregation they enforce, privileges the experience of gender conforming, cisgender men. The consequences of public restroom design and regulation are significant because access to public space is dependent upon access to public restrooms. Accordingly, people who do not fit these narrow qualifications do not have equitable access to public space. Gender segregation in public restrooms should be deregulated through legislative action and gender inclusive restrooms should be normalized through a coordinated, coalition-led social movement.

## **Introduction**

Few public spaces in the United States are segregated by gender. Modern public restrooms are almost always gender segregated. Why is this the case? And what is the impact of imposing gender segregation on public facilities that are so essential to the human experience? This project explores the hidden social, economic, and public health costs to women, gender nonconforming people, and other marginalized people as a result of their current and historical exclusion from the process of designing public restrooms. Ultimately, what are the social, economic, and public health impacts of gender segregation in public restrooms?

Public restrooms reflect the society they serve. Layers of city, county, and state law dictate many design aspects of public restrooms. Restroom fixtures are standardized to reflect inherent social bias, and those standards are codified and legally enforced by state entities such as the California Building Standards Commission. Accordingly, the physical construction of public restrooms demonstrates the priorities of the state as well as the architect. Within the physical construction of the bathroom are many social constructions (Molotch and Noren 2010; Cavanagh 2010). Unspoken rules for how to engage with each other and with the built environment of public restrooms reflect history and culture. For example, women perform the majority of childcare in the United States and the built environment reflects that by putting changing tables in women's restrooms more often than men's restrooms (Molotch and Noren 2010). The public restroom is a locus of cultural anxieties about gender, sex, bodies, cleanliness, and morality (Molotch and Noren 2010). These anxieties have historically centered the public restroom in public discourse around

racial segregation, sexual expression, and gender identity. Academic literature has not reflected this social reality. As a built environment that is part of every public space, public restrooms are central to urban planning. In spite of this, serious study of the public restroom as an urban planning issue has not been undertaken. Harvey Molotch and Laura Norén discuss this taboo in *Toilet*, a collection of sociological essays that is the first major academic work to consider the relationships between toilets and social equity in the developed world. As public restrooms have been ignored by the academic world, we have not asked how their design may prioritize certain values or lived experiences. This project builds on the work of Molotch and Norén to extend the toilet equity conversation to the field of urban planning.

The aim of this study is to identify the social, economic, and public health impacts of gender segregated restrooms on marginalized people, including women, people who are pregnant or breastfeeding, caretakers, disabled people, and members of the queer community, and tie them to the broader social context. In my literature review I summarized and evaluated interdisciplinary academic works relating to toilets, restrooms, built environments, gender, sex, public health, and public policy. I designed and distributed two surveys measuring the social and public health impacts of gender segregation in public restrooms. Finally, I analyzed the survey data to demonstrate the hidden costs of gender-segregation in public restrooms to people with marginalized identities.

## **Historical Context**

### **Social Construction of Bathrooms**

Before the formalization of sewage systems that came with the popularization of flush-toilets, privies were not gendered (Molotch and Noren 2010). The Victorian-era gender segregation of public spaces coincided with the establishment of formal sewage systems and the legal zoning of bathroom facilities (Molotch and Noren 2010). Until the 1800s, restrooms in the United States were not segregated by gender (Molotch and Noren 2010). While in the past the home had been the central economic unit for men and women, the industrial revolution centralized manufacturing and brought first men and then some women out of the home and into the new public workplace (Molotch and Noren 2010). Cultural anxieties about women leaving the home deepened as they became conflated with other anxieties about the rapid pace of technological development, increased workplace injury as workers and businesses adjusted to new technology, public health concerns stemming from the devastating Civil War cholera outbreak, and the new, Victorian cultural significance of modesty and privacy (Molotch and Noren 2010).

As more women began to work in central factories, society was forced to consider how women should be integrated into public life (Molotch and Noren 2010). In some cases, patriarchal control of public spaces continued to exclude women (Molotch and Noren 2010; Penner 2001; Woloch 2010). In others, a separate, gender segregated facility would be added to the existing facility for men (Molotch and Noren 2010). Women's reading rooms, waiting rooms, train cars, and restrooms designed to supply the comforts of home

were added on to public facilities (Molotch and Noren 2010). Restrooms for women in factories were considered morally bad or good depending on the accommodations they supplied (Molotch and Noren 2010). A morally good bathroom would include floor to ceiling partitions, a private entryway to prevent men from watching women enter the bathroom, a seat or fainting couch for spells of physical weakness, a toilet, and a sink or tub to wash the hands and body (Molotch and Noren 2010). An essay written for factory owners at the time extols: “Apply the golden rule in business. You would recoil with horror at the thought of your daughter being forced to avail herself of such accommodations. Treat other men’s daughters, then, as you would like them treat yours” (Molotch and Noren 2010). This paternalistic approach dehumanized women, reducing them from full, developed individuals to daughters belonging to their fathers.

Flush toilets were popularized in the United States during the 1850s, at a political moment where middle and upper class women were expected to live within the confines of the domestic sphere (Stamp 2014; Woloch 2010). This meant that sanitation infrastructure and zoning codes regarding restrooms were established at a time when women could not attend many academic institutions, be employed in most professions, own property, control wages earned, vote, take custody of their children, or make decisions about sex and reproduction (Woloch 2010). Gender segregated restrooms arise from a time when the marginalization of women and femininity was rampant and gender binarism was strictly enforced. Queer identities challenging the gender binary were entirely excluded from Victorian-era urban planning and still have very little representation in the field today (Molotch and Noren 2010; Tether 2016; Stratigakos 2016).

The Victorian ideology of separate spheres manifested itself in zoning codes as well (Molotch and Noren 2010). Zoning separate land uses as residential and commercial parallels the private and public sphere (Molotch and Noren 2010). In fact, worries about maintaining sanitary public spaces explicitly considered menstruation as a polluting factor (Molotch and Noren 2010). The restriction of women's access to public space was systematic and intentional (Molotch and Noren 2010). An absence of sufficient toilet facilities for women was one tool used to restrict access to public space, with physical and emotional suffering serving as the consequence for noncompliant women (Molotch and Noren 2010).

One example of the extreme resistance to public acceptance of women's presence within public space is the case of the women's convenience at Park Street and Camden High Street in London in 1900 (Penner 2001). After a wooden model of a proposed female convenience was installed at the site, omnibus proprietors and cart-driving men of other trades organized to perform a series of 45 premeditated, controlled crashes into the model with, "just violence enough to produce an accident without damage" (Penner 2001). The farce was organized to evidence that a women's convenience would be a significant impediment to traffic to the London Vestry, the decision-making body considering installing a permanent women's convenience (Penner 2001). Men of every class who were respected members of the community orchestrated this elaborate scheme because of their deep belief that acknowledging women's need to pee, poop, and perform menstrual hygiene threatened patriarchal control (Penner 2001). This public convenience would have been the only place for women to relieve themselves other than private restrooms and

privies owned by those living in the area—at this time even large privately owned shops did not provide women’s restroom facilities for customers or employees (Penner 2001; Molotch and Noren 2010). Mary Vivien Thomas describes the lack of mobility women experienced because of an absence of women’s toilets in her autobiography *A London Family*: “a morning's shopping was all we could manage for one day, for, strange as it seems now, the big shops had no restaurants, no rest-rooms, no conveniences for toilet, however dire one's need” (Penner 2001). Efforts of omnibus proprietors and local businessmen effectively shut down a facility that would have allowed women to spend more than a few hours in the public sphere of the Park and Camden commercial district (Penner 2001).

### **Legal Construction of Bathrooms**

Massachusetts was the first state to require separate bathroom facilities in businesses which employed men and women and to forbid mixed-gender use of these facilities in 1887 (State Library of Massachusetts 1887). Nearly every state passed a similar law in the following decades that is still on the books today (Molotch and Noren 2010). Gender segregated restrooms are legally required in zoning codes at the city, county, and state level (Molotch and Noren 2010; Ting 2016). While gender segregation is no longer tolerated in most public spaces in the United States, it is still the standard for bathrooms.

In 1987, the Restroom Equity Act was signed into law in California to provide more restrooms for women proportionate to men’s restrooms in all large, new public projects (California Building Standards Commission 2016; Banks 1991). The measure was introduced by State Senator Art Torres who was made aware of the issue after waiting for



his wife to get through long bathroom lines at the Hollywood Bowl, the Rose Bowl, and the Forum (Banks 1991). In an acknowledgment of the high cost of altering major infrastructure throughout the state, the law did not apply to preexisting buildings (California Building Standards Commission 2016). The California Plumbing Code requires a ratio of 3:1 women's bathrooms to men's bathrooms for the first 100 people and 8:3 for the first 400 people (California Building Standards Commission 2016). These numbers were not derived from the scientific observation of the bathroom habits of people using the men's and women's restrooms; instead, the ratios were purely the product of supposition (California Building Standards Commission 2016). Anecdotal evidence from California women shows that the Restroom Equity Act did not solve the problem of long restroom lines. The only update to California state law regarding restroom equity since has been AB 1732, designating all single-occupancy restrooms as all-gender on March 1<sup>st</sup>, 2017 (Ting 2016). No enforcement mechanisms are in place to support this bill.

### **Gender Binarism and Segregation**

Almost every state in the United States has a law governing the provision of single-gender bathrooms for men and women (Molotch and Noren 2010). While debates surrounding whether or not transgender people should be allowed to use the restroom matching their identity as opposed to their birth certificate have been heating up in North Carolina, Washington, New York, and California, the conversation has failed to address the assumption that bathrooms should be segregated by gender (National Conference of State Legislators 2017). While supporters of AB1732 and similar campaigns targeting single-

occupancy restrooms have fought to establish the right of transgender, gender nonconforming, and intersex people to utilize public restrooms and therefore public spaces, it has failed to challenge the root of the problem: legally and socially enforced gender segregation along the gender binary.

## **Literature Review**

The following section reviews existing literature surrounding gender, the built environment, and the time, health, and economic consequences of gender segregated restrooms.

### **Gender**

The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies defines gender identity as follows:

Gender identity is a person's sense of themselves as biologically, psychologically, or socially male or female and may or may not be congruent with birth-assigned sex. Uncertainty remains regarding the neurobiological basis of gender identification, but it appears that prenatal intrauterine hormonal exposure in the second half of pregnancy interacts with multiple genes to influence brain development in ways that impact gender identification. Social cognitive theorists suggest that children learn basic gender categorizations due to social influences and observation that serve as the precursors of early gender identification (Burn 2016).

Gender serves as an important social category in the United States, influencing many public health outcomes. One way gender plays out in the built environment is through gender segregated public restrooms. Public restrooms and locker rooms are the only spaces in the modern United States that are segregated by gender (Molotch and Noren

2010). These spaces share an element of nakedness, a sartorial state connected to shame and immorality (Carr-Gomm 2012; Stewart 1997). In various historical contexts, either women or men have been associated with sin, sexual voracity, and uncleanness (Chrystal 2016; Kraus 1967; Smiler 2012). Gender has a long and complex historical relationship with sexuality and morality (Foucault 1990; Lancaster and Leonardo 1997; Woloch 2010).

### **Gender and the Built Environment**

The built environment is a product of social norms. Gender in particular has a subtle influence on many built environments. Heating and cooling in most work places is set to the temperature comfortable for the average 40 year old, 154 lb man (Kingma and Lichtenbelt 2015). This temperature is too cool for the comfort of the average woman (Kingma and Lichtenbelt 2015). The physical environment of kindergarten play spaces replicates social norms about gender; kindergarten play spaces are shown to have a structural power over how children play, reproducing the ideas of gender held by the person who designs and sets up the room (Børve and Børve 2017). In public restrooms, it is common to see baby changing tables, menstrual product disposal bins, and full length mirrors in the women's bathroom but not the men's bathroom (Molotch and Noren 2010). Men's restrooms are much more likely to have stand-to-pee toilets, or urinals, than women's restrooms in spite of the existence of equivalent stand-to-pee toilets designed for people with vulvas (Molotch and Noren 2010). Every aspect of the built environment reflects a choice; when marginalized groups are excluded from the design process, these choices don't serve the needs of marginalized people.

## **Consequences of Gendered Restrooms**

### ***Time burden***

Most people using the women's restroom sit rather than stand. Most menstruating people use the women's restroom. Reproduction and the majority of child care labor is performed by people who use the women's restroom—pregnancy and traveling with children requires more frequent and lengthier trips to the bathroom. Often, people who are breastfeeding are shunned from public spaces and forced to feed their children in restroom stalls. Women are more likely to experience urinary tract infections and chronic bladder pain and must visit the restroom more frequently to manage symptoms and prevent flare-ups (Clemens et al. 2005; Foxman 2003). Additionally, women tend to wear clothing that takes longer to remove and put on again than the clothes men typically wear. While men's pants generally have long zippers in the front to allow them to pee without removing their pants, gender-conforming women do not have this option. Women's pants, tights, and pantyhose are often tight and must be pulled off and on again during a trip to the restroom. While peeing bare-legged in a skirt might save time or be otherwise preferable, dress codes and expectations for business attire often require women to wear pants, tights, and pantyhose. Hair and makeup grooming practices are expected for women more than men, and the restroom is often used for hair care and makeup application. All of these factors demand that women and other people using the women's restroom use the restroom more frequently, for more physical and social functions, and for longer periods of time than men.

Gender segregated restrooms place an inequitable time burden on people who are expected to use the women's bathroom (Molotch and Noren 2010).

### ***Physical health***

The additional time burden faced by people using the women's restroom can increase severity of conditions such as urinary tract infections, chronic bladder pain, and painful breast engorgement from delayed pumping of breast milk (Foxman 2003; Clemens et al. 2005; National Center for Biotechnology Information and U. S. National Library of Medicine 2009). Lactation mastitis and reduced production of breastmilk can occur when a mother does not have swift access to a place to breastfeed or pump, which produces negative health outcomes for both mothers and babies (Barbosa-Cesnik, Schwartz, and Foxman 2003; National Center for Biotechnology Information and U. S. National Library of Medicine 2009).

