

Gender Identity in Death Investigation

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Forensic Medicine Associates, Inc.
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Decatur, Georgia



OBJECTIVES

- Define gender identity and associated current terminology.
- Discuss the importance of collecting accurate gender demographic and social information in medicolegal death investigations.
- Recognize scene markers for gender diverse individuals and develop the techniques needed for proper investigation and reporting.
- Understand the necessity of determining jurisdictional requirements regarding gender identity and sex marker on legal documents.

Relevant Cases

Resources and Questions

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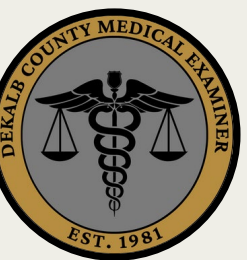


INTRODUCTION

- Pathologists' Assistant in Forensics
 - Wayne State University (Detroit)
 - Mississippi State ME
 - DeKalb County ME (Georgia)
- Autopsy Tech and ABMDI-certified Death Investigator (3 years)
 - Washtenaw County ME (Ann Arbor, Michigan)
- Certified Funeral Director (2015)



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REVIEW ARTICLE

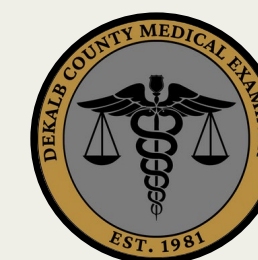
Gender Identity in Forensic Death Investigation *A Narrative Review and Suggested Guidelines for Documenting and Reporting*

Juniper Fedor, MS, PA (ASCP)CM, Alison Krywaczek, MD,† and Anthony Redgrave, EdD‡*

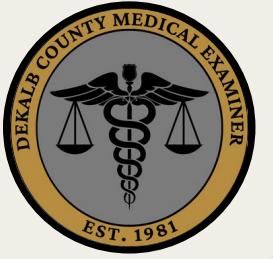


2023 NAME Conference

- 2023 Susan P. Baker Public Health Impact Award
- 2025 Eckert Memorial Award for the 2023-2024 AJFMP publication
“deemed most innovative, useful, important and otherwise influential on the practice of forensic pathology.”

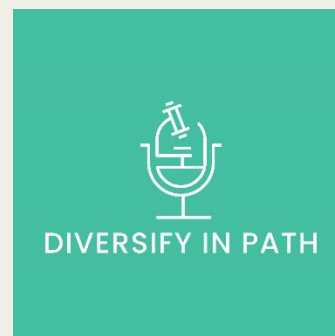


INTRODUCTION



- 2022-2025 Presentations/Discussions:
 - Mayo Clinic
 - Ontario Coroner's Association
 - Canada Health Infoway Group
 - King County ME Office
 - Ohio State Coroner's Association
 - Advances in Forensic Medicine (UMich)
 - International Association of Coroners and Medical Examiners
 - ...and others!

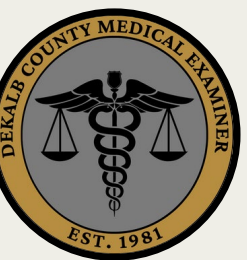
- Diversify in Path Podcast



GENDER IDENTITY

How an individual perceives themselves
and their gender.

(can differ from assigned sex at birth)

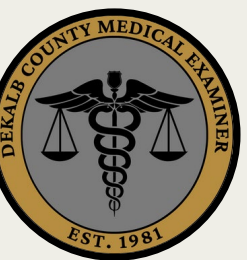


US CENSUS BUREAU SURVEY

Household Pulse Survey (July 2021)

“WHAT SEX WERE YOU ASSIGNED AT BIRTH, ON YOUR ORIGINAL BIRTH CERTIFICATE?”

“DO YOU CURRENTLY DESCRIBE YOURSELF AS MALE, FEMALE, OR TRANSGENDER?”





2021 HPS CENSUS BREAKDOWN

Total Responses: 266,011



LGBT

- Reported ASAB does not align with current identity.
- Reported sexuality other than straight.
- Self-identified as transgender.

8.0%



NON-LGBT

- Reported ASAB aligns with current identity,
AND
- Reported sexuality as straight.

85.0%



OTHER/DID NOT REPORT

- Did not select a response.
- Did not fall into other two categories, based on responses.

7.1%

LGBT: 8.0%


Total US Population (331.9 million):

26.5 million LGBT





Gender identity was measured using a combination of two survey questions.

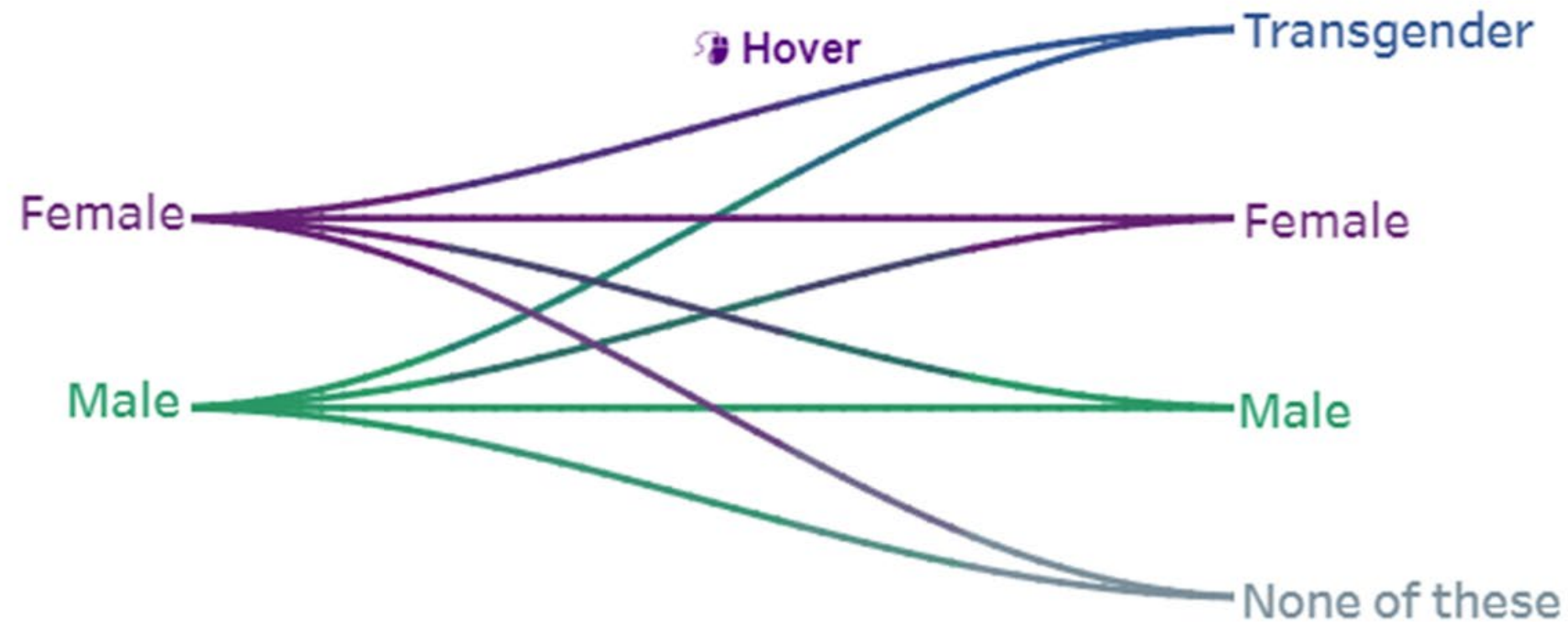
 **Interact** with the data by hovering over the words and lines in the graph.



