BEHIND THE SCENES:
RESEARCH METHODOLOGY AND REFLECTIONS

This paper is part of the research project

“Between the Clinic and the Courthouse:
Trans experiences with bodily autonomy in Lebanon”

produced by Qorras in 2024-2025

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Introduction

This research was conceived as part of a broader project that aims to improve trans people's experience with and knowledge of the legal aspects related to gender affirmation in Lebanon. It was driven primarily by the observable shortage of accessible and reliable information regarding the legal procedures for gender recognition in Lebanon, and the lack of clarity on how the medical and legal spheres overlap when it comes to questions of gender affirmation and bodily autonomy more generally. Its findings aim to inform the programming of Sanad, a center for bodily justice built by and for trans communities with the aim of facilitating connection, guidance, and support.

Responding to the little systematic and publicly-available documentation on gender-affirming legal and medical processes in Lebanon, the research is structured into two legal and medical reports that aim to (1) Map institutional frameworks, regulations and procedures that shape access to gender-affirming healthcare in Lebanon, and (2) Understand the lived experiences of trans individuals and their challenges in navigating the legal and medical systems when seeking gender-affirming healthcare in Lebanon. These medical and legal reports were developed respectively into the papers "The Trade-Off: Reading Bodily Autonomy, Civic Rights And The Medical System Through Trans Experiences" and "Law And Order: Legal Gender Recognition And Its Discontents." We believe that by conducting community-driven research using the framework of bodily autonomy, and using it to inform a centralized and accessible repository of relevant context-specific knowledge, we can contribute to advancing the interests, protection and rights of trans individuals among a growing circle of community members, health and legal professionals and ultimately the Lebanese public opinion at large.

Even though we may not name them explicitly in the published papers that resulted from this research, there are various multi-scalar working conditions that we operate under and which are important to lay out. These working conditions are entangled across local, regional and global scales: neoliberal racial capitalism, patriarchal and cis-heteronormative values, imperialism and homonationalist logics, are mobilized, appropriated and reinforced by moral panics and sectarian domestic politics. Together, they shape, to a large degree, the landscape that we live in and by extension the context of this research. They impact who can participate in it, in which conditions, what participants can reveal to researchers and how, the way researchers interpret what is said to us, and the way we present it to others. They also shape, to a large degree, intersectional experiences of gendered, sexual, classed or racial difference. We cannot understand the motivations that drive people to seek gender affirming care or legal recognition, nor the measures they take to enable them to do so, without reading them against the systems that determine people's value based on normative notions of respectability, productivity and reproductivity. Similarly, the trans community's relationship with the legal and medical systems, and with mediating organizations of different kinds, cannot be adequately approached outside the ideologies and political economies that underpin these spaces and interactions.

At the same time, these systems are so intertwined and have infiltrated so many spheres of life that using them analytically no longer generates clarity. So, rather than read experiences through these lenses, we tried to shed light on how these often abstracted structures of domination and oppression translate in people's lives and in their relationships with their bodies, the state, and the medical system. As much as possible, we tried to develop our analyses and findings contextually, and to avoid exceptionalizing trans experiences as well as the Lebanese context. Certainly, the experiences we describe are in large part produced and shaped by these tentacular systems. For instance, the health system in Lebanon is so widely and chronically under-resourced, commodified, depoliticized, privatized, and precarized that it ends up shaping the experiences of both trans people and the broader population, even if in different ways and to different degrees. So there is also something to be learned from listening to what these pervasive conditions mean for trans people in practice, and taking that as a starting point. The findings thus raise a set of additional questions to think about in relation to frameworks of universal rights, transformative justice and abolition, and political surveillance and control over bodies.

In this report, we share the methodology that we designed and according to which the research was carried out. We do this out of our dual commitment to document the ways in which we produce knowledge, and to make these processes accessible for others to borrow and build on. Within Qorras, many aspects of this methodology were also used in the research project "Trans Individuals and Mental Health in Lebanon: Understanding Barriers and Biases in Care". Sampling and community outreach methods, ethical considerations, interview protocols, documentation tools, and safety, privacy and anonymity considerations, were shared across projects, and the research design was adapted to examine trans individuals' journeys with mental health in Lebanon, and their experiences navigating societal treatment, peer support, biases of mental health professionals and barriers to services (see Annex).