Risk of verbal harassment and physical violence increases for transgender and gender nonconforming people in gender segregated spaces such as restrooms (Herman 2013). 70% of transgender and gender nonconforming people surveyed report being denied access, verbally harassed, or physically assaulted in public restrooms (Herman 2013). People of color and people who made less than \$50,000 per year are more likely to be physically assaulted in a public restroom (Herman 2013). Not only do transgender and gender nonconforming people experience negative physical health outcomes from the initial experience of assault, experiencing violence has a lasting effect on an individual's overall physical health (Frost, Lehavot, and Meyer 2015).

### ***Mental health***

Anxiety and depression are heightened in lesbian, gay, and bisexual individuals, particularly when those individuals experience marginalization in other aspects of their identity such as race or gender expression (Bostwick et al. 2014; Kertzner et al. 2009; Seng et al. 2012; Streed, McCarthy, and Haas 2017). Experiencing violence can aggravate mental health conditions such as anxiety and depression (World Health Organization 2014). 9% of transgender and gender nonconforming people experience at least one incident of physical assault accessing public bathrooms (Herman 2013). These experiences of physical violence would logically increase negative mental health outcomes for transgender and gender-nonconforming people.

Gender dysphoria may aggravate other mental health conditions in trans and gender nonconforming individuals. The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies defines gender identity as follows: “

Gender dysphoria describes the pervasive, subjective experience of an individual for whom the gender assigned at birth (i.e., natal gender) is felt to be wrong, mistaken, or not reflective of the person's inner conviction or truth that he or she is actually of another gender. The person feels that somehow nature has made a gross mistake so that he or she was "born in the wrong body" ... Gender dysphoria can be the source of great suffering and identity confusion, as well as shame and stigma. It may deeply affect self-concept, identity, family structure, and social adaptation. (Greaves and Reicherter 2015).

The restroom can be a site of increased gender dysphoria because of its association with gender, sex, and genitalia (Cavanagh 2010). Peeing, pooping, and performing menstrual hygiene force the restroom user to come into visual and physical contact with their own genitalia which may increase feelings of dysphoria. Men who menstruate may

not have access to tampon or pad dispensers or a discrete waste disposal bin in men's bathrooms, causing dysphoria. Increased scrutiny of gender presentation in restrooms by other restroom users, real or perceived, may also cause transgender people to pay more attention to their gender presentation which may cause feelings of dysphoria. There is a need for further research into the causes of gender dysphoria in the context of the gendered restroom.

The relationship between public restrooms and the mental health of transgender and gender nonconforming people has received very little academic attention. Sheila L. Cavanaugh addresses the experiences of transgender, nonbinary, gender fluid, and otherwise gender nonconforming people accessing public restrooms in her book "Queering Bathrooms" (Cavanaugh 2010). Cavanaugh uses qualitative interviews to understand the impacts of using gender segregated spaces as a person who doesn't neatly fit the societal expectations of binary gender (Cavanaugh 2010). Cavanaugh reports stress and negative mental health outcomes as a consequence of accessing public restrooms for the people she interviews (Cavanaugh 2010). Sources of stress for transgender and gender nonconforming people included verbal harassment, physical harassment, being asked if you are in the right place, others asking if they are in the right place when they see you, staring overtly at your face and body, staring indirectly at your face and body through reflective surfaces or without making eye contact, having their picture taken without giving consent, listening and watching how they interact with others in the restroom to see if they belong, listening to their voice to see if they belong, listening to the sounds coming from inside of the stall they are in (the tintinnabulation of the urine hitting the water in the toilet bowl from a

sitting or standing position is different), and looking for the direction of feet under the stall door (Cavanagh 2010). Overall, the most prevalent experience was a sense of being monitored and policed (Cavanagh 2010).

### **Future Economic Potential**

The economic potential of transgender and gender nonconforming people is limited by their experiences accessing public restrooms as well as other factors. 27% of transgender and gender nonconforming people working in Washington D.C. reported problems with restroom access at work, in some cases causing them to change to a different position within the business or leave the business altogether (Herman 2013). 58% of transgender and gender nonconforming people avoided leaving home in anticipation of the dangers of accessing public restrooms (Herman 2013). 10% of transgender and gender nonconforming people who went to school in Washington D.C. reported lack of access to restrooms as having a negative effect on their educational attainment, increasing absences and their likelihood of dropping out of school (Herman 2013). Many of these outcomes were worse for people of color and people who had not medically transitioned (Herman 2013).

### **Methods**

Both qualitative and quantitative data were collected and analyzed to answer the research question. The aim of this study is to identify the social, economic, and public health impacts of gender segregated restrooms on marginalized people, including women, people who are pregnant or breastfeeding, caretakers, disabled people, and members of the



queer community, and tie them to the broader social context. To achieve this aim, two surveys gathered health information, first from the population at large and then specifically targeting breastfeeding parents and gender nonconforming people. These surveys featured multiple choice questions to give clear answers to queries conceived from the literature review and short-answer questions to provide insight into the lived experiences of people marginalized by gender-segregation in public restrooms that could not be anticipated by the researcher.

Both surveys were distributed using opt-in respondent selection through social media networks. The general population survey was distributed through the researcher's personal Facebook page and email account. The targeted survey was distributed through Facebook advertising. An Anderson Grant paid for \$240 of Facebook advertising targeting individuals in the United States, over the age of eighteen, who liked pages or groups about breastfeeding, parenting young children, transgender advocacy, and more generally LGBTQ+ advocacy. The grant also paid for five dollar Amazon gift cards for the first one hundred survey respondents who identified themselves as gender nonconforming or having breastfed in the last five years. A Facebook page was created featuring a graphic that advertised Amazon gift cards in return for survey responses. General population survey questions are attached below in appendix A, targeted survey questions in appendix B, and the advertising graphic in appendix C.

Respondents to the general population survey were offered a series of multiple choice questions. The first nine related to health impacts caused by gender-segregation in public restrooms. Questions ten through fifteen were demographic questions. The sixteenth

question provided a space for survey respondents to provide additional information about the experience of accessing public restrooms not anticipated by the researcher.

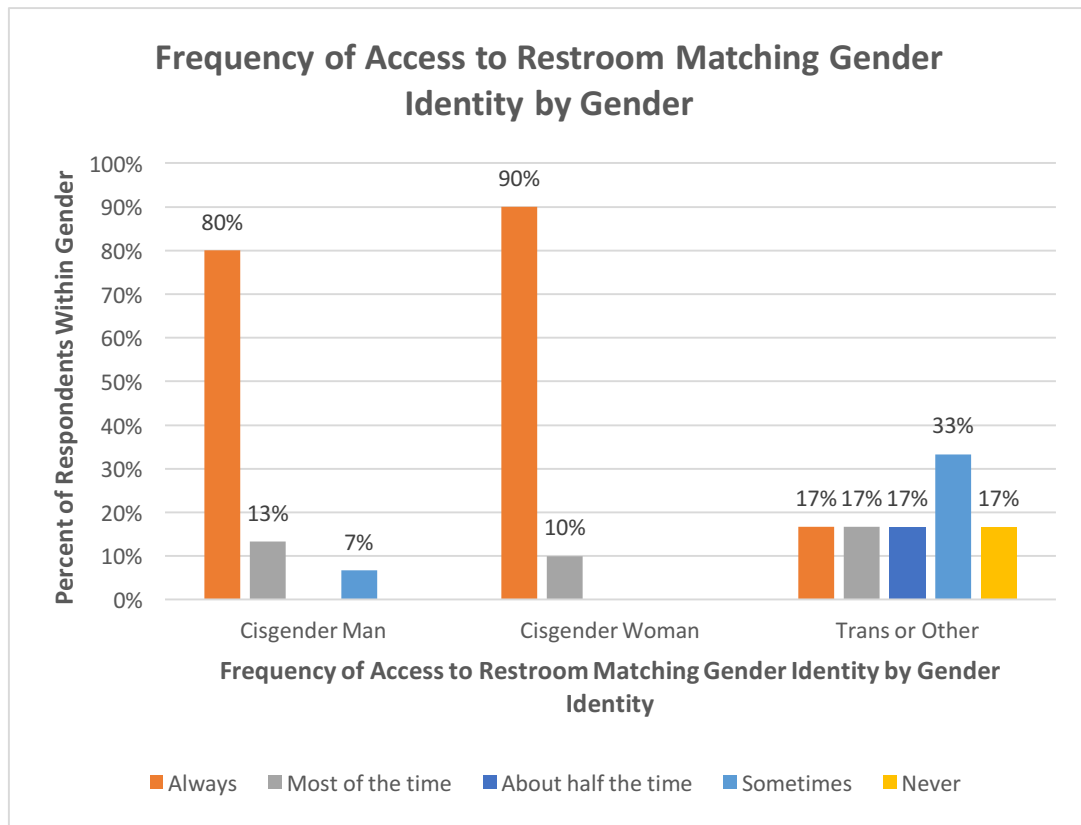
Respondents to the targeted population survey were first asked about their gender presentation. Respondents who self-identified as visibly gender nonconforming were then asked a series of five multiple choice questions about their experience accessing public restrooms. This was followed by an open-ended short-answer question asking if there was anything else they would like to share about their experience. Respondents were then asked if they had breastfed a child in the last five years. Respondents who self-identified as having recent experience with breastfeeding were asked where they had breastfed or pumped. Respondents who self-identified as having experience with breastfeeding or pumping in a public restroom were then asked a series of five multiple choice questions about their experience breastfeeding or pumping in public restrooms.

## **Findings**

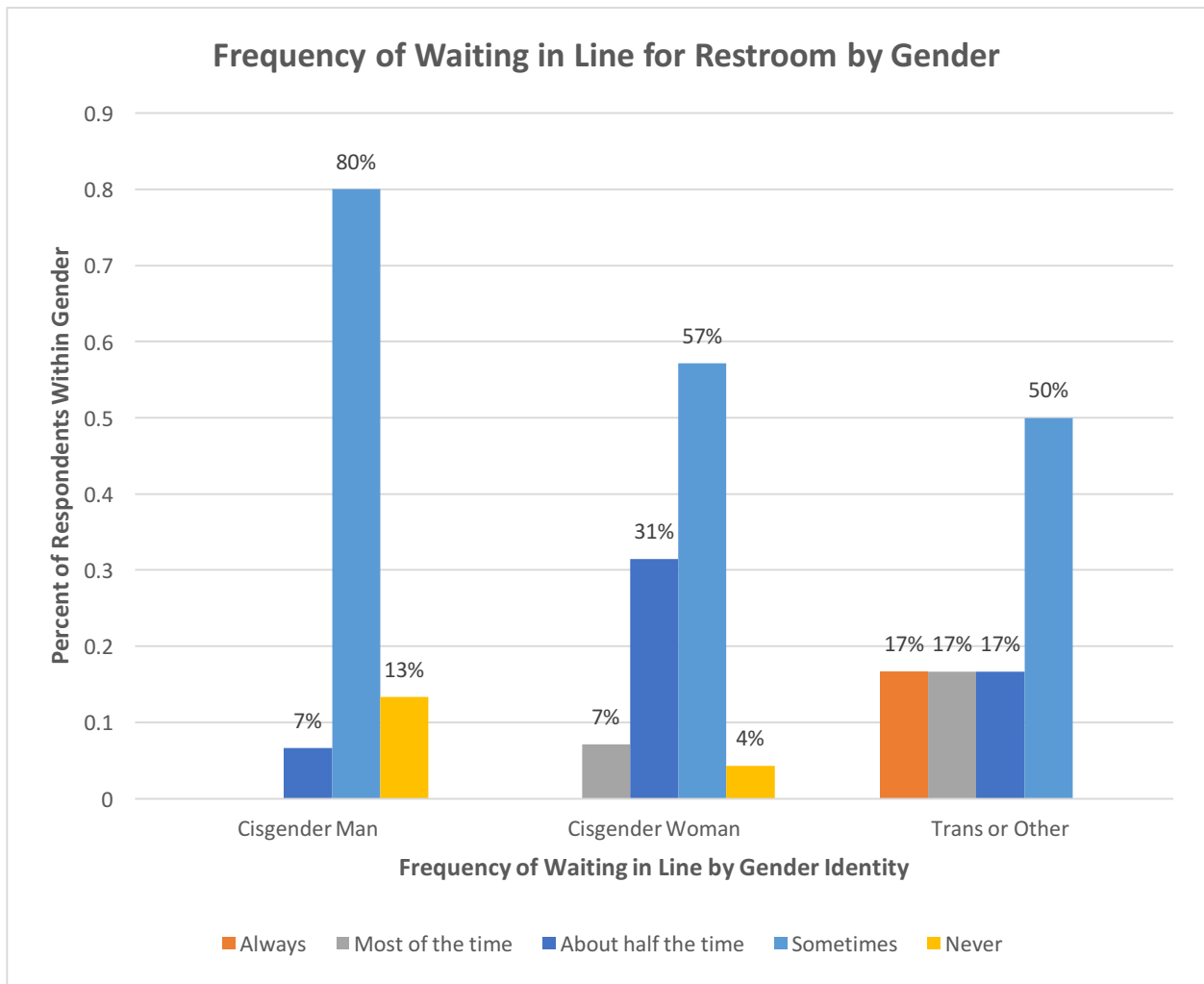
### **General Population Survey**

The general population survey received 94 responses. The following figures were derived from these 94 responses. As participants could skip questions throughout the survey, some questions received fewer responses than others. Respondent age ranged from a minimum of 18 to a maximum of 75. The respondent age data were positively skewed with a median of 22 and a mean of 29. While the bulk of respondents were between 18 and 22 years old, the rest of the data were evenly spread between the decades with 9 people in their thirties, 5 people in their forties, 7 people in their fifties, 3 people in their sixties, and