"What sex were you **assigned at birth**, on your original birth certificate?"



"Do you **currently describe yourself** as male, female, or transgender?"



Gender Diverse Respondents: 0.6% to 1.3% of US population

Aligns with UCLA Williams Institute 2021-2023 Data:
2.8M adults and youth (13+)
1.0% US Population



WHY DOES IT MATTER?



SOCIOECONOMIC

1.5-2x more likely:

- unemployment
- food insecurity
- financial difficulty

Source: 2021 HPS US Census Bureau



AGING

4x less likely to have children

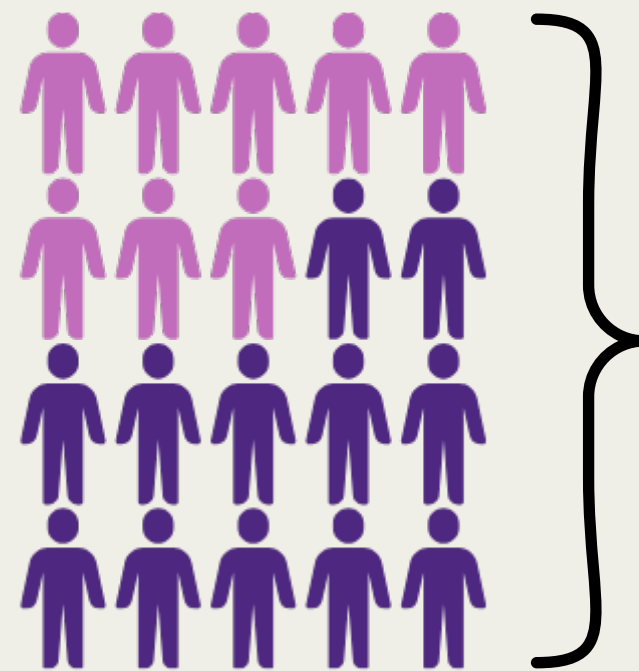
2x more likely to live single or alone

Source: Advocacy & Services for LGBTQ+ Elders (SAGE)

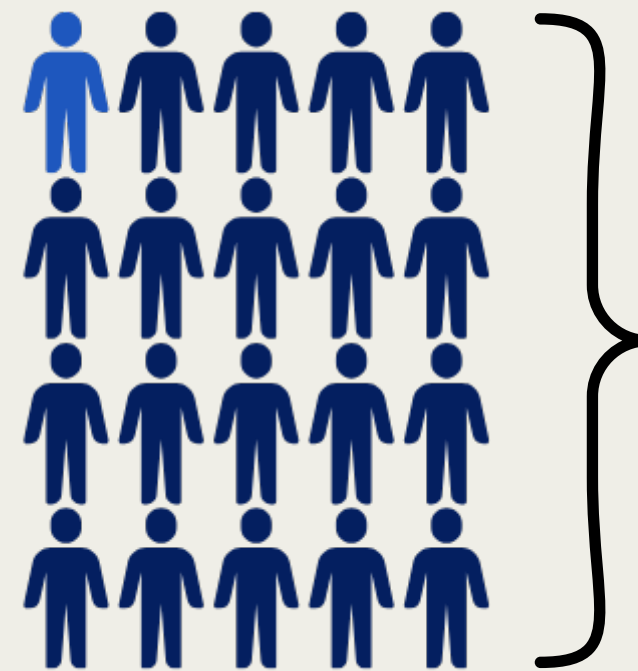


SUICIDE

An Epidemic in the Community



8 in 20
transgender
individuals
attempted
suicide



1 in 20
total US
population
attempted
suicide

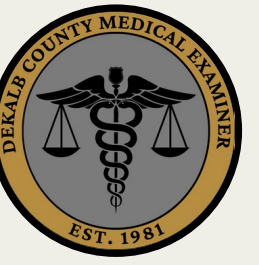
- 40% transgender population attempted suicide
 - 4.6% total US population
- 80% transgender suicidal ideation
- These deaths are not routinely reported or tracked!

32 reported homicidal deaths by
violence in 2024.