1. Research design

In Lebanon, there is no standard pathway for a person to correct their gender marker on identification documents. In practice, legal gender recognition remains largely based on assessments of the person's body, mental health, and medical history. Together, medical and legal institutions define, regulate, and control bodies, identities, and behaviors in what is often referred to as "the medico-legal complex". If we are to also account for the role of the mental health system in trajectories of medical and legal gender affirmation in Lebanon, we could re-characterize this complex as a psycho-medico-legal one. This complex determines access to civic rights as well as bodily agency, revealing the extent of this system's power and authority.

Under such conditions, every person's experience in attempting legal recognition is different, and the impact of class, race, citizenship, geography, and respectability on their experience is all the more heightened. The individuation of the experience of medico-legal recognition highlights the relevance of adopting a research-based, qualitative approach that includes community members and legal, medical and mental health professionals. Speaking to community members about their personal trajectories allows us to better grasp how the psycho-medico-legal complex functions, to identify its deficiencies, and to understand how it is navigated by those whose difference it seeks to manage or erase.

1.1 Overall rationale

The medico-legal research was structured into two parallel and overlapping components, one focusing on the medical aspects of gender affirmation and another on the legal aspects of gender recognition (See Annex for each component's research questions). Due to the interconnected character of the legal and medical realms in relation to questions of bodily autonomy, the research tracks followed parallel methodologies that brought them together in specific moments. Part of the data production process was conducted jointly by the medical and legal assistant researchers (RAs), using interview guides that were designed to allow for both dimensions to be discussed by interviewed community members. Similarly, the development of final findings and writing involved a holistic and cross-cutting approach. In January 2024, Qorras convened a meeting with the research team and Advisory Committee to present methodology, interview guides, and outreach process. During this meeting, the Advisory Committee provided valuable feedback, recommendations, and suggestions for additional participants and contacts.

The adopted approach consisted of a desk review of medical and legal publications specific to Lebanon, and chose a qualitative interview-based research approach to allow for an in-depth examination and a nuanced understanding of the complexities of accessing gender-affirming medical care and legal gender recognition in Lebanon. This method is well-suited for centering the experiences, perspectives, and narratives of individuals, and provides the needed flexibility for incorporating diverse ways of knowing and understanding the world. It also allows us to engage with participants in a collaborative and dialogical manner, and to capture how multiple systems of oppression intersect to shape a person's lived experience.

The mental health research operated in a similar way. Rooted in trans individuals' insights and lived experiences with the mental health system in Lebanon, the qualitative study relied on semi-structured interviews with community members and mental health professionals, as well as a review of prior research on topics related to trans experiences with mental health in and outside the Lebanese context. Research data gathered from interviews was read against existing literature and interviews with professionals in order to pinpoint recurring themes and patterns and produce well-rounded interpretations and findings.

1.2 Participants

The medical RA conducted 23 individual semi-structured interviews with community members – of which 17 were conducted jointly with the legal RA – and 10 individual semi-structured interviews with medical professionals. Interviewed professionals consisted of two urologists, a nurse, an endocrinologist, a pharmacist, two plastic surgeons, a psychiatrist, and two clinical psychologists.

The legal RA conducted 23 individual semi-structured interviews with community members – of which 17 were conducted jointly with the legal RA – and 13 individual semi-structured interviews with legal professionals, 7 of which were off the record due to administrative constraints that some judges and lawyers are subject to and that prevent them from participating openly in interviews. Legal professionals interviewed on record consisted of two defense lawyers, one human rights lawyer, three lawyers who have handled a case of ID change, and one notary.

Qorras hired a third RA with extensive social work experience. This RA conducted 6 individual semi-structured interviews with community members. This individual's established trust with the community enabled the collection of valuable insights from trans women involved in escorting, a typically marginalized group.