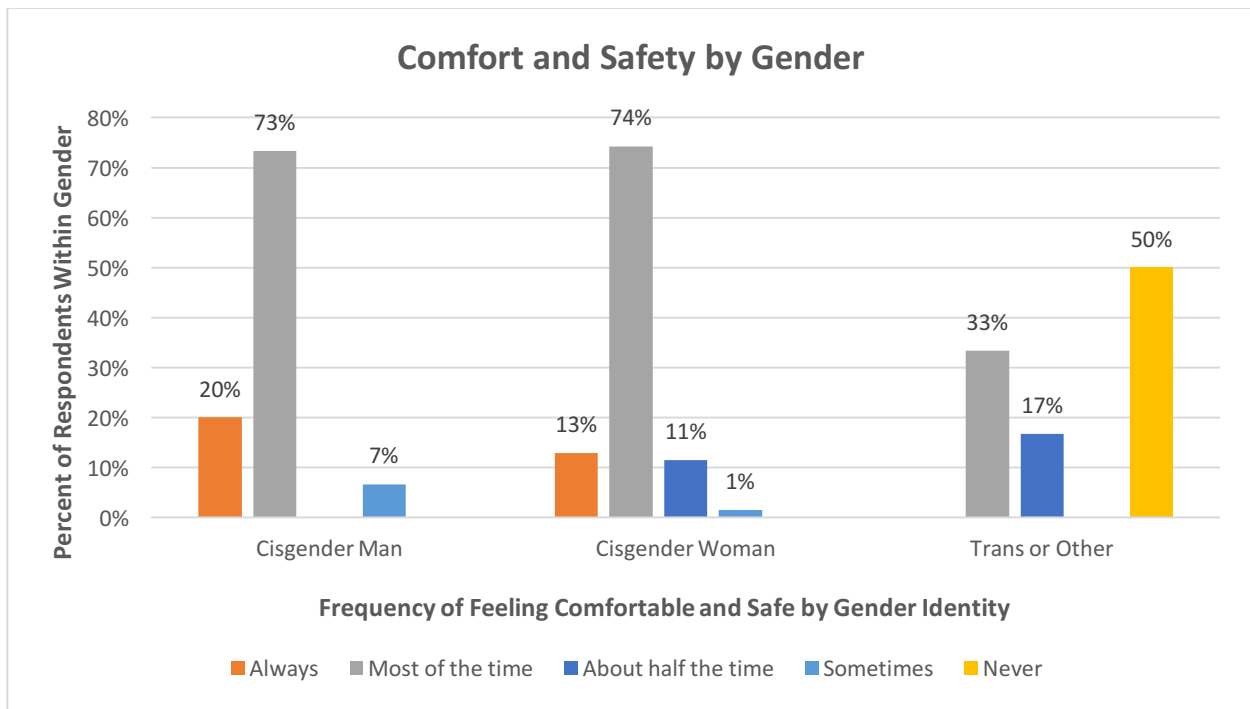
3 people in their seventies. Most respondents were cisgender women; 68 cisgender women responded, 14 cisgender men responded, and 6 transgender, nonbinary, third gender, or gender-questioning people responded. The majority of respondents were white. 66 respondents self-identified as White and 22 as non-White. The next highest racial groups were Multi-racial at 10 respondents and Asian at 6 respondents. The majority of respondents were straight; 54 respondents identified as straight, 10 as bisexual, 9 as gay or lesbian, 5 as queer, 8 as pansexual, 2 as questioning or unsure, and 1 as asexual. The general population was derived from respondents within the researcher's personal social network, so respondent demographics may skew to reflect the researcher's age group, education status, gender identity, and other demographic factors. The population did approximately reflect the racial demographics of the United States according to the US Census (United States Census Bureau 2017). See Appendix D for visualizations of demographic data.



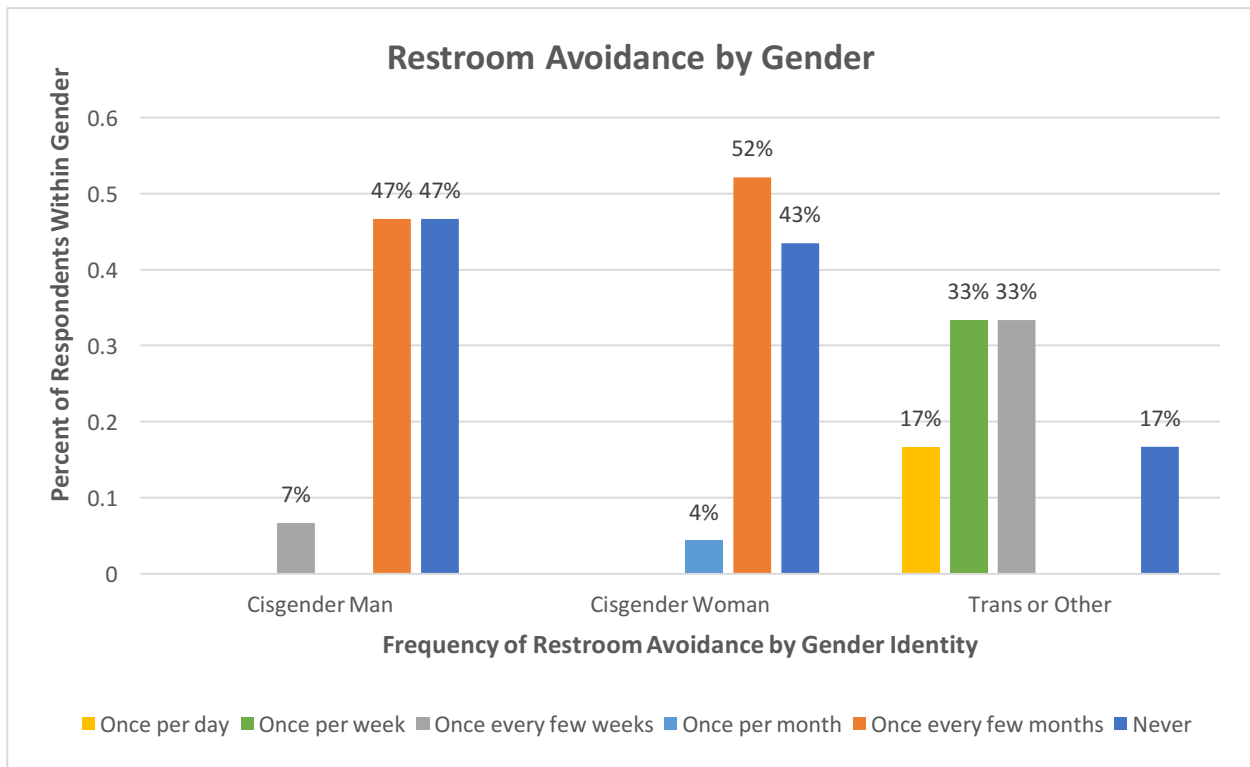
The general population survey found that cisgender men and women were much more likely to have access to a restroom that matches their gender identity than transgender, nonbinary, third gender, or gender-questioning people. 80% of cisgender men always had access to a restroom matching their gender identity and 90% of cisgender women always had access to a restroom matching their gender identity, while only 17% of transgender people and people of other gender identities always had access to a restroom matching their gender identity.



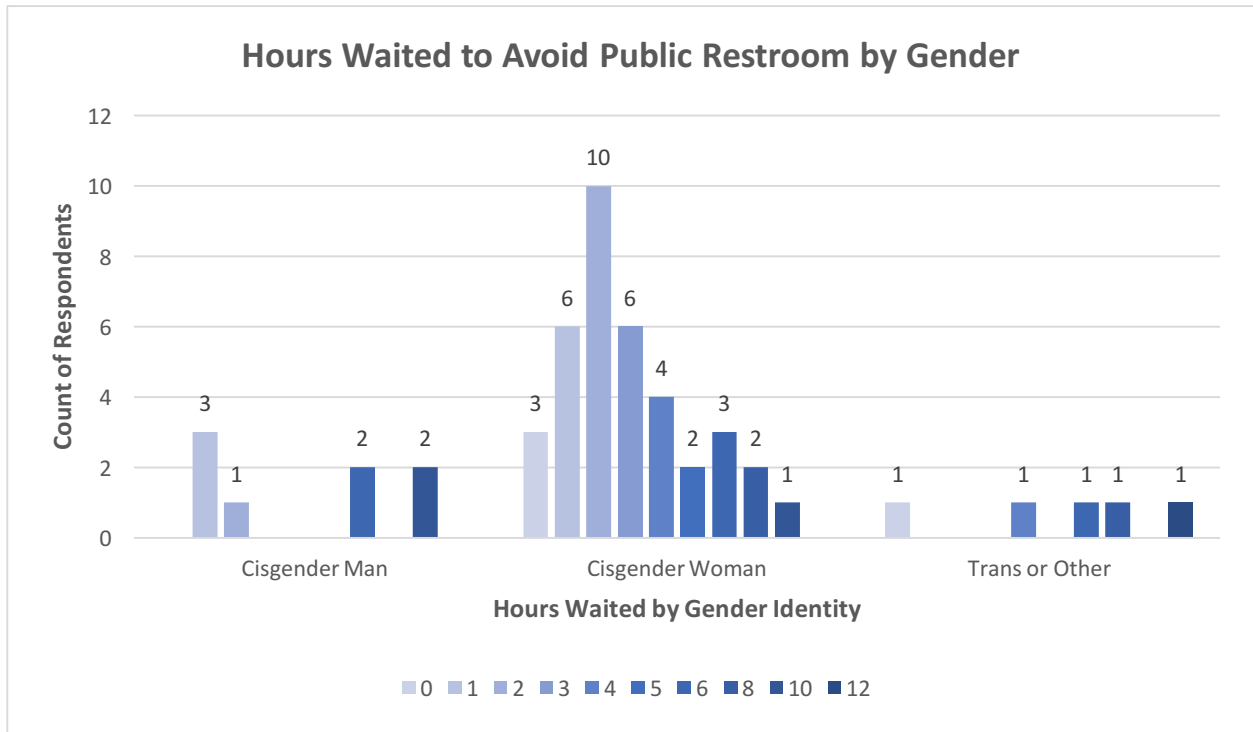
Within each gender category, the majority of respondents reported waiting in line for the bathroom sometimes. Cisgender men reported waiting sometimes 80% of the time, cisgender women reported waiting sometimes 57% of the time, and transgender people and people of other gender identities reported waiting sometimes 50% of the time. Cisgender women and transgender people and people of other gender identities were more likely to always wait, wait most of the time, or wait about half the time than cisgender men. Cisgender men were more likely to never have to wait, with 13% of respondents reporting never having to wait.



Most cisgender women and men reported feeling comfortable and safe in public restrooms most of the time. 20% of cisgender men reported feeling comfortable and safe in public restrooms, 73% felt comfortable and safe most of the time, and 7% felt comfortable and safe sometimes. 13% of cisgender women reported always feeling comfortable and safe in public restrooms, 74% felt comfortable and safe most of the time, 11% felt comfortable and safe about half the time, and 1% felt comfortable and safe sometimes. Transgender people and people of other gender identities reported feeling comfortable and safe less frequently than cisgender people; 33% of transgender people and people of other gender identities reported feeling comfortable and safe most of the time, 17% felt safe comfortable and safe about half the time, and 50% never felt comfortable and safe.

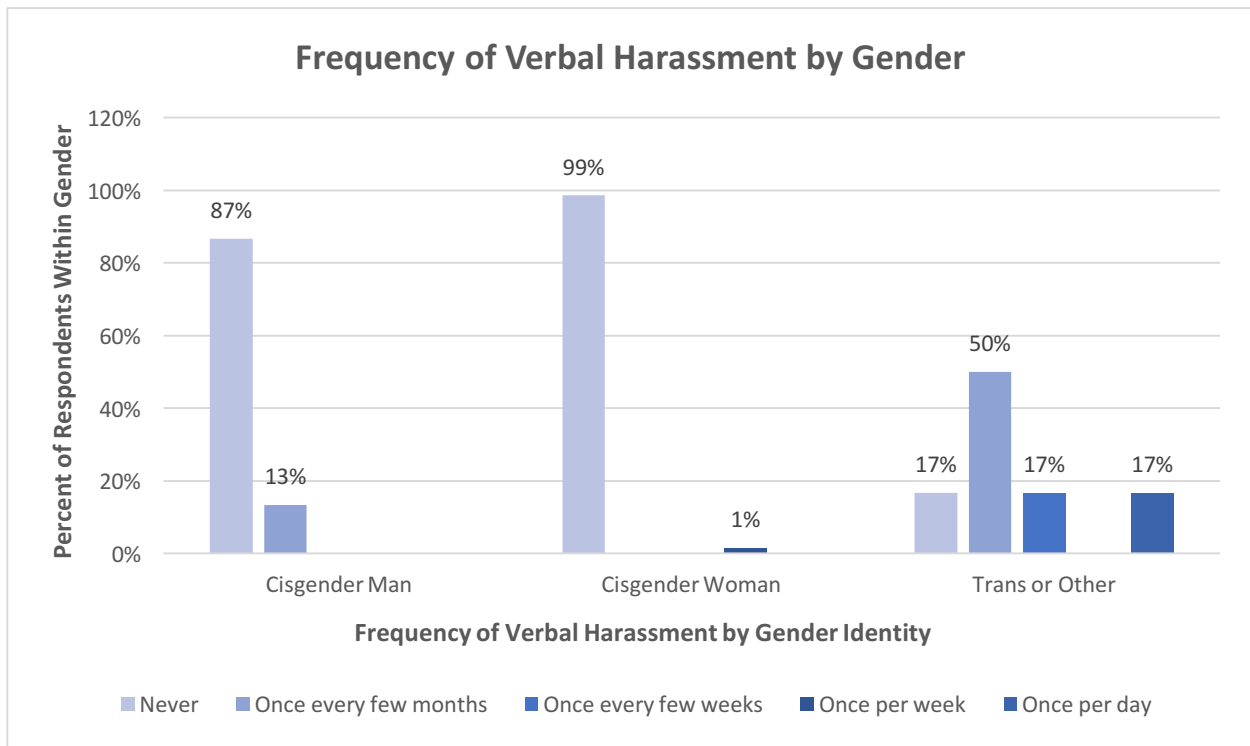


Restroom avoidance was more prevalent in transgender people and people of other gender identities than in cisgender people. 7% of cisgender men avoided public restrooms once every few weeks, 47% avoided public restrooms once every few months, and 47% never avoided public restrooms. 4% of cisgender women reported avoiding public restrooms once per month, 52% avoided public restrooms once every few months, and 43% never avoided public restrooms. By contrast, only 17% of transgender people and people of other genders never avoided public restrooms; 17% avoided public restrooms once per day, 33% avoided public restrooms once per week, and 33% avoided public restrooms once every few weeks.