56% black transgender women

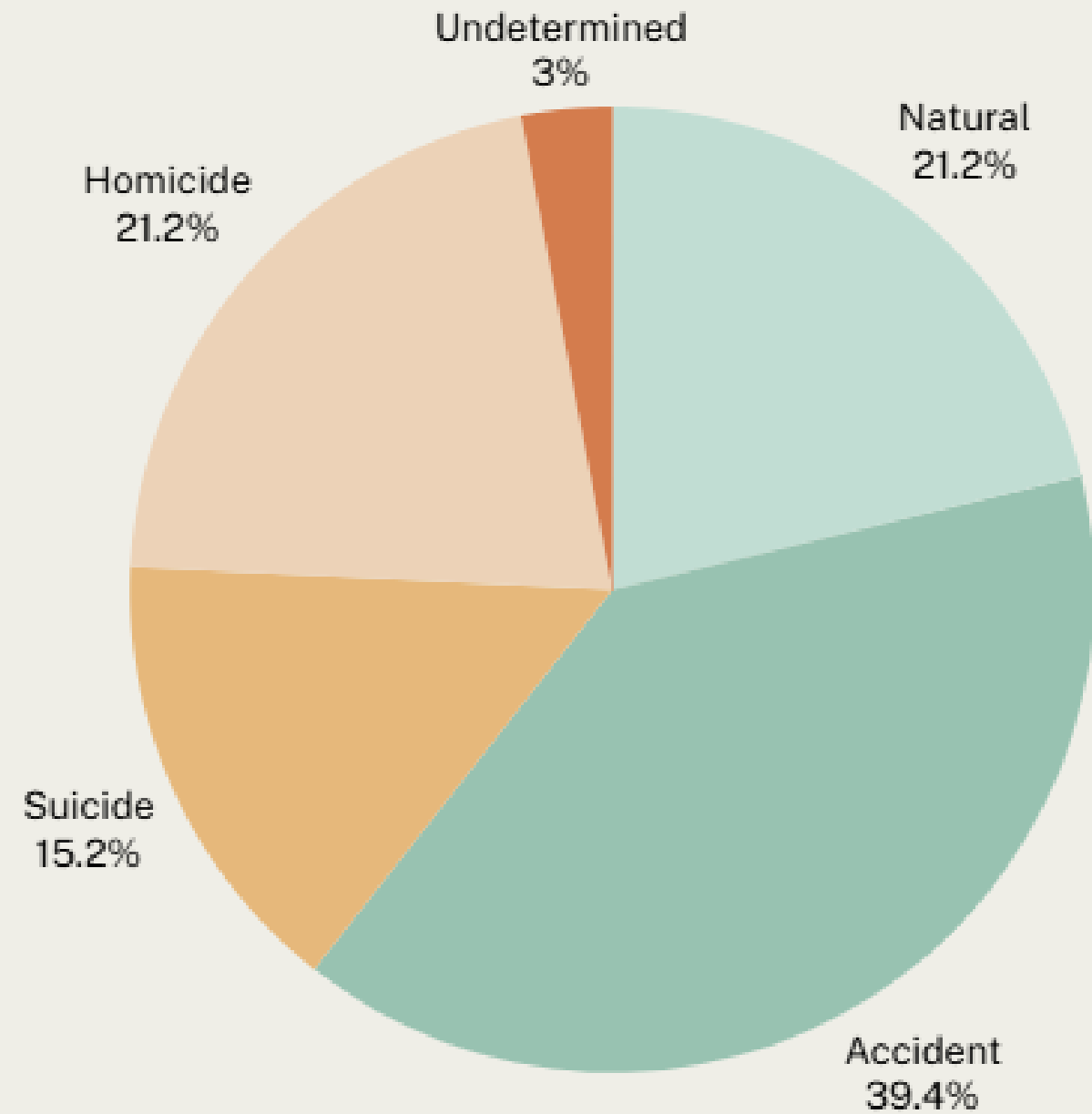
2024 RETROSPECTIVE STUDY

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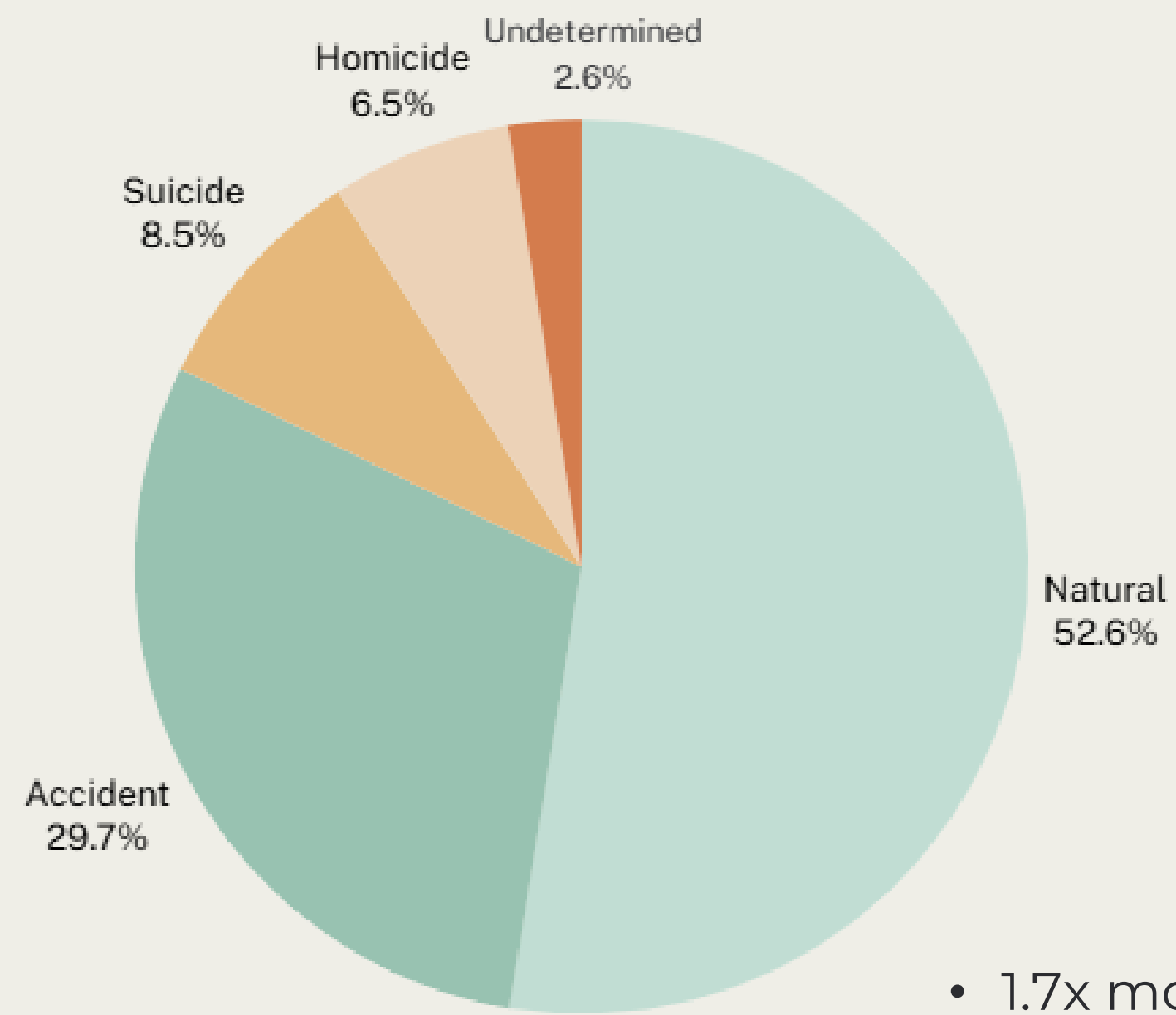


*data presented is preliminary

Transgender MOD 2013-2024



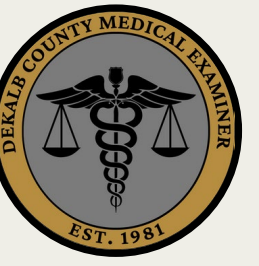
Total Cases MOD 2013-2024



- 1.7x more likely Suicide
- 3.2x more likely Homicide

2024 RETROSPECTIVE STUDY

DeKalb County Medical Examiner's Office
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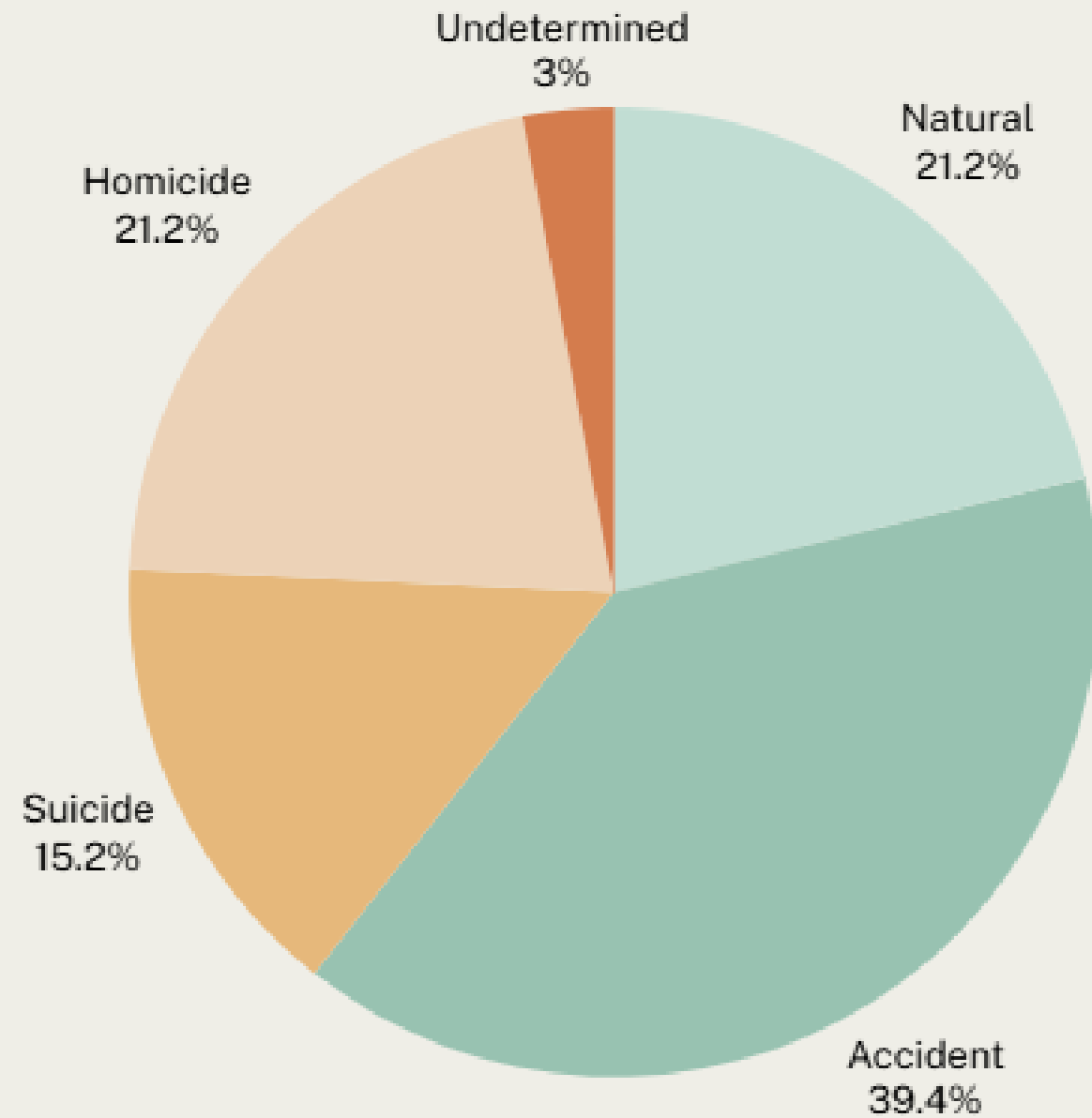
***Age Adjusted (20 -59yo)**

*data presented is preliminary

Transgender MOD

(29-50yo)

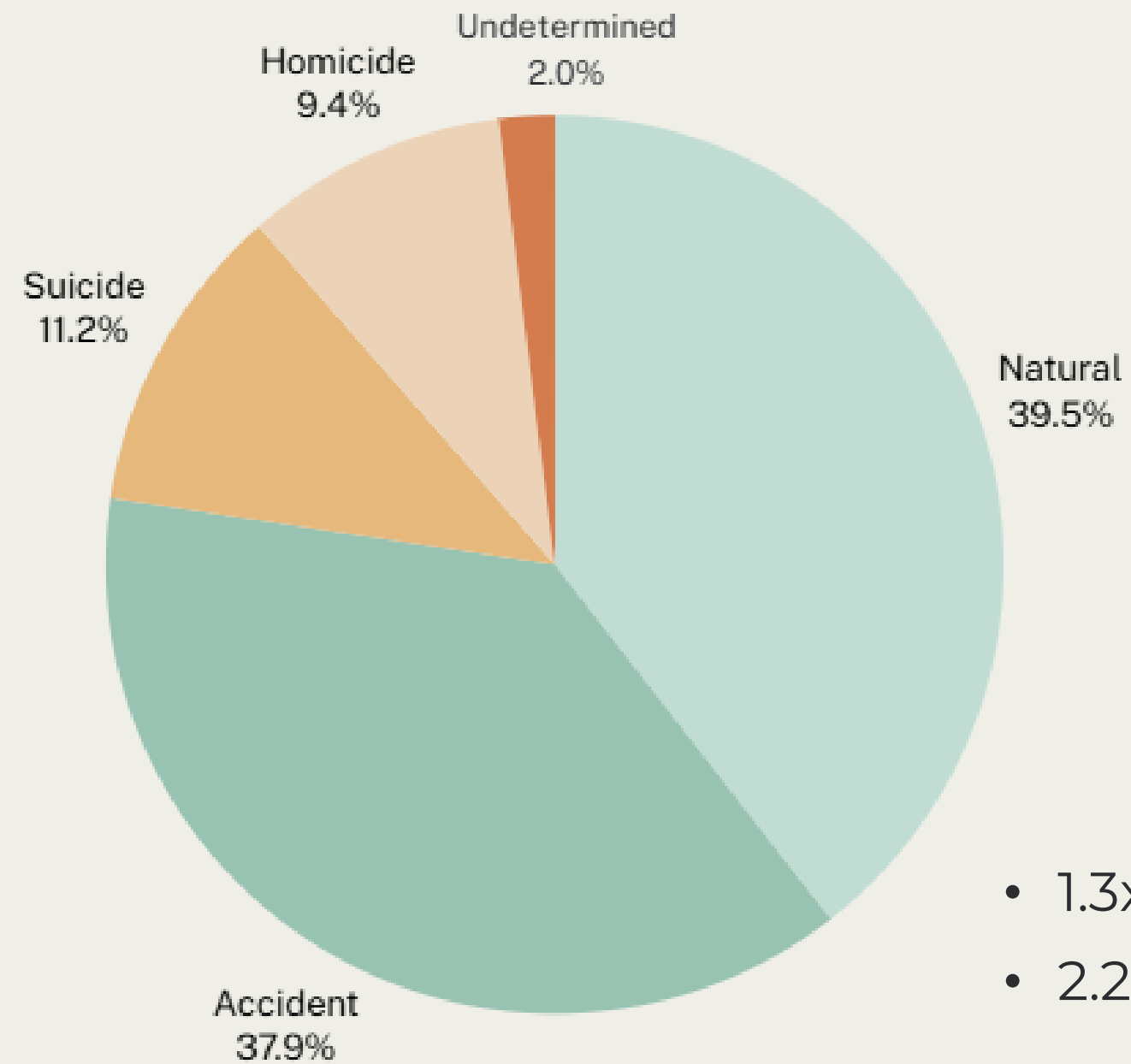
2013-2024



Total Cases MOD

(29-50yo)