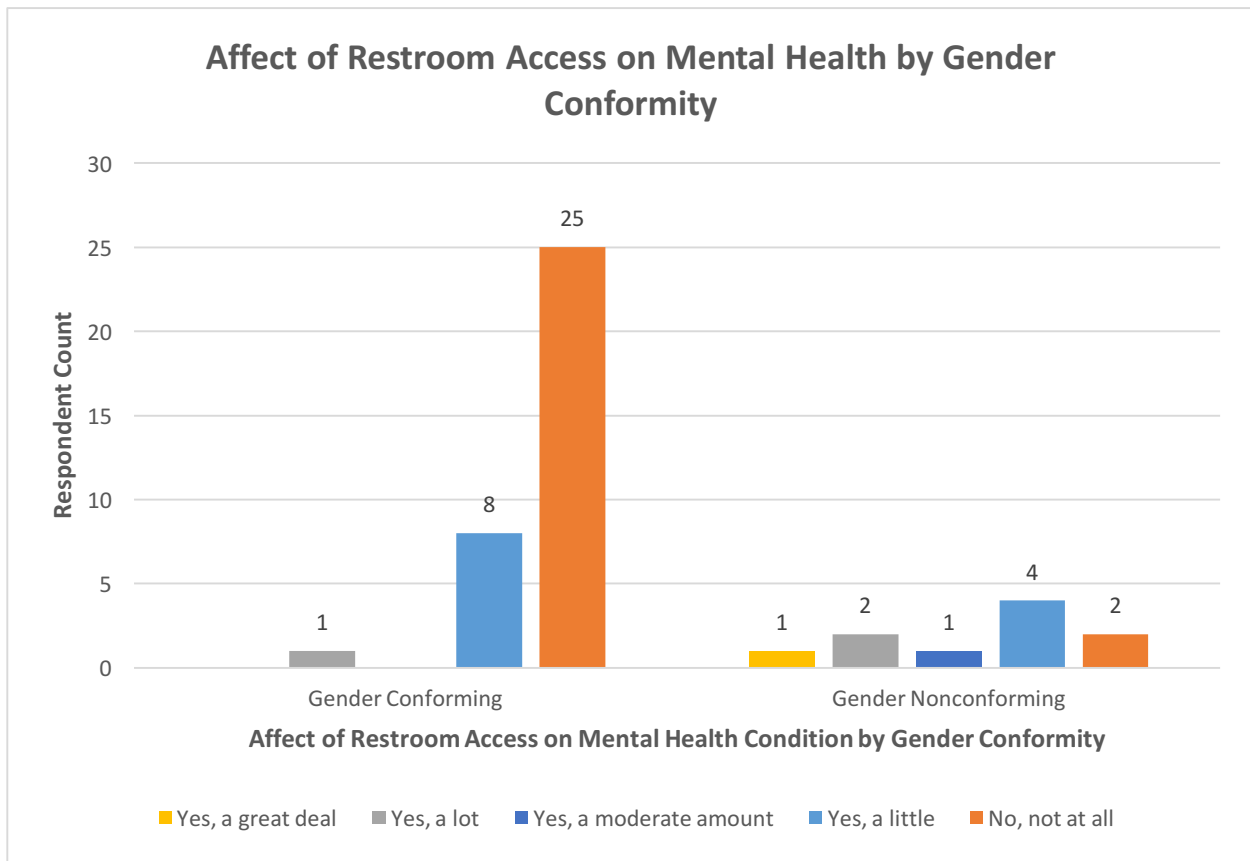


The chart above depicts responses by gender to the question: how long have you waited to use the restroom to avoid using a public restroom? On average cisgender men reported waiting 4.6 hours, cisgender women reported waiting 3.1 hours, and transgender people and people of other gender identities reported waiting 6.0 hours.

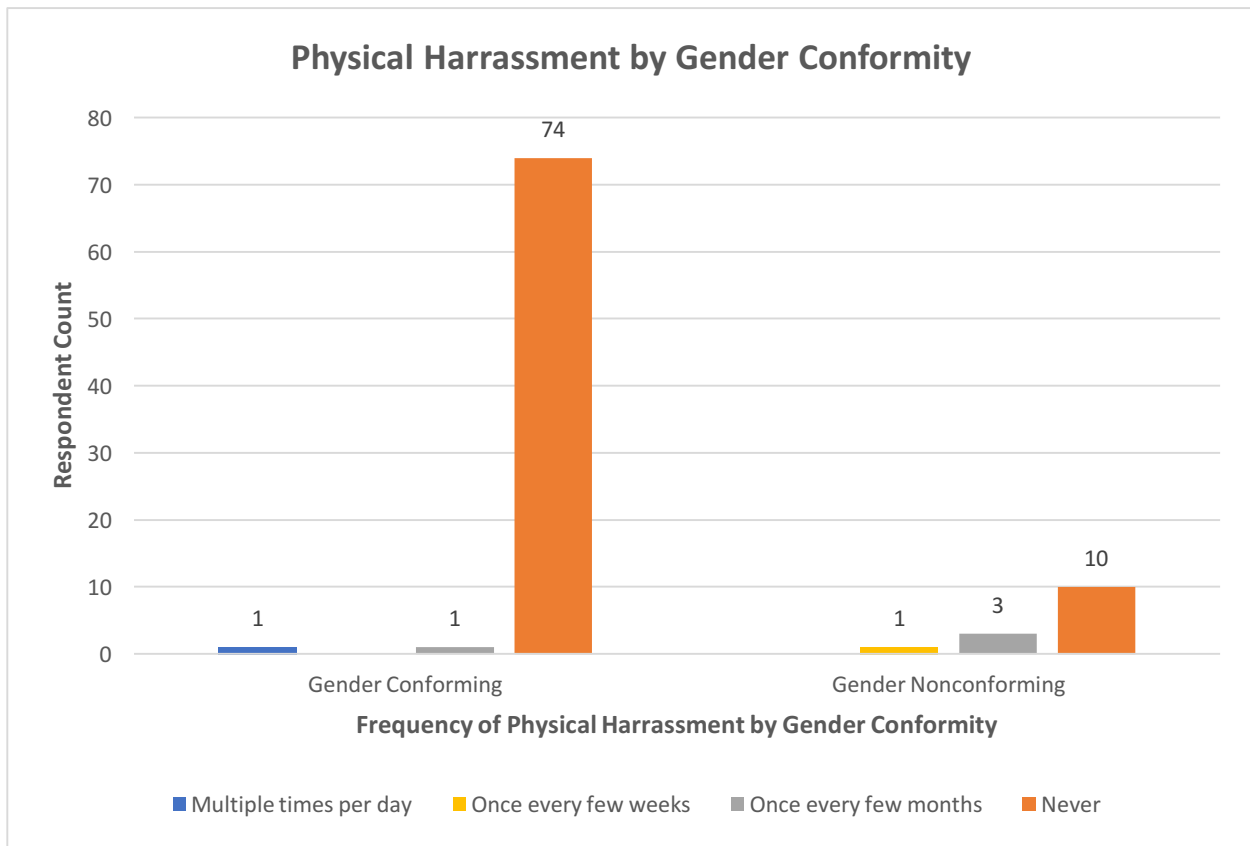




The chart above depicts responses by gender to the question: how often have you been verbally harassed in a public restroom because of your gender expression? Most cisgender men and women reported never experiencing verbal harassment in public restrooms. 87% of cisgender men, 99% of cisgender women, and 17% of transgender and people of other gender identities reported never experiencing verbal harassment in public restrooms. The other 13% of cisgender men reported experiencing verbal harassment in public restrooms once every few months. The other 1% of cisgender women reported experiencing verbal harassment in public restrooms once per week. The rest of transgender and people of other gender identities had more varied experiences; 50% reported experiencing verbal harassment in public restrooms once every few months, 17% once every few weeks, and 17% once per day.



The graph above depicts responses by gender conformity to the question: does your experience accessing public restrooms worsen your anxiety, depression, or other mental health condition? Of the 34 gender conforming respondents, 25 reported no effect while 9 reported some effect. 8 respondents were affected “a little” and 1 was affected “a lot.” Of the 10 gender nonconforming respondents, 2 reported no effect and 8 reported some effect. 4 were affected “a little,” 1 was affected “a moderate amount,” 2 were affected “a lot,” and 1 was affected, “a great deal.”



The graph above depicts responses by gender conformity to the question: how often have you been physically harassed in a public restroom because of your gender presentation? Of the 76 gender conforming respondents, 74 reported never being physically harassed, 1 reported being physically harassed once every few months, and 1 reported being harassed multiple times per day. Of the 14 gender nonconforming respondents, 10 reported never being physically harassed, 3 reported being physically harassed once every few months, and 1 reported being physically harassed once every few weeks.

### **Targeted Population Survey**

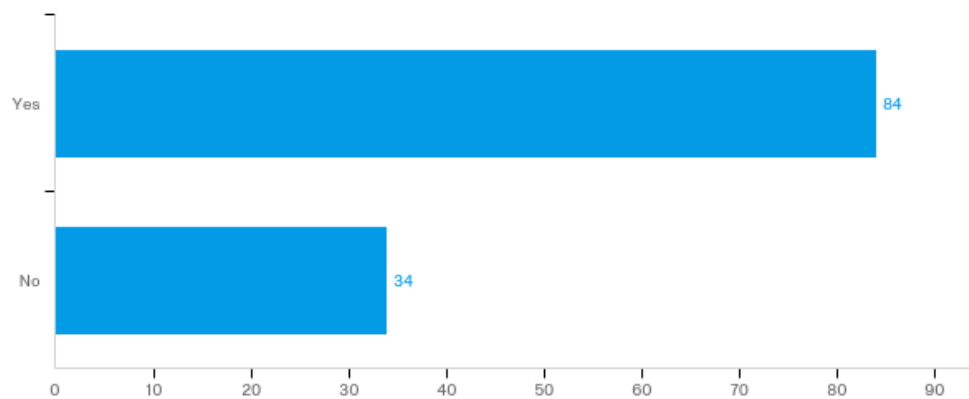
The targeted population survey received 279 responses. The following figures were derived from these 279 responses. As in the general population survey, some questions received fewer responses than others because participants could skip questions throughout the survey. See Appendix E for visualizations of demographic data.

111 of these respondents identified as gender nonconforming. 53 of these respondents reported always presenting as visibly gender nonconforming, 38 presented as gender nonconforming most of the time, 15 presented as gender nonconforming about half the time, 10 presented as gender nonconforming sometimes, and 3 never presented as gender nonconforming. Respondent age within gender-nonconforming people ranged from a minimum of 18 to a maximum of 62. The majority of gender nonconforming respondents identified as nonbinary or third gender or as cisgender women; 32 respondents identified as cisgender women, 3 as cisgender men, 16 as transgender women, 16 as transgender men, 35 as nonbinary or third gender, and 9 preferred to self-describe. Most gender nonconforming respondents were assigned female at birth; 91 respondents were assigned female at birth, 20 were assigned male at birth, and none were assigned intersex at birth. Most gender nonconforming respondents identified as straight or bisexual; 31 respondents identified as straight, 27 as bisexual, 19 as gay or lesbian, 17 as queer, 12 as pansexual, 11 as asexual, and 7 as questioning or unsure. The majority of respondents were white; 77 respondents identified as White, 14 as Black or African American, 11 as Asian, 5 as other, 3 as American Indian or Alaska Native, and 1 as Native Hawaiian or Pacific Islander. These

racial demographics approximately mirror the population of the United States according to the US Census (United States Census Bureau 2017).

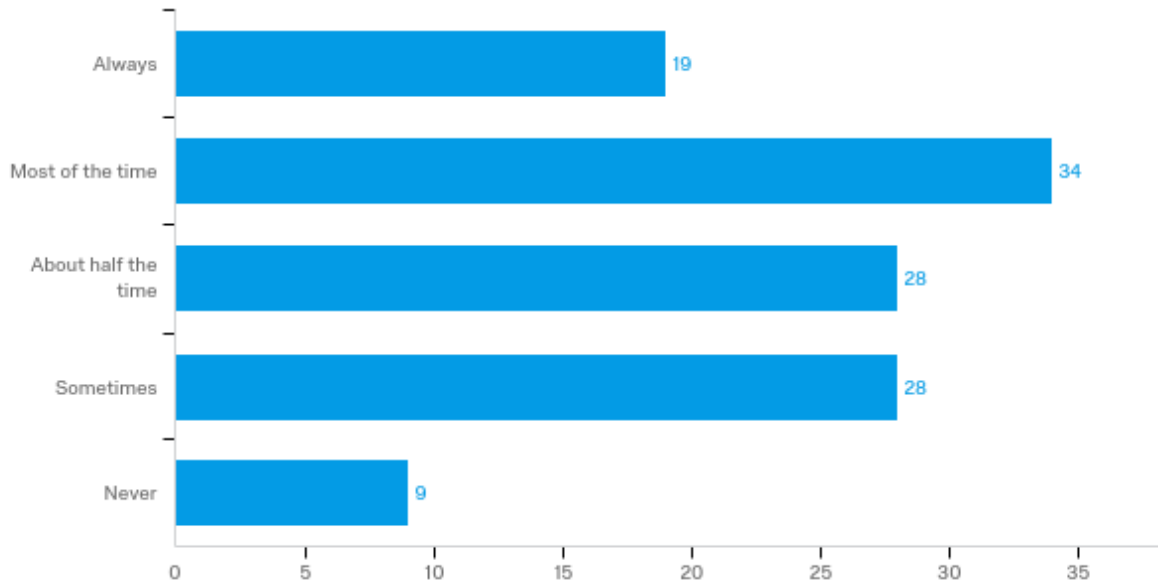
The following chart depicts responses by gender nonconforming people to the question: do you feel that you face discrimination because of your gender presentation when you access public restrooms? 84 responded yes, they did feel they faced discrimination because of their gender presentation when accessing public restrooms. 34 responded no, they did not feel they faced discrimination because of their gender presentation when accessing public restrooms.

Self-Perception of Discrimination Against Gender Nonconforming Presentation in Restrooms



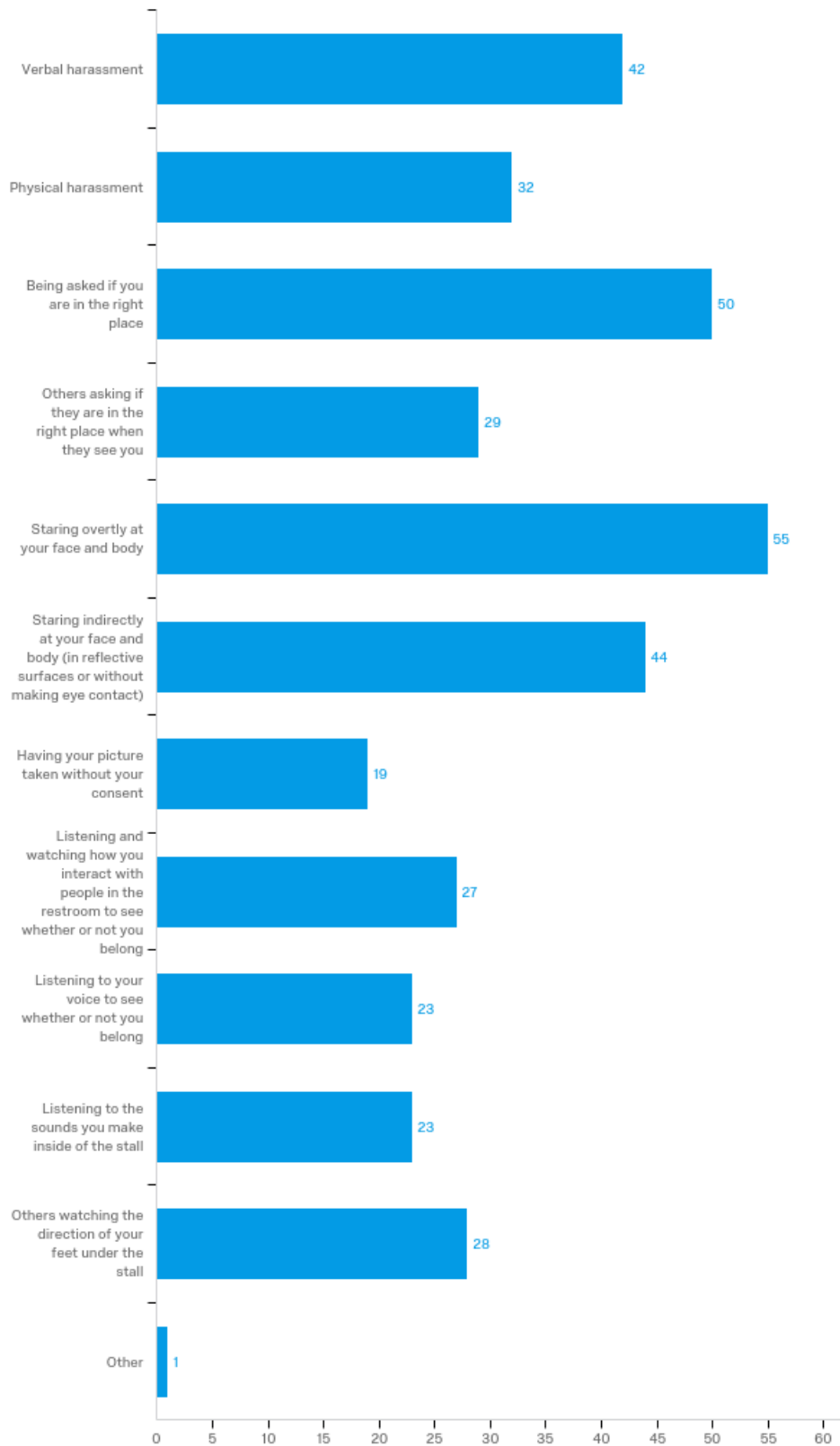
The following chart depicts responses by gender nonconforming people to the question: how often do you feel comfortable and safe in a public restroom? 19 respondents reported always feeling comfortable and safe, 34 reported feeling comfortable and safe most of the time, 28 reported feeling comfortable and safe about half the time, 28 reported feeling comfortable and safe sometimes, and 9 reported never feeling comfortable and safe.

### Frequency of Feeling Comfortable and Safe in Public Restrooms for Gender Nonconforming People



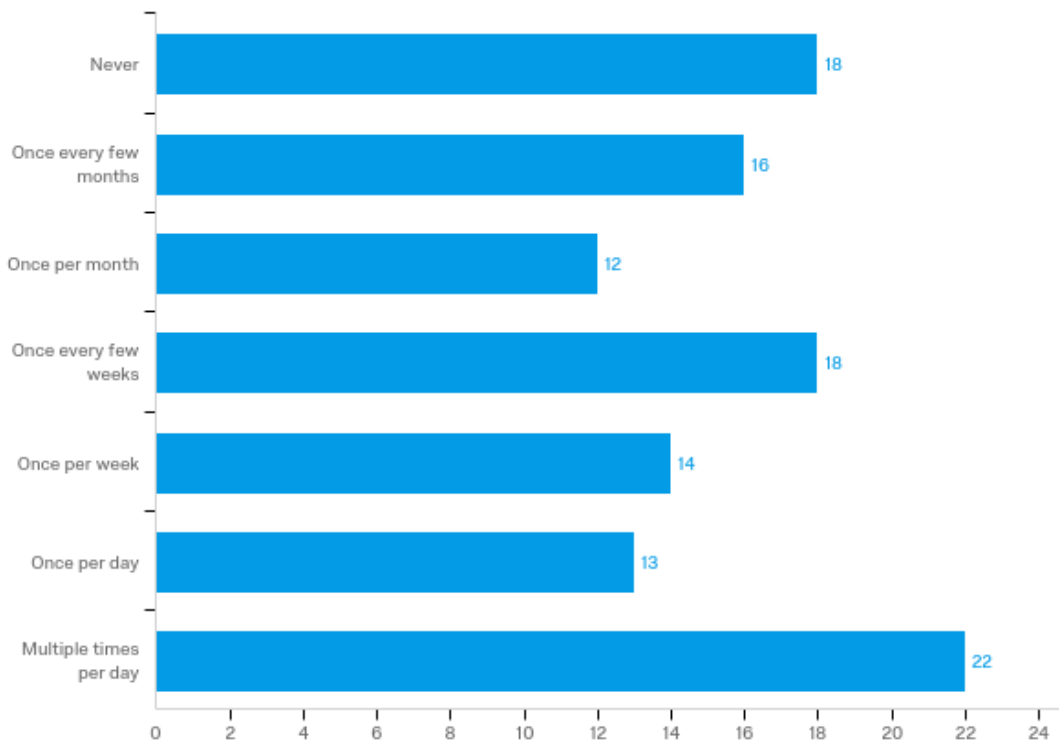
The following chart depicts responses by gender nonconforming people to the question: what makes you feel uncomfortable or unsafe in a public restroom? The top four responses included staring overtly at your face and body with 55 respondents, being asked if you are in the right place with 50 respondents, staring indirectly at your face and body (in reflective surfaces or without making eye contact) with 44 respondents, and verbal harassment with 42 respondents. Every cause of feeling uncomfortable or unsafe suggested by the researcher reflected the experience of at least 19 respondents. One respondent selected other and wrote that they “haven’t felt uncomfortable.”

Causes of Feeling Uncomfortable or Unsafe in Public Restrooms for Gender Nonconforming People



The following chart depicts responses by gender nonconforming people to the question: How often do you avoid using public restrooms out of concern for your safety? The highest frequency of respondents reported that they avoided public restrooms out of concern for their safety multiple times per day; this contrasts with the general population survey results, in which no one reported avoiding restrooms multiple times per day. 18 gender nonconforming respondents reported never avoiding public restrooms out of concern for their safety, 16 avoided restrooms once every few months, 12 avoided restrooms once per month, 18 avoided restrooms once every few weeks, 14 avoided restrooms once per week, 13 avoided restrooms once per day, and 22 avoided restrooms multiple times per day.

Frequency of Restroom Avoidance Due to Concern for Safety



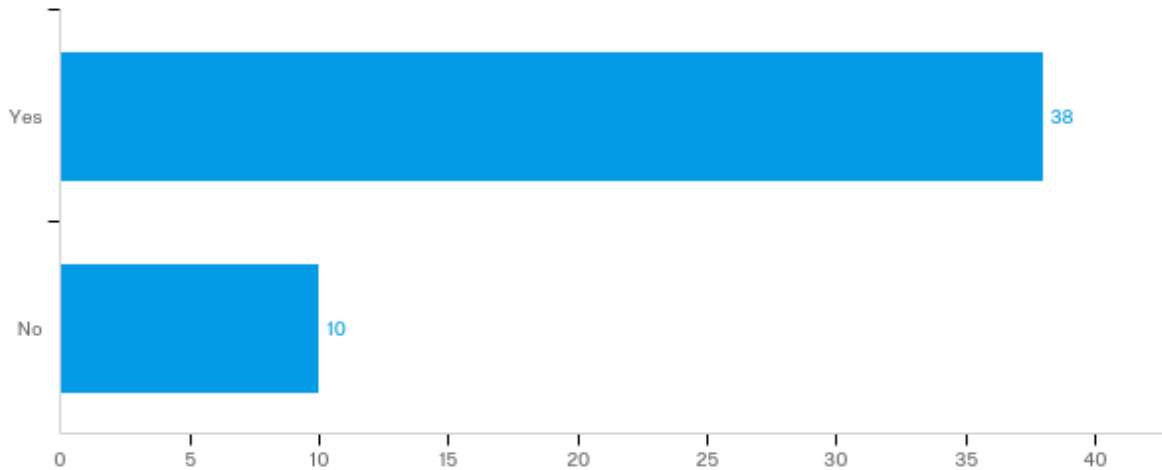


The last survey question specific to gender nonconforming respondents asked: is there anything else you would like to share about the experience of accessing public restrooms as a gender nonconforming person? 21 respondents offered further comment on their experiences. Many respondents shared experiences of subtle and overt harassment. Many respondents shared that they feel a host of negative emotions while using and in anticipation of using public restrooms; respondents reported feeling afraid, uncomfortable, distracted, anxious, and heartbroken. Many respondents noted the relative safety of the women's room in comparison to the men's room. One respondent reported that they didn't feel they had a restroom they could access without incurring a degree of harm: "I hate having to use the restroom in public because it throws me into an unnecessary identity crisis. I have to be reminded that there is no option for me, a genderqueer person. I have to decide whether I want to get harassed or yelled at in the men's room, or suffer anxiety and dysphoria in the women's room. I always pick the women's room because I'm afab and familiarity is security. I would rather use the men's, but I never pick it, unless I'm in a dedicated queer space." Three respondents reported worrying about being monitored by others; they were concerned about people taking photos of them and talking about them. Many respondents described what they wished their experience could be or how the world should be. One respondent relayed the political action they had taken in response to their experience of harassment and negative health outcomes: "I wish there were more single stall bathrooms. I have gotten many UTIS throughout the years because I have avoided gendered bathrooms. I even had to create a list of all the gender neutral bathrooms in my city to give to other trans people." See Appendix F for a complete list of responses.

112 respondents reported having breastfed in the last five years. 48 of these parents breastfed or pumped in a public restroom. Respondent age ranged from 18 to 49. The majority of breastfeeding respondents identified as cisgender women; 70 of breastfeeding respondents were cisgender women, 1 respondent was a cisgender man, 4 respondents were transgender women, 4 respondents were transgender men, 13 respondents were nonbinary or third gender, and 13 respondents preferred to self-describe their gender. 107 respondents were assigned female at birth, 4 were assigned male at birth, and none were assigned intersex at birth. Most breastfeeding respondents were straight; 74 breastfeeding respondents identified as straight, 13 identified as bisexual, 8 identified as gay or lesbian, 6 identified as questioning or unsure, 6 identified as asexual, 4 identified as pansexual, 2 identified as queer, and 1 identified as other. Most breastfeeding respondents were White; 78 respondents identified as White, 15 as Black or African American, 9 as Asian, 8 as other, 1 as American Indian or Alaska Native, and 1 as Native Hawaiian or Pacific Islander.

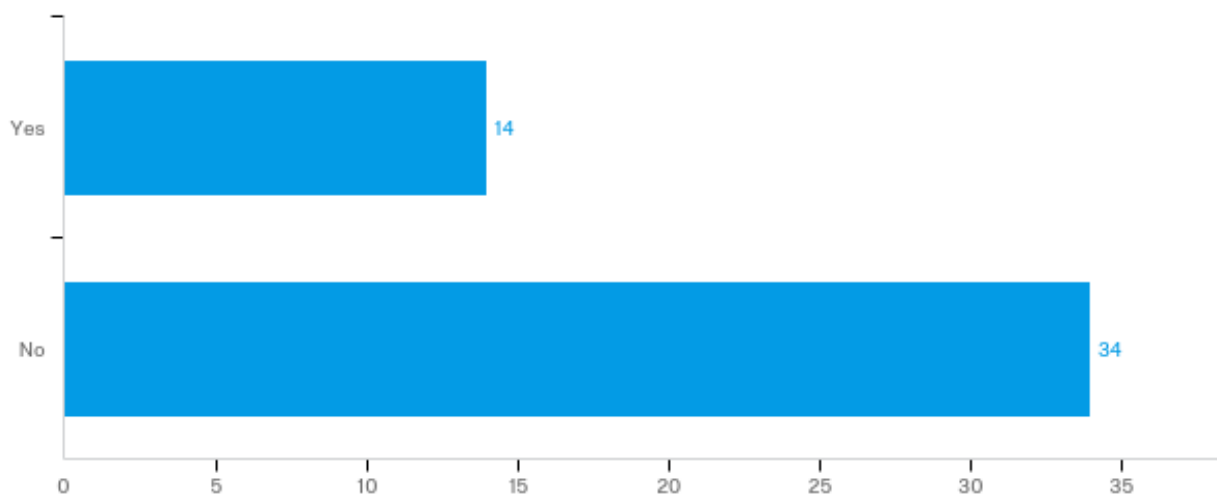
The following chart depicts responses by breastfeeding parents who breastfed or pumped in a public restroom to the question: Did you breastfeed or pump in the restroom instead of another space because of discrimination against breastfeeding parents? 38 respondents reported that they breastfed or pumped in the restroom because of discrimination against breastfeeding parents. 10 respondents reported that they did not breastfeed or pump in the restroom because of discrimination against breastfeeding parents.