2013-2024



- 1.3x more likely Suicide
- 2.2x more likely Homicide

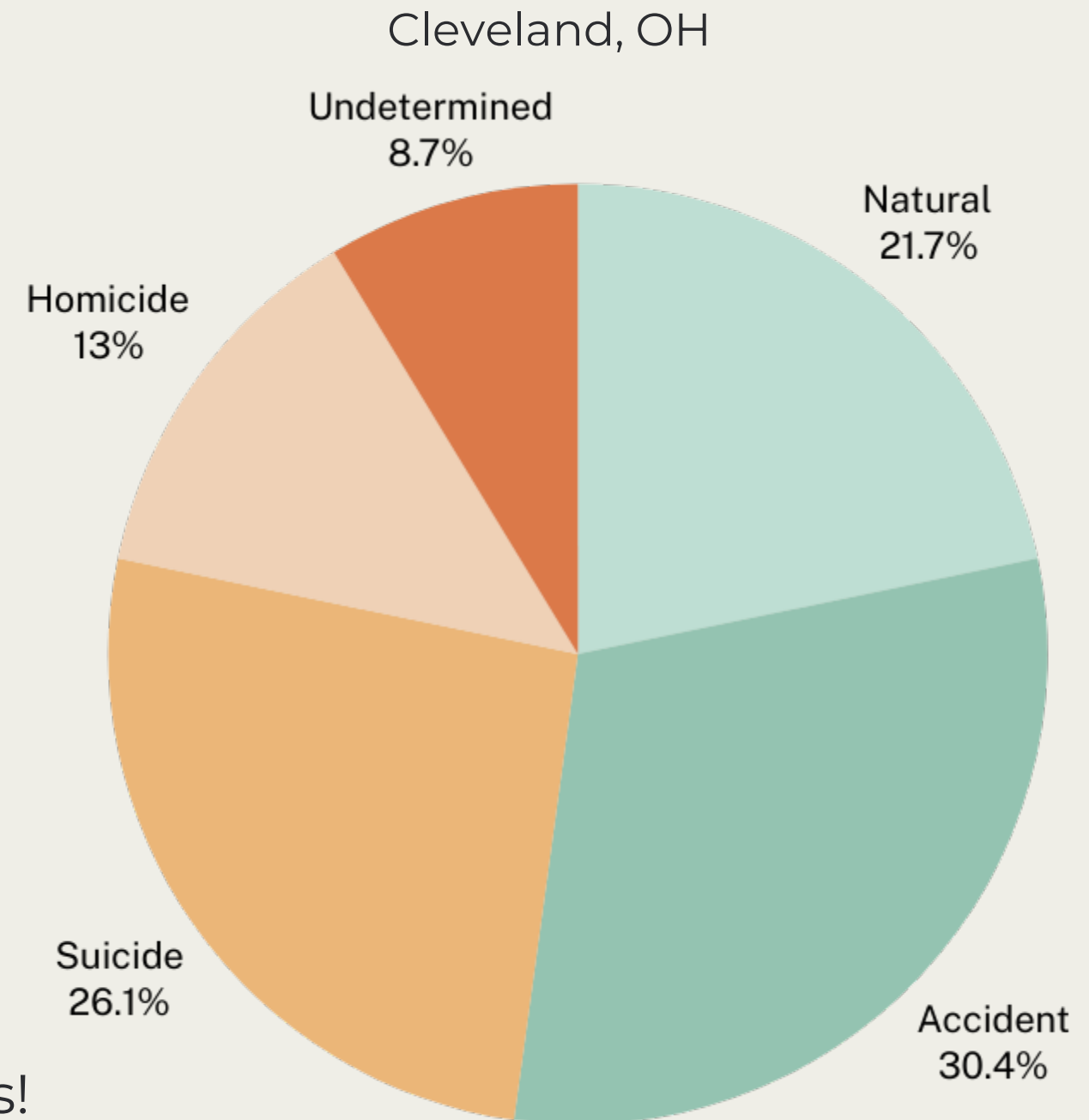
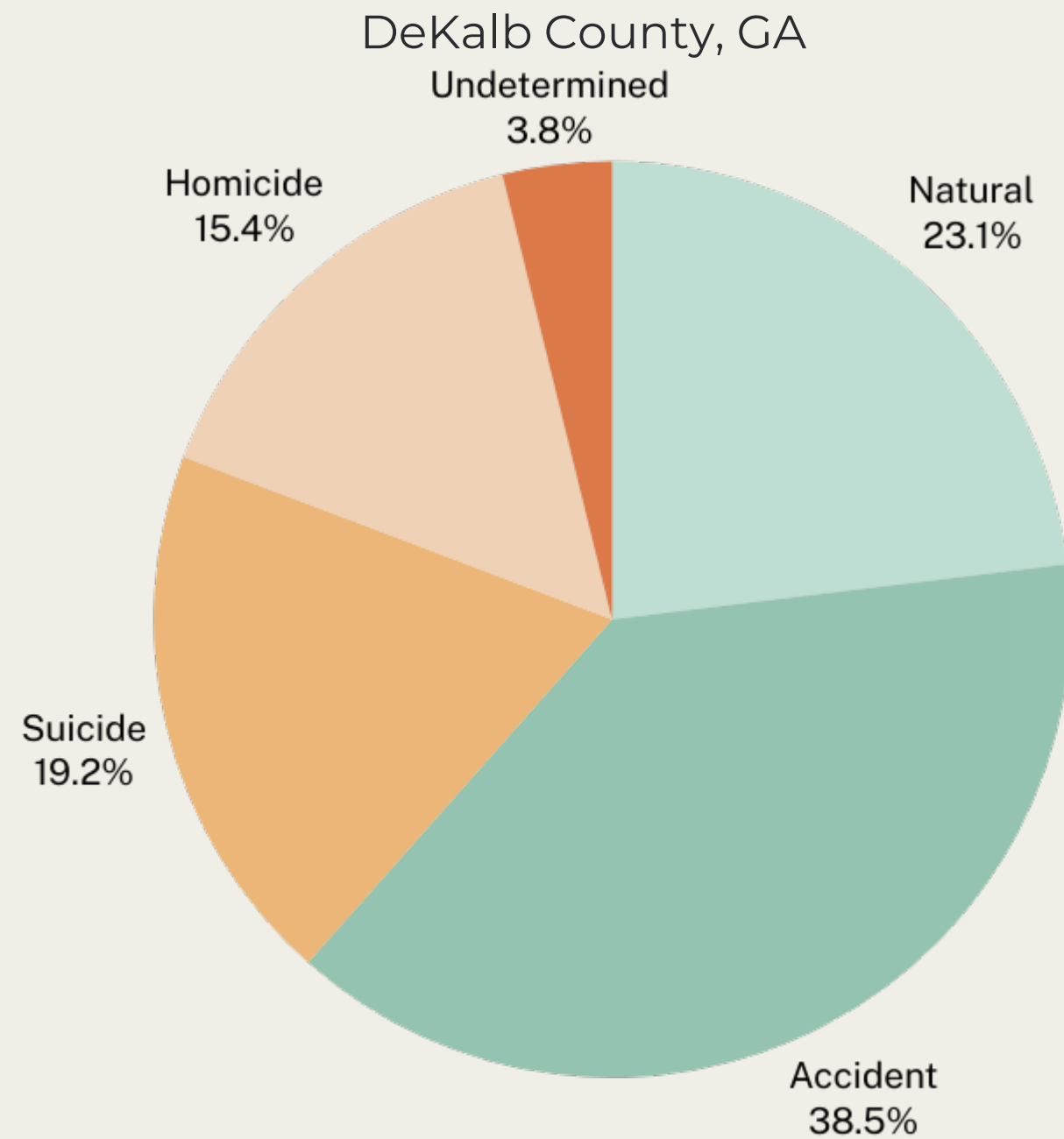
COMPARING TRANSGENDER MODS IN MULTI-OFFICE RETROSPECTIVE STUDY



DeKalb County Medical Examiner's Office
Forensic Medicine Associates, Inc.



Cuyahoga County
Medical Examiner's Office



Similar patterns!

Suggests trends in transgender deaths.

data presented is preliminary



ASSIGNED SEX AT BIRTH:

the birth marker assigned to one's original birth certificate by the delivering doctor.

- Assigned female at birth (AFAB)
- Assigned male at birth (AMAB)

Use instead of "biological male" or "biological female"

Ex. The decedent is a transgender man who was assigned female at birth.



TRANSGENDER:

someone who's gender identity differs from their assigned sex at birth.

- Transgender man = Identifies as man
- Transgender woman = Identifies as woman
- "Trans" is a shortened form that can be used colloquially

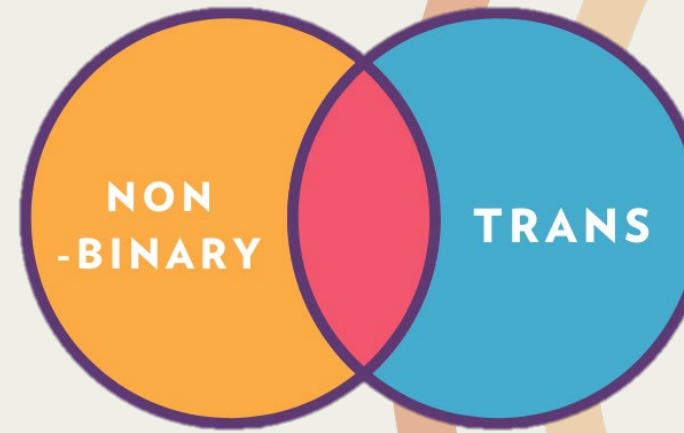
Outdated Terminology:

Transvestite

Transexual



NONBINARY:



an umbrella term used for individuals who do not identify as either male or female (outside of the gender binary)

- Some nonbinary people identify as trans, some do not.
- Shortened to enby or enbee
 - NB = “non-black”

Nonbinary Identities:

Genderqueer

Genderfluid

Gender non-conforming

Agender

Two-Spirit

INTERSEX:



Fun Fact:

An estimated **1.7%** of the population has traits that align with being intersex.

Around **2.0%** of the population has red hair.