Did you breastfeed or pump in the restroom instead of another space because of discrimination against breastfeeding parents?



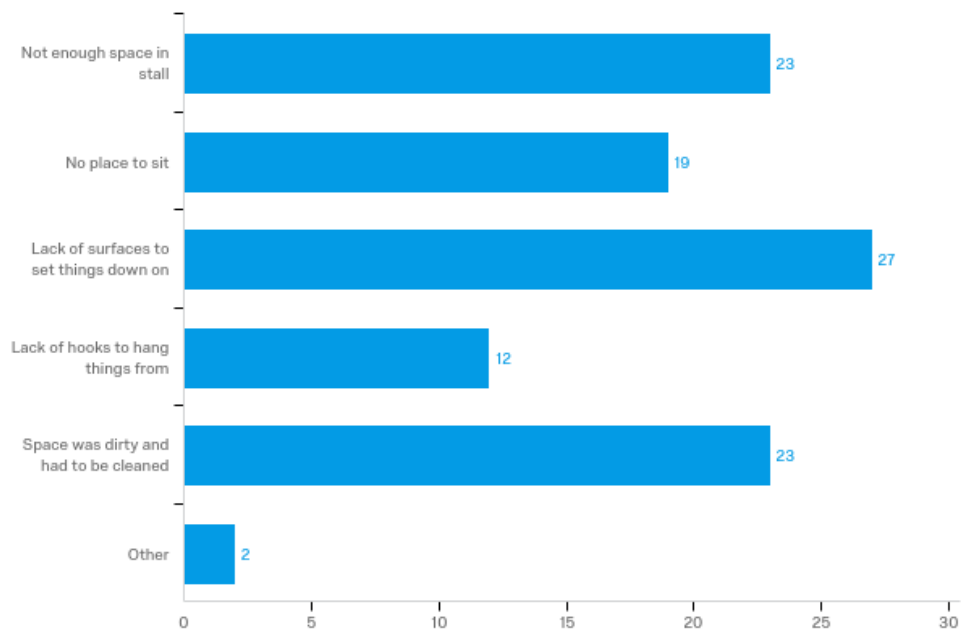
The following chart depicts responses by breastfeeding parents who breastfed or pumped in a public restroom to the question: did the design of the restroom allow you to breastfeed or pump easily? 34 respondents reported that the design of the restroom did not allow them to breastfeed or pump easily. 14 respondents reported that the design of the restroom did allow them to breastfeed or pump easily.

Did the design of the restroom allow you to breastfeed or pump easily?



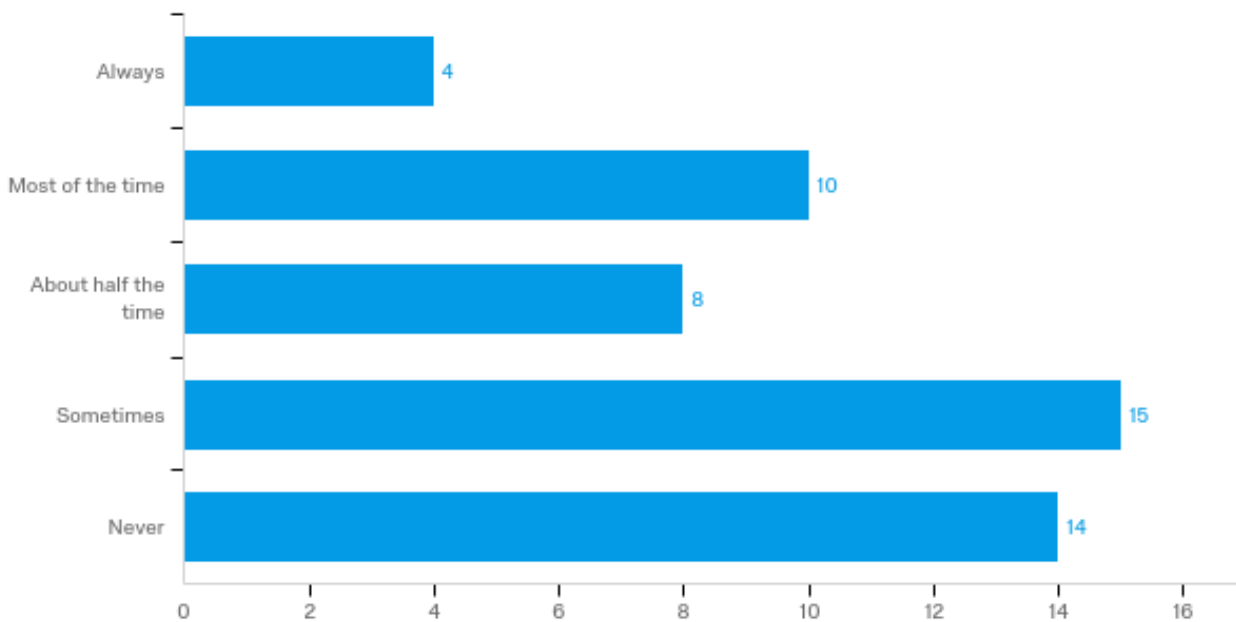
The following chart depicts responses by breastfeeding parents who breastfed or pumped in a public restroom to the question: what about the design of the restroom made it difficult for you to breastfeed or pump easily? 27 respondents reported a lack of surfaces to set things down on as a source of difficulty in breastfeeding or pumping in the restroom, 23 respondents reported not enough space in the stall as a source of difficulty in breastfeeding or pumping in the restroom, 23 respondents reported the space being dirty and in need of cleaning as a source of difficulty in breastfeeding or pumping in the restroom, 19 respondents reported having no place to sit as a source of difficulty in breastfeeding or pumping in the restroom, 12 respondents reported a lack of hooks as a source of difficulty in breastfeeding or pumping in the restroom, and 2 respondents reported other causes of difficulty; these causes were needing an electrical outlet for a breast pump and a general comment: “Shouldn’t have to breastfeed in a bathroom ever.”

Causes of Difficulty Breastfeeding or Pumping in the Restroom



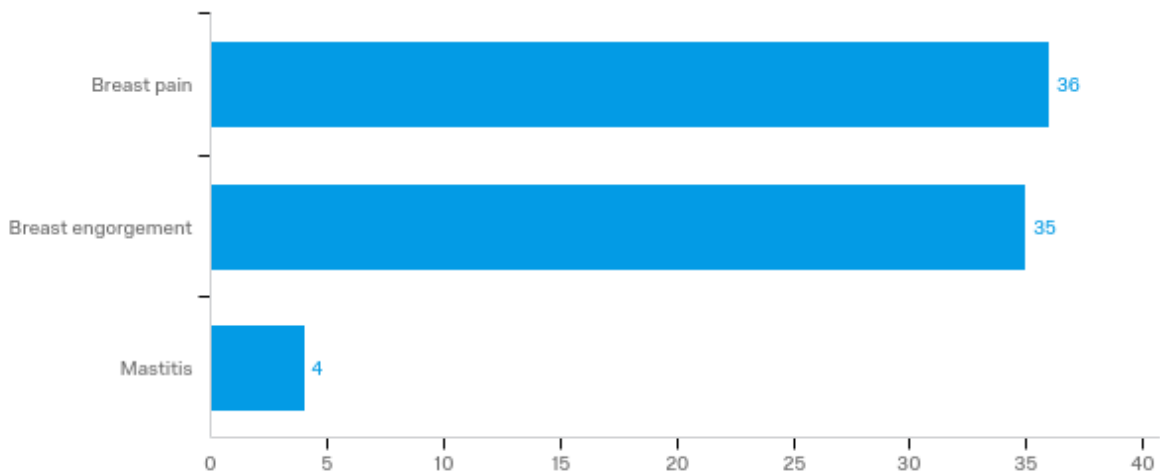
The following chart depicts responses by breastfeeding parents who breastfed or pumped in a public restroom to the question: how often did you have to wait in line to use the restroom to breastfeed or pump? 15 breastfeeding parents who breastfed or pumped in a public restroom had to wait in line sometimes, 14 never waited in line, 10 waited in line most of the time, 8 waited in line about half the time, and 4 always waited in line.

Frequency of Waiting in Line for Restroom to Breastfeed or Pump



The following chart depicts responses by breastfeeding parents who breastfed or pumped in a public restroom to the question: Did you experience worsening or onset of the following symptoms as a result of having to wait in line for the restroom? 36 breastfeeding parents experienced onset or worsening of breast pain, 35 experienced onset or worsening of breast engorgement, and 4 experienced onset or worsening of mastitis.

### Worsening or Onset of Health Impacts Due to Restroom Wait



The last survey question specific to gender nonconforming respondents asked: is there anything else you would like to share about the experience of breastfeeding or pumping in a restroom? Many respondents shared that they feel shame, discomfort, embarrassment, disgust, and frustration when breastfeeding or pumping in public restrooms. One respondent mentioned needing a private space to nurse in order to minimize gender dysphoria. One respondent reported needing to make sure they brought batteries for their pump because there were no electrical outlets available. Two respondents mentioned their preference for nursing areas set up within or adjacent to public restrooms. No respondents had anything positive to say about the experience of breastfeeding in a public restroom. See Appendix G for a complete list of responses.

The last question on the survey asked: is there anything else you would like to share about the experience of breastfeeding or pumping in a restroom? None of the responses to this question provided additional information pertaining to the research question. See Appendix H for a complete list of responses.

## **Analysis**

We learned from the general population survey that cisgender people are much more likely to have access to a restroom matching their gender identity than transgender people and people of other gender identities. Cisgender men wait in line for the restroom less frequently than cisgender women or transgender people and people of other gender identities. Time spent waiting to use a public restroom represents an opportunity cost. Transgender people and people of other gender identities feel comfortable and safe accessing public restrooms less frequently than cisgender people. Transgender people and people of other gender identities avoid public restrooms more frequently than cisgender people. Transgender people and people of other gender identities wait the longest to avoid public restrooms (6 hours on average), cisgender men waited less time than transgender people and people of other gender identities and longer than cisgender women (4.6 hours on average), and cisgender women waited the shortest amount of time to use the restroom (3.1 hours on average). The factors influencing these wait times are likely intensity of desire to avoid public restrooms, variety of uses for public restrooms, and frequency of need for public restrooms. Future research should seek to interpret the differences in wait times between transgender people and people of other gender identities, cisgender men, and cisgender women. Transgender people and people of other gender identities experienced verbal harassment because of their gender expression more frequently than cisgender people; cisgender men experienced verbal harassment more frequently than cisgender women. Gender nonconforming people with anxiety, depression, or another mental health condition experience a greater increase in negative mental health outcomes

than gender conforming people with anxiety, depression, or another mental health condition when accessing public restrooms. Gender nonconforming people are more likely than gender conforming people to experience physical harassment because of their gender presentation in public restrooms.

We learned from the targeted population survey that 74% of gender nonconforming people feel that they do face discrimination because of their gender presentation when accessing public restrooms. 84% of gender nonconforming people do not always feel comfortable and safe when accessing public restrooms. Gender nonconforming people feel uncomfortable and unsafe when accessing public restrooms because of staring overtly at your face and body, being asked if you are in the right place, staring indirectly at your face and body (in reflective surfaces or without making eye contact), verbal harassment, physical harassment, others asking if they are in the right place when they see you, others watching the direction of your feet under the stall, listening and watching how you interact with people in the restroom to see whether or not you belong, listening to your voice to see whether or not you belong, listening to the sounds you make inside of the stall, and having your picture taken without your consent. 84% of gender nonconforming people avoid public restrooms out of concern for their safety with 19% of gender nonconforming people avoiding public restrooms multiple times per day.

We also learned that 79% of breastfeeding parents who breastfed or pumped in a restroom feel that they chose to breastfeed in a restroom instead of another space because of discrimination against breastfeeding parents. 71% of breastfeeding parents who breastfed or pumped in a restroom feel that restrooms are designed in a way that makes it



difficult to breastfeed or pump. Breastfeeding parents who find it difficult to breastfeed or pump in a restroom feel that their difficulty was caused by a lack of surfaces to set things down on, a lack of space in the stall, the space being dirty and in need of cleaning, a lack of a place to sit, a lack of hooks to hang things from, and the absence of electrical outlets for breast pumps. 73% of breastfeeding parents who breastfeed or pump in a restroom have to wait in line at least some of the time, and resultantly 71% experience worsening or onset of breast pain, 69% experience worsening or onset of breast engorgement, and 8% experience worsening or onset of mastitis.

Marginalized people such as cisgender women, transgender people, nonbinary people, and gender nonconforming people suffer negative social and health outcomes as a result of the built environment of the public restroom. Their time is devalued through long wait times, representing an economic loss. Gender segregation in public restrooms is one of the main design elements that harms people marginalized by their gender identity. The results of this study show gender segregation to be a form of gender-based violence, with clear social, economic, and public health consequences for marginalized people.

### **Limitations**

Both surveys were limited by selection bias. Both surveys used convenience, opt-in sampling which can bias the results by including more respondents who are particularly interested in or connected to the research topic.

The general population survey received many more responses from cisgender women than it did from cisgender men, transgender people, or people of other gender

identities. This increased the margin of error for responses from cisgender men and people of other gender identities in comparison to the margin of error for responses from cisgender women. Another limitation of the general population survey was the formatting of the demographic questions. Because the demographic questions were asked in short-answer format, the survey software used by the researcher (Qualtrics) was unable to separate answers by gender identity. The researcher was able to use Excel to create crosstabs and graphics by gender identity for most questions, but not for questions where respondents selected multiple answers. There is no function in Excel to separate multiple answers in one cell separated by commas into multiple cells and Excel can only read responses when they are separated into cells. This meant the researcher was unable to analyze the responses to some questions from the general population survey.

The targeted population survey was modeled after the US Census and did not have options under race for Latinx or Hispanic people or Multiracial people. This was an oversight and prevents a deeper understanding of the racial demographics of the survey respondent population. Three people identified in question two as gender nonconforming responded in the very next question asking how frequently they present as gender nonconforming that they “never” presented as gender nonconforming. These respondents were likely confused or selected the wrong option; their responses may have had an effect on the results of the survey. An error was made in selecting the skip logic for question 6: what makes you feel uncomfortable or unsafe in a public restroom? People who responded in question 5 that they always felt comfortable and safe in public restrooms were not supposed to see question 6. Instead, people who responded in question 5 that they never

felt comfortable and safe in public restrooms skipped question 6. This error included 19 people for whom the question was not relevant and excluded 9 people for whom the question was most relevant, which may have influenced the results of question 6. Four people who reported being assigned male at birth also reported breastfeeding in the last five years. There is no way to know if these respondents were speaking to the experiences of their partners who may have breastfed, if they bottle fed a child and assumed the experience was comparable, if they used a male breastfeeding device such as the “Mr. Milker,” or if they just selected the wrong option. Their responses may skew the results of questions meant for parents who personally breastfed.

Although a community-based participatory research (CBPR) approach was outside of the scope of this research, community partners were given the opportunity to shape the direction of the research and the survey questions asked. Feedback from these partners was solicited but not received. Involving community partners in the research design process could be part of future research on the subject.

### **Policy Recommendations**

My research demonstrates that the design and regulation of public restrooms creates stressors for already vulnerable populations, particularly gender nonconforming people. Reconceptualizing and redesigning public restrooms as gender-inclusive public spaces is the only long-term remedy to the various negative social, economic, and public health consequences imposed by gender segregation. The elimination of regulations requiring gender segregation in public restrooms is the next step towards that goal. In the

City of Los Angeles, one such regulation resides within the Municipal Code. The Los Angeles City Council should vote to amend the Municipal Code to remove any references to and requirements for gender segregation in public restrooms.

Deregulation is a low-barrier strategy to pursue the desegregation of public restrooms by gender in the City of Los Angeles and other, politically similar locales. Drafting, voting into law, and enforcing a government policy such as the State of California's Restroom Equity Act or California Assembly Bill 1732 is more politically difficult than amending a section of the Los Angeles Municipal Code that is unfamiliar to the general public and in favor of the business community. In a business-centered political climate, deregulation requires less political effort than regulation. Under federalism, it is simpler to make changes at the local level than at the state or national level. AB 1732 is a statewide policy that has necessitated legal spending from the business community to determine whether they are violating the new law. In the current political moment, following the recent enactment of AB1732, it is politically feasible that the Los Angeles City Council can amend the Municipal Code by passing an ordinance. This is a strategy that other cities with similar political and social circumstances can employ as well.

Further progress in the fight against gender-based violence will have to come from an organized social movement. Abolishing gender-segregation requirements written into the law makes room for social resistance to grow. A coordinated, coalition-led social movement will be required to overcome the enormous social hurdles that stand in the way of desegregated bathroom facilities.

In the short-term, community organizations and activists would be wise to pursue the restroom-mapping strategy employed by one of my respondents. Publically accessible restroom mapping could make use of crowd-sourcing to gather comprehensive data about the availability of gender-inclusive public restrooms. Breastfeeding parents could also benefit from restroom mapping. Additionally, advocates for breastfeeding parents could encourage parents to reflect on the social stigma around breastfeeding in public and reject this stigma by breastfeeding in public. These individual-level acts of rebellion increase the mobility and comfort of breastfeeding parents and will change cultural attitudes over time.

## **Conclusion**

Access to public space is dependent upon access to public restrooms. As long as the design of public restrooms privileges the experience of gender conforming, cisgender men, people who do not fit these narrow qualifications will not have equitable access to public space. Narratives around equity and social justice in the field of urban planning already incorporate analysis of the built environment as it shapes and is shaped by social power structures. Urban planning must overcome the historical taboos associated with restrooms and extend its reach to include the study of the public restroom. The development of an equitable public restroom, the elimination of regulations requiring gender segregation in public restrooms, and the organization of a social movement demanding the implementation of equity in restrooms is long overdue.

## Appendices

### A. General Population Survey Questions

Health Impacts (multiple choice with short answer option for all “other” responses)

1. Consent Agreement
  2. How often do you have access to a public restroom that matches your gender identity?
    - Always
    - Most of the time
    - About half the time
    - Sometimes
    - Never
  3. How often do you have to wait to use the bathroom because an inadequate number of toilets and/or urinals have been provided?
    - Always
    - Most of the time
    - About half the time
    - Sometimes
    - Never
- a) Have you done any of the following things in anticipation of long restroom lines or lack of access to a restroom? Select as many as apply.
- Avoided drinking too much liquid
  - Avoided drinking caffeinated beverages
  - Avoided drinking alcoholic beverages
  - Planned restroom breaks into your schedule
  - Left an event early or missed part of an event
  - Skipped an event
  - Other (write-in)
- b) Have you ever experienced the following health impacts because you didn't have timely access to a public restroom? Select as many as apply.
- Discomfort
  - Kidney Problem
  - UTI
  - Interstitial cystitis (chronic frequency and urgency of urination, pain and pressure in bladder)
  - Breast pain and/or engorgement from waiting to breast feed or pump

- Having an accident
  - Anxiety about having an accident
  - Other (write-in)
4. What do you use public restrooms for? Select as many as apply.
- Peeing
  - Pooping
  - Menstrual care
  - Breastfeeding or pumping
  - Care for a child
  - Care for an elder
  - Care for a person with a disability
  - Washing hands
  - Washing face
  - Washing body
  - Applying makeup
  - Hair care
  - Taking selfies
  - Alone time

5. How often do you feel comfortable and safe in a public restroom?
  - Always
  - Most of the time
  - About half the time
  - Sometimes
  - Never
  
6. How often do you avoid using public restrooms out of concern for your safety?
  - Never
  - Once every few months
  - Once per month
  - Once every few weeks
  - Once per week
  - Once per day
  - Multiple times per day
  - a) How long have you waited to use the restroom to avoid using a public restroom?  
0-20 hours in hour increments
  
  - b) Have you ever experienced the following health impacts because you didn't have timely access to a public restroom? Select as many as apply.
    - Discomfort
    - Kidney Problems
    - UTI
    - Interstitial cystitis (chronic frequency and urgency of urination, pain and pressure in bladder)
    - Breast pain and/or engorgement from waiting to breast feed or pump
    - Having an accident
    - Anxiety about having an accident
    - Other (write-in)
  
7. How often have you been verbally harassed in a public restroom because of your gender expression?
  - Never
  - Once every few months
  - Once per month
  - Once every few weeks
  - Once per week
  - Once per day
  - Multiple times per day
  
8. Do you live with anxiety, depression, or another mental health condition?  
Yes or No



- a) Does your experience accessing public restrooms worsen your anxiety, depression, or other mental health condition?
  - Yes, a great deal
  - Yes, a lot
  - Yes, a moderate amount
  - Yes, a little
  - No, not at all
  
- 9. How often have you been physically harassed in a public restroom because of your gender expression?
  - Never
  - Once every few months
  - Once per month
  - Once every few weeks
  - Once per week
  - Once per day
  - Multiple times per day
  
- 10. Do you live with physical illness or disability?  
Yes or No
  - a) Does your experience accessing public restrooms worsen the symptoms of your physical illness or disability?
    - Yes, a great deal
    - Yes, a lot
    - Yes, a moderate amount
    - Yes, a little
    - No, not at all

Demographics (short answer)

- 11. What is your gender identity?
- 12. What sex were you assigned at birth?
- 13. Would you consider yourself to present as gender-nonconforming?
- 14. How would you describe your sexual identity?
- 15. How would you describe your racial identity?
- 16. How old are you?

Follow-up

- 17. Is there else you would like to share? (short answer)

B. Targeted Survey Questions (multiple choice and short answer)

Consent Agreement

Would you consider yourself to present as gender-nonconforming?

Yes or No

How much of the time do you present as gender-nonconforming?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

Do you feel that you face discrimination because of your gender presentation when you access public restrooms?

Yes or No

How often do you feel comfortable and safe in a public restroom?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

What makes you feel uncomfortable or unsafe in a public restroom? Select as many as apply.

- Verbal harassment
- Physical harassment
- Being asked if you are in the right place
- Others asking if they are in the right place when they see you
- Staring overtly at your face and body
- Staring indirectly at your face and body (in reflective surfaces or without making eye contact)
- Having your picture taken without your consent
- Listening and watching how you interact with people in the restroom to see whether or not you belong
- Listening to your voice to see whether or not you belong
- Listening to the sounds you make inside of the stall
- Others watching the direction of your feet under the stall
- Other

How often do you avoid using public restrooms out of concern for your safety?

- Never

- Once every few months
- Once per month
- Once every few weeks
- Once per week
- Once per day
- Multiple times per day

Is there anything else you would like to share about the experience of accessing public restrooms as a gender non-conforming person?

Have you breastfed a child in the last five years?

Yes or No

Where did you breastfeed or pump? Select as many as apply.

- Home
- Shared space at work
- Private room at work
- Room designated for nursing at work
- Restroom at work
- Public space (for example a restaurant, shop, park, or public transit)
- Room designated for nursing in a public space
- Public restroom

Did you breastfeed or pump in the restroom instead of another space because of discrimination against breastfeeding parents?

Yes or No

Did the design of the restroom allow you to breastfeed or pump easily?

Yes or No

What about the design of the restroom made it difficult for you to breastfeed or pump?  
Select as many as apply.

- Not enough space in stall
- No place to sit
- Lack of surfaces to set things down on
- Lack of hooks to hang things from
- Space was dirty and had to be cleaned

- Other

How often did you have to wait in line to use the restroom to breastfeed or pump?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

Did you experience worsening or onset of the following symptoms as a result of having to wait in line for the restroom?

- Breast pain
- Breast engorgement
- Mastitis

Is there anything else you would like to share about the experience of breastfeeding or pumping in a restroom?

What is your gender identity?

- Cisgender Woman
- Cisgender Man
- Transgender Woman
- Transgender Man
- Nonbinary or third gender
- Prefer to self-describe (short answer)

What sex were you assigned at birth?

- Female
- Male
- Intersex

How would you describe your sexual identity? Select as many as you need to best describe your identity.

- Asexual
- Bisexual
- Gay/Lesbian
- Straight (heterosexual)
- Pansexual
- Queer

- Questioning or unsure
- Other (short answer)

How would you describe your racial identity?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other (short answer)

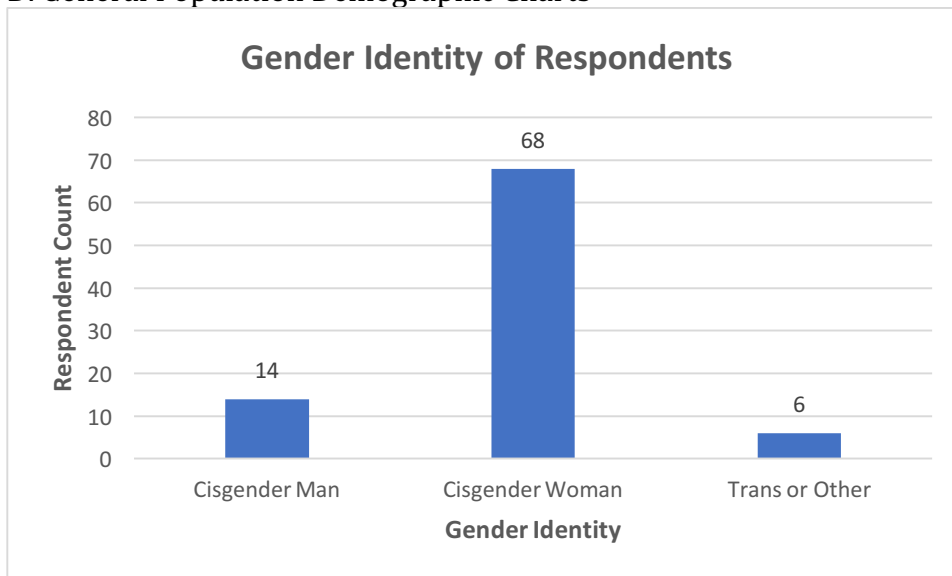
How old are you? (Sliding scale answer)

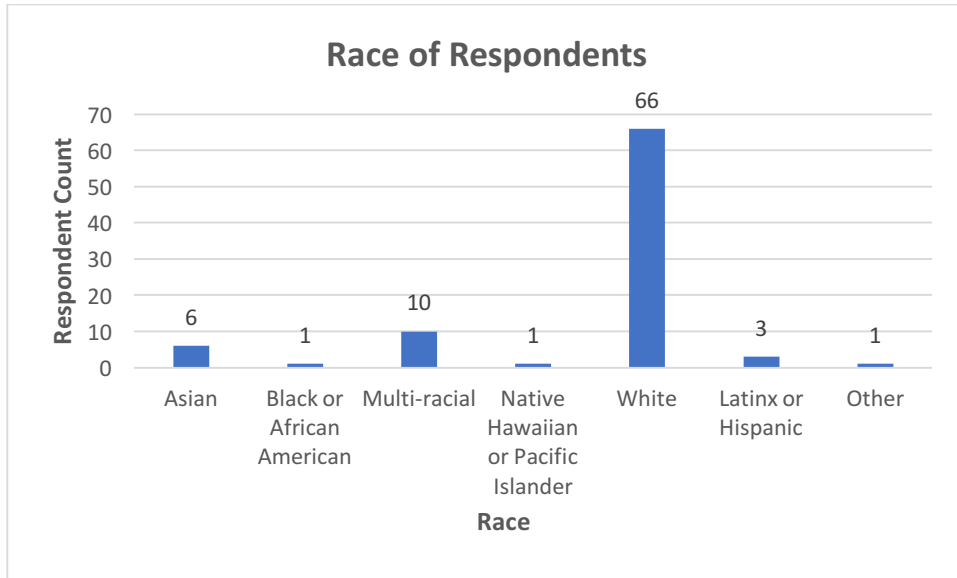
Is there anything else you would like to share?

C.