Outdated Terminology:

DO NOT USE

Hermaphrodite

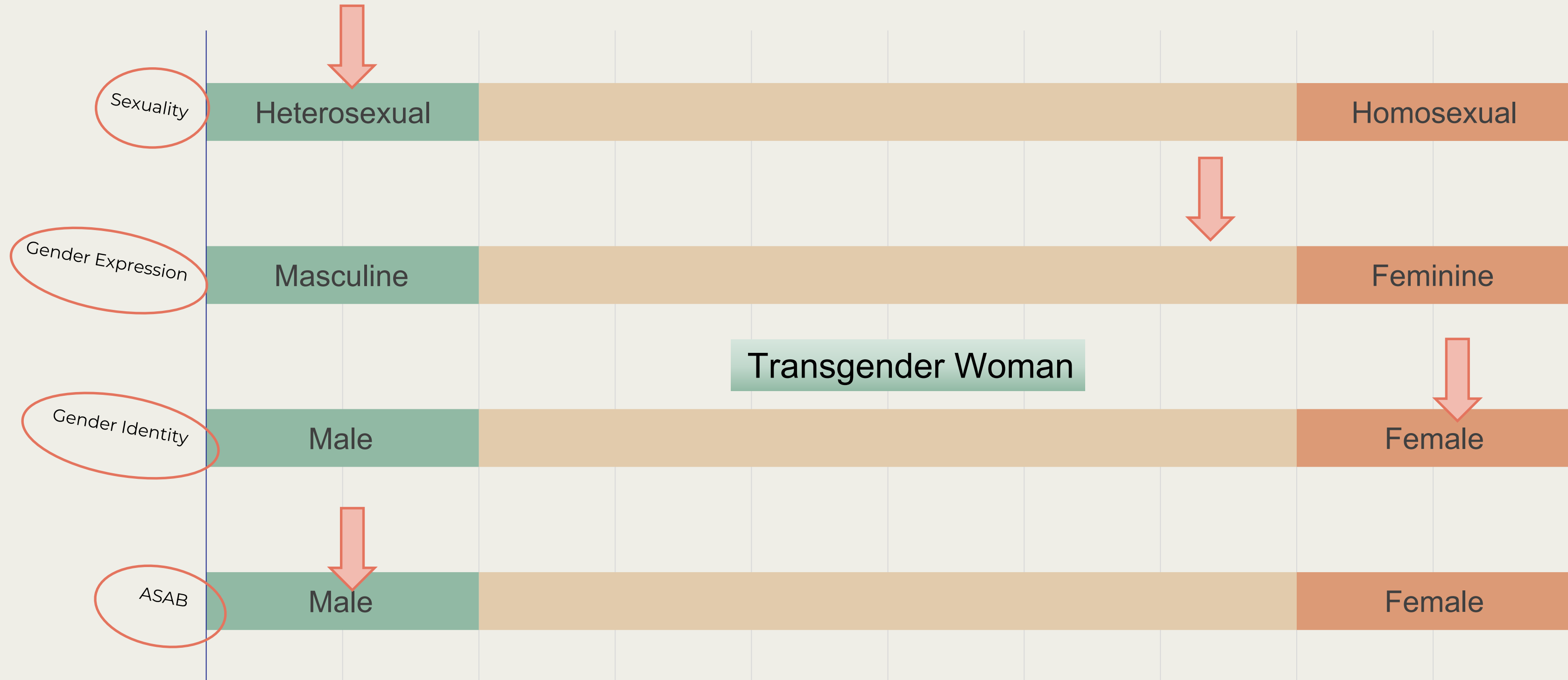
Disorder of Sex Development (DSD)

*instead use: Differences in
Sex Development

an individual with differences in sex traits or reproductive anatomy, compared to typical human sexual dimorphism (male/female)

- Seen at birth, or developed through puberty
- Differences in genitalia, hormone production, internal anatomy, or chromosomes
- Ex. Klinefelter's (XXY), SRY gene variants, congenital adrenal hypoplasia, hyperandrogenic polycystic ovarian syndrome

RECOGNIZING THE SPECTRUM



- Facets of identities operate separately and independently of each other.
- Spectrums are boundless and expansive.



RECOGNIZING THE SPECTRUM

New Terminology Alert!

Administrative Sex

(sex marker legally assigned to one's birth certificate/clinical chart/documentation)

M (Male)

X (Intersex/
Nonbinary)

F (Female)

U (Undetermined/
Unknown)

This is a new category currently being recognized by health information and EMR, such as **HL7 FHIR** and **Epic**

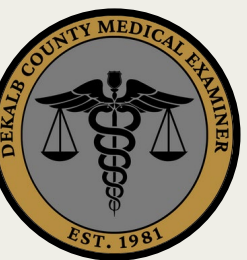
Resource:
The Gender Harmony Project
HL7 FHIR



INVESTIGATIVE TECHNIQUES

Scene Markers

- Incongruency in government ID
 - 68% of US gender diverse individuals without updated ID documents
- Clothing expressive of the opposite gender/androgynous clothing.
 - Note: Cross-dressing does not always indicate transgender status
- Lack of contact with family, strong connection with “found” family, partners
- Various stages of gender-affirming care.





GENDER AFFIRMING CARE:

Care received by a gender diverse individual to feel more physically or mentally aligned with their gender identity.

- Hormone Replacement Therapy (HRT)
- Gender affirming surgeries:
 - Top surgery (breast augmentation, double mastectomy)
 - Bottom surgery (phalloplasty, vaginoplasty)
 - Facial feminization, rhinoplasty
- Gender therapy, vocal training, etc.

Outdated Terminology:

Sex change surgery
Sex reassignment surgery



GENDER AFFIRMING MARKERS:

Transmasculine

“Packer”



“Binder”



- Remember, these are nonspecific findings!
- Many cisgender individuals use these devices for other reasons besides gender identity.
- Always correlate the entire investigative picture.



Transfeminine

- Feminine clothing/accessories
 - Wigs, makeup, clothing, jewelry
- Various “tucking” methods
- Chest enhancing prosthetics/undergarments