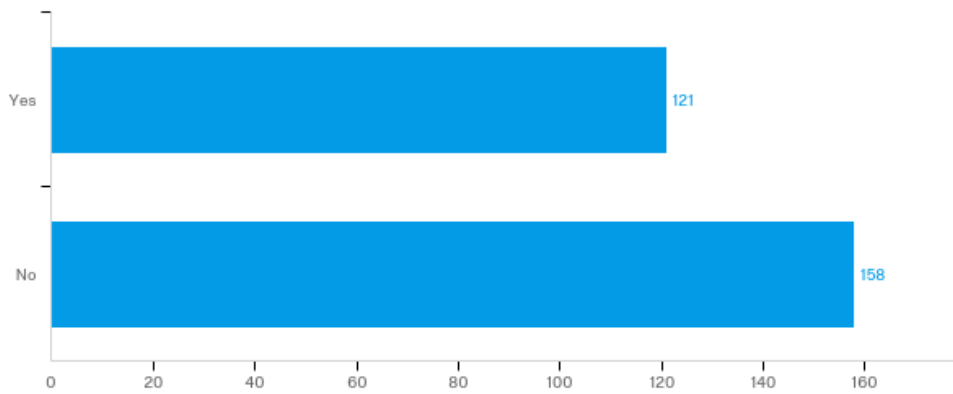
D. General Population Demographic Charts



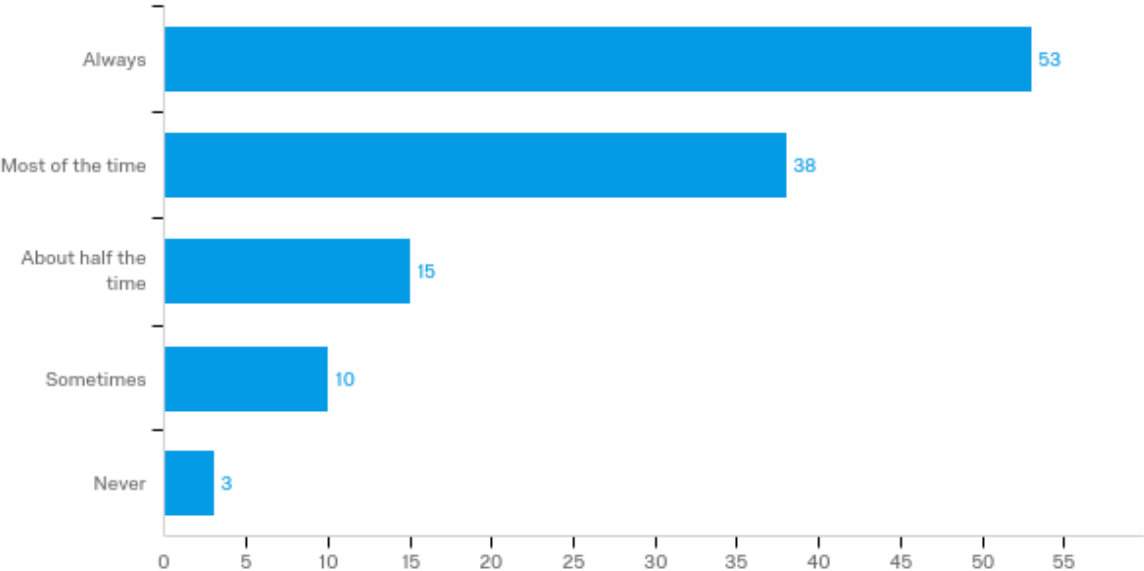


### E. Targeted Population Demographic Charts

#### Present as Gender Nonconforming



Frequency of Gender Nonconforming Presentation

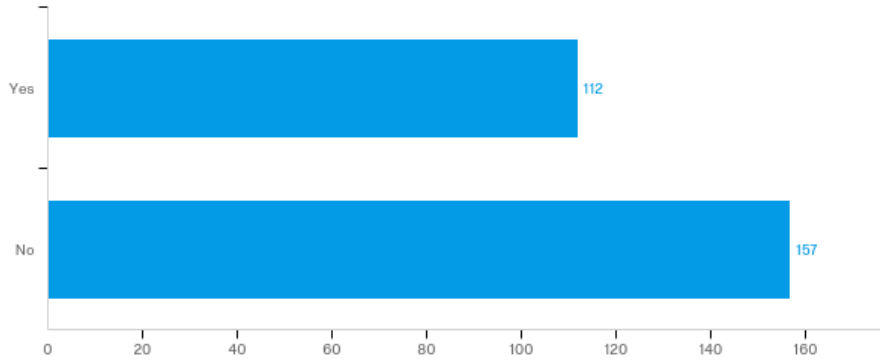




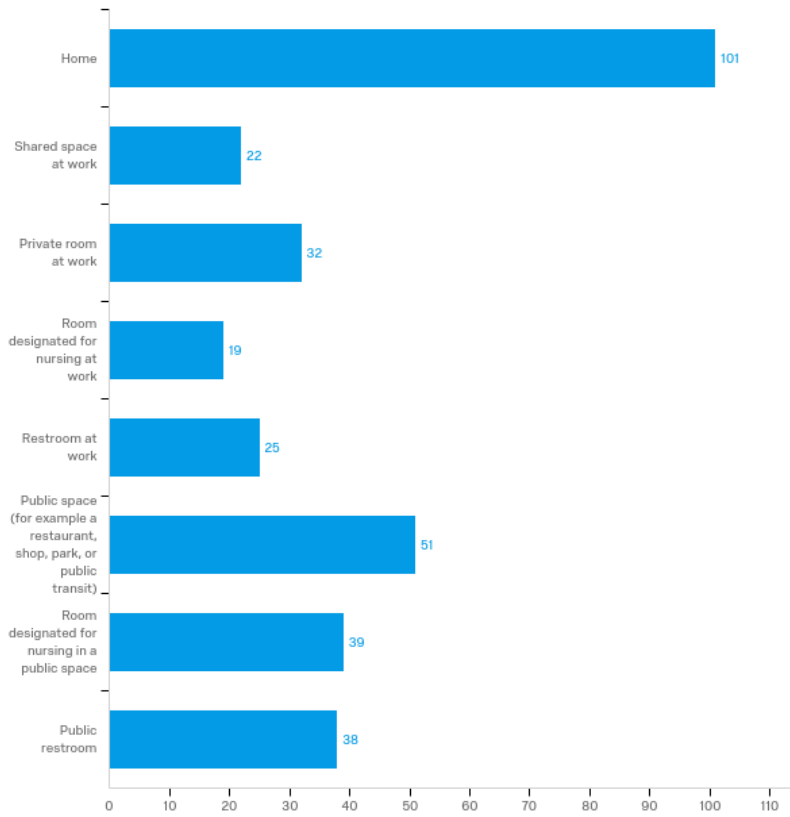
	Would you consider yourself to present as gender-nonconforming?	
	Yes	No
Cisgender Woman	32	113
Cisgender Man	3	9
Transgender Woman	16	0
Transgender Man	16	3
Nonbinary or third gender	35	2
Prefer to self-describe	9	17
<b>Total</b>	<b>111</b>	<b>144</b>
Female	91	142
Male	20	13
Intersex	0	0
<b>Total</b>	<b>111</b>	<b>155</b>
Asexual	11	9
Straight (heterosexual)	31	121
Pansexual	12	6
Questioning or unsure	7	5
Other	0	1
Bisexual	27	18
Gay/Lesbian	19	7
Queer	17	11
<b>Total</b>	<b>112</b>	<b>155</b>
White	77	105
Black or African American	14	19
American Indian or Alaska Native	3	1
Asian	11	13
Native Hawaiian or Pacific Islander	1	0
Other	5	17
<b>Total</b>	<b>111</b>	<b>155</b>

Figure 1 Demographics, Gender Nonconforming

Have you breastfed a child in the last five years?



Location of Breastfeeding and/or Pumping



	Have you breastfed a child in the last five years?	
	Yes	No
Cisgender Woman	70	75
Cisgender Man	1	11
Transgender Woman	4	12
Transgender Man	4	15
Nonbinary or third gender	13	24
Prefer to self-describe	13	13
<b>Total</b>	<b>105</b>	<b>150</b>
Female	107	126
Male	4	29
Intersex	0	0
<b>Total</b>	<b>111</b>	<b>155</b>
Asexual	6	14
Straight (heterosexual)	74	78
Pansexual	4	14
Questioning or unsure	6	6
Other	1	0
Bisexual	13	32
Gay/Lesbian	8	18
Queer	2	26
<b>Total</b>	<b>112</b>	<b>155</b>
White	78	104
Black or African American	15	18
American Indian or Alaska Native	1	3
Asian	9	15
Native Hawaiian or Pacific Islander	1	0
Other	8	14
<b>Total</b>	<b>112</b>	<b>154</b>

Figure 2 Demographics, Breastfeeding Parents

F. Responses to Experience of Accessing Public Restrooms as a Gender Nonconforming Person Query (unedited)

Well i would always get stares from people, belonging in a catholic country where the lgbtq community is not accepted. I would sometimes hear whispers of people talking really bad about me.
Sometimes it's uncomfrotable but I try not to live my life worried about others opinions
<b>THERE NEEDS TO BE MORE NON-GENDER RESTROOMS</b>
Bodily functions should not be such a source of stress for us!

It feels nice that people seem to relax once they hear my voice.
I face a lot of ridicule
It's a struggle using public bathrooms but I feel things have gotten better.
It's gotten better, but I still look for non gendered bathrooms so that I can simply avoid the awkward interactions with strangers.
I hate having to use the restroom in public because it throws me into an unnecessary identity crisis. I have to be reminded that there is no option for me, a genderqueer person. I have to decide whether I want to get harassed or yelled at in the men's room, or suffer anxiety and dysphoria in the women's room. I always pick the women's room because I'm afab and familiarity is security. I would rather use the men's, but I never pick it, unless I'm in a dedicated queer space.
It's scary.
Sometimes kids make comments and it is harraent
The stress of using a public restroom affects me at work, because I am put into a distracted and anxious state if I have to go to the bathroom and worry about transphobic/homophobic confrontation.
There aren't really public restrooms that are safe for me to use. Women's rooms are less dangerous, but make me feel more uncomfortable to use and Mens rooms make me feel unsafe but correlates with my preferred gender presentation
It's really heartbreaking that I don't feel safe. I either have to use the restroom, or I just wait because I feel too unsafe and it makes me want to break down. I hate feeling that way.
I am ready dor thia to change. It needs to change.
Sometimes please stop talking to each other when I come sit next to them 😞
I wish there were more single stall bathrooms. I have gotten many UTIS throughout the years because I have avoided gendered bathrooms. I even had to create a list of all the gender neutral bathrooms in my city to give to other trans people
People like to stare and prod and provoke others that aren't just like them. It's a gross form of harassment
Generally upon entering many public restrooms I immediately am put on edge due to past experience with being openly insulted and at one point asked to leave a store due to my indentity. It's shameful.
I have a hard time finding gender neutral or non conforming bathrooms. I have even been asked to leave several times for using what they felt was the wrong bathroom. Or parents whispering to their kids obscene asinine things like she/he is in the wrong bathroom. They need to wait till they get home
They need to make sure that is safe and no one is recording your why you're in the restrooms at any place

G. Responses to Experience of Breastfeeding or Pumping in Public Restrooms as a Breastfeeding Parent Query (unedited)

No outlets to plug in the breat pump. Had to use batteries.
It's disgusting and something that shouldn't have to happen!
Not a great experience
Convenient places should be set up for breadt feeding mother's like a designated space in a bathroom.
It is overall very uncomfortable and I feel wronged as a parent and mother
I only did so when forced to. Hate it. It is an unpleasant experience and completely unnecessary
It is not fun to be shamed into feeding a child in a public space.
It's uncomfortable and frustrating
I prefer to. I would not choose to breastfeed in public because my body is private. I wasn't aware of my trans identity yet so dysphoria was minimal (it unveiled itself during pregnancy/early parenthood). In Japan (I went in 2015) they had family restrooms at every facility and some shopping centers had a dedicated nursing space separate from the toilets. My child had been weaned already, but I was touched by this and wish we had it here.

Katy Carter

Not sanitary and not good for baby
It's a gross and uncomfortable experience most of the time. A few restrooms did have sitting areas that were much more comfortable for nursing.
It is never ideal. Only used the restroom for fear of judgement.
It's crazy how we women have to go to the bathroom to breast feed our child
People regularly suggested I didn't have to do it there (it was a bathroom w separate washroom, where I was pumping, and room with stalls) and would suggest I pump In an empty classroom- I chose the bathroom as at least I only had to worry an women walking in.
It's embarrassing and uncomfortable and definitely not private.
Discrimination against breastfeeding parents is gross and unacceptable. It is only natural and the refusal to accept that into our current society is worrying.
There's a special kind of shame to having to lock yourself in a stall to feed a child naturally and it should be normalized in society rather than looked at disgustedly.
My have to eat just like me
It's very horrible to breastfeed in restroom because so many will be waiting
No one should have to.

## H. Responses to Targeted Population Share-Back Query (unedited)

We have gender neutral restrooms in my college and I've never had any problems
I really hope that you get and learn a lot about your research. The world is changing and i strongly believe that rules change aswell.
Studies are awesome! Thank you for letting me be a part of it!
I breastfed both my children when they were born. However they are both adults now aged 39 and 40
As I said, I thought I wanted to be a boy when I was young...dressed like one, looked like one. Once my hormones hit though, things changed
I only breastfed for a few weeks.
I am chronically ill
I am also panromantic, genderfluid, and pre-T/surgery. Thank you for doing this work. :)
I was not sure what questions I would be asked in this survey. Was expecting questions pertaining to my comfort level sharing the restroom with person that are transgender
I don't really think gender is a solid structure I personally think that we are all human and all display various forms or femininity and masculinity.
I've had cis str8 men follow me into Women's restrooms to harass me.
I am excepting of others right to make gender related decisions as it pertains to themselves.
If this survey is to benefit those discriminated against by others for their identity. Thank you.
I also regularly pumped in my car, as do many breastfeeding and pumping mothers/parents.
Thank you for doing this research. The trans community needs all the help we can get.

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