INVESTIGATIVE TECHNIQUES

Witness/Informant Interviews

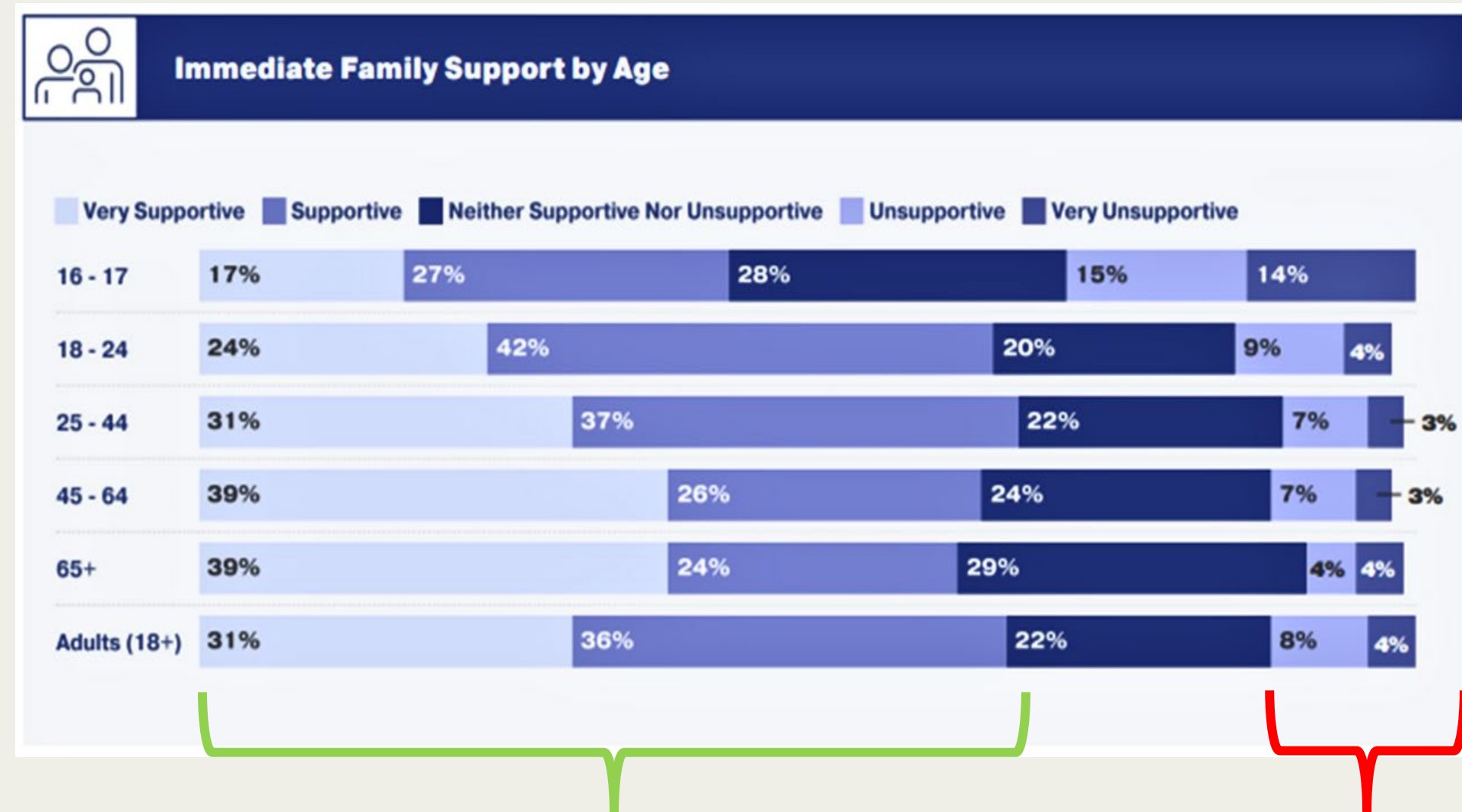
- Speaking with “chosen family” can be invaluable.
- Families that deny trans/gender diverse status can be difficult to navigate
 - Document all information!
 - “Mom reports her son is not transgender. The sister states the decedent did identify as transgender but was afraid to disclose the information.”
- Be gentle, but respectful.
- Utilize neutral words, such as they/them, “your child”, etc.
- Respect the decedent’s identity and navigate the feelings and emotions of any denying parties.



INVESTIGATIVE TECHNIQUES

Witness/Informant Interviews

- 2022 USTS Early Insights indicate likelihood of family support.

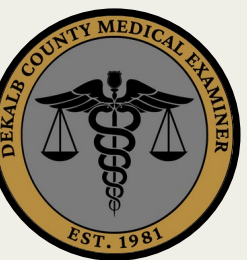


INVESTIGATIVE TECHNIQUES

Witness/Informant Interviews

- “We collect this information on everyone as a part of our procedures.”
- “These questions may be hard to answer, but...”
- “Can you describe the decedent’s gender/gender identity?”
- “Did your child ever talk about their gender identity or sexuality?”
- “Did they ever go by a different name or nickname?”
- “What pronouns did [NAME] use? Has [NAME] used different pronouns recently or in the past?”

Remember: Being transgender is **NOT** mental health history. But, questions about gender identity AND mental health should be asked especially in cases of youth suicide.



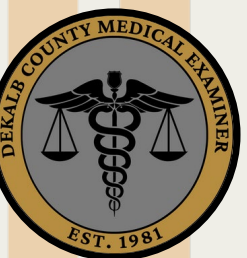
REPORTING AND DOCUMENTATION

US STANDARD DEATH CERTIFICATE

Sex on Observation

Current NVSS Literature:

- “Enter male or female based on observation.
- Do not abbreviate or use other symbols.
- If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter “Unknown.”
- Do not leave this item blank.”



U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO.

NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)				2. SEX		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR		4c. UNDER 1 DAY		5. DATE OF BIRTH (Mo/Day/Yr)	
		Months	Days	Hours	Minutes	6. BIRTHPLACE (City and State or Foreign Country)	
7a. RESIDENCE-STATE			7b. COUNTY			7c. CITY OR TOWN	
7d. STREET AND NUMBER			7e. APT. NO.		7f. ZIP CODE		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)		
11. FATHER'S NAME (First, Middle, Last)				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT			13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
14. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):			
15. FACILITY NAME (If not institution, give street & number)				16. CITY OR TOWN, STATE, AND ZIP CODE			17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			
20. LOCATION-CITY, TOWN, AND STATE				21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT						23. LICENSE NUMBER (Of Licensee)	

To Be Completed/ Verified By:
FUNERAL DIRECTOR:

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	
28. DATE SIGNED (Mo/Day/Yr)			
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)		30. ACTUAL OR PRESUMED TIME OF DEATH	
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<p>32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) →</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that</p>	<p style="text-align: center;">CAUSE OF DEATH (See instructions and examples)</p> <p>a. _____ Due to (or as a consequence of):</p> <p>b. _____ Due to (or as a consequence of):</p> <p>c. _____ Due to (or as a consequence of):</p>	<p>Approximate interval: Onset to death</p> <p>_____</p> <p>_____</p> <p>_____</p>
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REPORTING AND DOCUMENTATION

US STANDARD DEATH CERTIFICATE

- Regulations vary! (per state/per county)
- Highly dependent on Vital Statistics department per jurisdiction/per state.
- **Most DCs required to match decedent's current legal name/sex**
(Administrative Sex)
- OR birth certificate legal name/gender
- Many transgender individuals have a legally corrected form of ID and birth certificate.
- Demographic info on DCs filled in by funeral directors!
- Some states passed legislation for gender identity to be considered on DCs
- "X" gender marker for nonbinary or intersex
 - (not necessarily for all transgender individuals)



REPORTING AND DOCUMENTATION

DATABASES

- NVDRS: National Violent Death Registry System
- SUDORS: State Unintentional Drug Overdose Reporting System
- Starting in 2013, some tracking measures available for transgender individuals
 - NVDRS/SUDORS transgender checkbox
 - No training for data abstractors or investigators led to underreporting
- January/February 2025
 - Removal of all mention of transgender/gender from these databases
 - Some with official revision, some without



REPORTING AND DOCUMENTATION

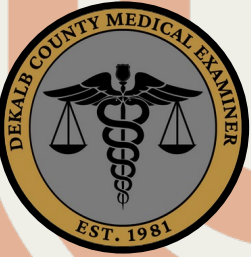
DATABASES

- NamUs: National Missing and Unidentified Persons System
- NamUs/UID issues
 - Legal vs. Chosen name
 - Must include accurate description of clothing/scars/tattoos
 - Many databases and case management systems do not have gender identity data fields
- January/February 2025
 - Multiple active cases with gender diverse terminology wiped from the system.
 - Cases were re-added with modified language by volunteer individuals



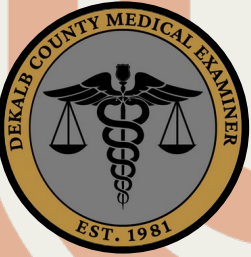
REPORTING AND DOCUMENTATION

CASE MANAGEMENT SYSTEMS



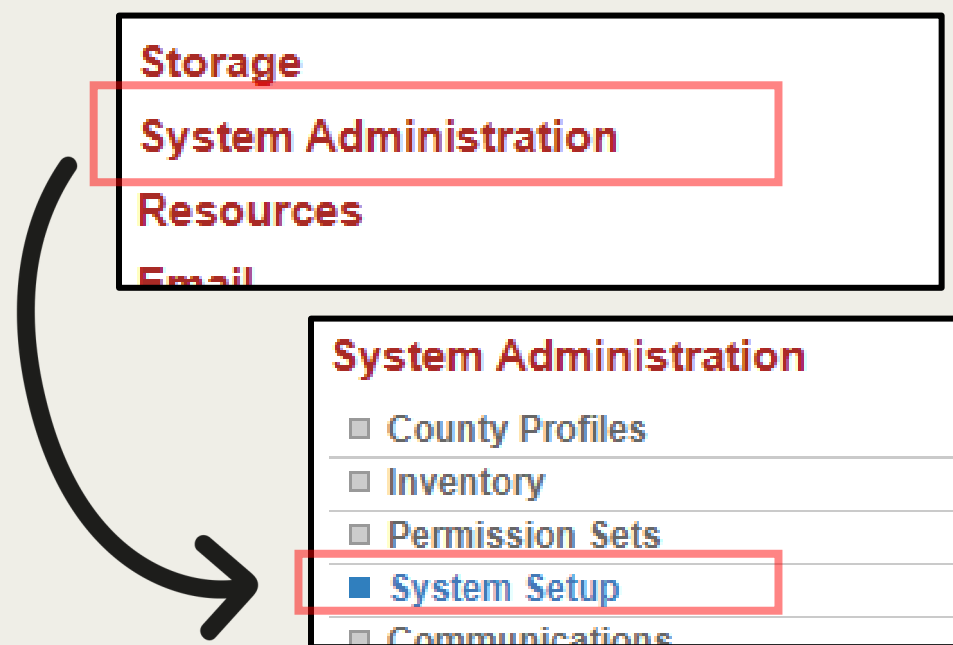
- Many CMS adding gender fields/dropdowns in addition to assigned sex/administrative sex.
 - Excellent option to add to your own CMS to track/document gender diverse cases retrospectively.
 - Consider including:
 - Sex (assigned at birth)
 - Administrative Sex (current gender marker on official documentation)
 - Gender Identity
 - Transgender
 - Cisgender (same gender as assigned sex at birth)
 - Nonbinary
 - Possible Transgender/Nonbinary
 - Unknown
 - Other

REPORTING AND DOCUMENTATION



CASE MANAGEMENT SYSTEMS

- NAME Opportunity and Access Committee (OAC) and Executive Leadership partnered with MDILog to include a Transgender data field in the general MDI Worksheet.
 - MDILog Transgender dropdown must be enabled by system super administrator:

A screenshot of a "General" settings form. It contains three checkboxes:

- Do not show in Facility dropdown
- Warn pathologist on Publish to remove medical records
- Allow selection of expanded gender fields

The third checkbox is highlighted with a red box.A screenshot of a dropdown menu titled "Sex (assigned at birth)". The menu is open, showing four options: "Male", "Female", and "Unsure". The top option is highlighted with a blue bar.A screenshot of a dropdown menu titled "Transgender". The menu is open, showing four options: "Yes", "No", and "Unsure". The top option is highlighted with a blue bar.

Unsure option is best used for possible transgender decedents (some gender diverse markers on scene/investigation)
Avoid overutilization.

REPORTING AND DOCUMENTATION

INVESTIGATIVE REPORTS

“...reported the death of **[LEGAL NAME]**, who identified as **transgender** and was **assigned male at birth**. The decedent used the name **[CHOSEN NAME]** and the pronouns **they/them**,

- which will be utilized in reference to the decedent throughout the remainder of this report.”

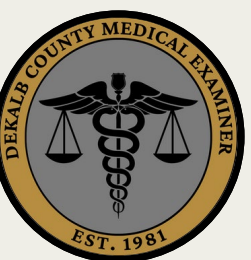


REPORTING AND DOCUMENTATION

INVESTIGATIVE REPORTS

“The body is that of an adult **transgender man assigned female at birth** who exhibits evidence of **gender affirming care**, to include a double mastectomy and changes associated with hormone replacement therapy.”

- “The external genitalia are those of a **phenotypic adult female**.”
- **Anatomic terms okay!**
 - “The external genitalia consist of normally developed vulva.”



REPORTING AND DOCUMENTATION

SEX/GENDER LANGUAGE EXAMPLES

- **Sex/Gender:** Transgender Woman, Assigned Male at Birth
- **Sex:** Intersex, Assigned Female at Birth
- **Sex/Gender:** Transgender Man, Assigned Female at Birth
- **Gender:** Nonbinary
- **Gender:** Transgender Woman

Do Not Recommend:

Biological Male

Biological Female



CASE STUDY #1

- 25yo B/M, Multiple GSWs
- Drove self to hospital and collapsed in the parking lot.
- No information on the incident, died shortly after.



Transported to the ME office for full examination.

Mississippi State Medical Examiner
Case presented with permission from
Dr. Staci Turner, Chief ME



CASE STUDY #1

- plant soil scientist at Alcorn State University
- The Knights & Orchids Society (TKO), “a southern-centered grassroots startup founded and led by black, queer, transgender, and gender non-conforming people supporting gender justice and LGBTQ visibility.”



Feared for his life as a transman in Mississippi.

- Incongruency in medical records, reporting, and documentation.
- Confusion, misgendering, and de-transitioning in the death investigation.
- Promoted team conversations about language, what to say, and answering other questions.
 - It's okay to not know what to say!

Source: Human Rights Campaign, We Mourn Mel Groves, Trans Man Who Loved Agriculture

Mississippi State Medical Examiner
Case presented with permission from
Dr. Staci Turner, Chief ME





CASE STUDY #2

- 20-30yo, UID, deceased at hospital after being shot
- Initial Report (2017): B/M wearing dark clothes
- No mention of wig or tan bra.
- “Justin” or “Justine”

DeKalb County Medical Examiner's Office
Forensic Medicine Associates, Inc.
Case presented with permission from
Dr. Gerald T. Gowitt, Chief ME



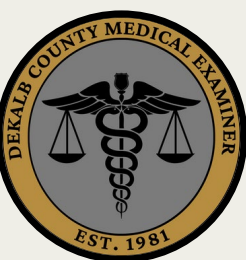
TRANS DOE TASK FORCE

Nonprofit 503b LGBTQ+ Missing and UID Genetic Genealogy Team

- Assists and focuses on identifying and solving missing person and UID cases of LGBTQ+ and other marginalized individuals.
- Trans-led and founded genetic genealogy team
 - Founded by Dr. Anthony Redgrave and Lee Redgrave

LAAMP Database

- LGBTQ+ Accountability from Missing and Murdered Persons
- Database and heatmap of cases requiring LGBTQ support
- Access can be requested by MDIs (for free!)
 - www.transdoetaskforce.org



SUMMARY

- Transgender and gender diverse deaths are not routinely tracked.
 - Report through narrative documentation!
- No consistent federal/state regulations on death certificates.
- Do not be afraid to ask the hard questions and have peer discussions!



MOVING FORWARD...

...continue your work.

...describe, collaborate, discuss.

...practice excellence in decedent care.



REFERENCES

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Thank you!

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REVIEW ARTICLE

Gender Identity in Forensic Death Investigation

A Narrative Review and Suggested Guidelines for Documenting and Reporting

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Abstract: In the current body of forensic literature, there is little guidance available regarding death investigations of transgender, intersex, and gender sex of male or female at birth self-identify as transgender. However, an additional 0.3% of individuals assigned male at birth selected "currently identifying as female." and 0.4% of individuals