Overall, interviewed community members included binary and non-binary trans people aged above 18 who are living or have lived in Lebanon. Among them are people living in, around, and far from Beirut, people who previously lived in Lebanon but are now based abroad, Lebanese nationals, non-Lebanese people, people seeking asylum, people who have sought out gender-affirming healthcare in Lebanon, people who have not been able to access that care, people who have attempted to change their gender marker on their legal documents, people who have not, and people who have faced charges or criminalization using the Lebanese law. Individuals were selected by intersecting these criteria with the network of community members known to the trans leadership behind the project. This ensured a level of trust and familiarity that facilitated the work of the RAs and prepared participants for such an engagement.

This approach was also adapted to the mental health research, where the RA conducted 20 semi-structured interviews with community members who have lived or are living in Lebanon. As for professionals, they were interviewed by the Mental Health Research Lead and consisted of 3 licensed psychologists and psychotherapists, and 1 psychiatrist, all of whom have worked, or work with trans individuals in Lebanon.

1.3 Ethical considerations

Conducting medical and legal research with trans individuals requires careful attention to ethical considerations to ensure the well-being, dignity, and rights of respondents. Here are major ethical considerations to take into account:

1. **Informed Consent:** Obtain informed consent from all participants, providing clear and understandable information about the research purpose, procedures, potential risks, benefits, and the right to withdraw at any time. (see Annex: consent forms)
2. **Confidentiality and Anonymity:** Ensure the confidentiality and anonymity of participants. Protect sensitive information, such as gender identity and medical history, and use secure data storage and transmission methods.
3. **Respect for Autonomy:** Recognize and respect the autonomy of trans individuals. Acknowledge diverse gender identities and expressions, and allow participants to define and communicate their own experiences.
4. **Inclusive Language and Practices:** Use inclusive language and practices that affirm and respect the diverse experiences within the trans community. Avoid reinforcing stereotypes or stigmatizing language.
5. **Cultural Sensitivity:** Demonstrate cultural competence by understanding and respecting the cultural, social, and historical contexts of different trans individuals and/or communities. Be aware of potential power imbalances and dynamics within these communities.
6. **Intersectionality:** Recognize and address the intersectionality of identities, considering factors such as race, ethnicity, socioeconomic status, and disability. Acknowledge that individuals may experience multiple forms of discrimination and marginalization.
7. **Commitment to care:** Ensure that the benefits of the research contribute to advancing knowledge and improving the well-being of trans individuals.
8. **Sensitivity to Trauma:** Be aware of the potential for research topics to trigger trauma, especially regarding experiences of discrimination or violence. Where possible, incorporate trauma-informed approaches.
9. **Continuous Informed Consent:** Maintain an ongoing process of informed consent throughout the research. Keep participants informed of any changes in the study design or unexpected findings that may impact their willingness to continue participating.
10. **Ethical Review:** Obtain ethical approval from the project’s Advisory Committee or Project Leads where applicable. Ensure that the research design, methods, and participant protections comply with ethical guidelines and regulations.

By prioritizing these points, researchers can contribute to the development of more relevant and respectful research involving trans individuals. Building trust, respecting autonomy, and actively engaging with the community are foundational principles for ethical research in this context.

Although it is specified in consent forms that participants would not receive direct benefits from participating in this research, we had to ask ourselves questions that we think are relevant to discuss in this section. We must first acknowledge the access granted to this research by its trans leadership and its embeddedness in community networks. Many participants agreed to contribute to the study in part as a result of different interactions with Qorras and relationships with the leadership of the trans program in Qorras. We must also acknowledge that there is sometimes a transactional dimension to community members' participation that expresses itself in different ways and to different degrees. Things like past collaboration, potential collaboration, exchange of aid or support, among others, possibly constituted motivation for some to participate in the study.

Recognizing this, we found that it was acceptable, in cases where a community member was prevented from participating due to financial restrictions, to provide modest financial support to cover transportation costs and/or internet access, and in some cases to compensate for the much-needed income-generating work that was missed in order for a person to participate in the study. While we have no ethical qualms about this decision, we share it here for two reasons. First, because we contribute our experience and guidance to others because they may encounter such situations in similar studies. Second, because we think the conversation about compensation for research participation should not be bound by moralistic judgment, but rather result from an earnest and principled material assessment. We do not believe in paying people for their stories, nor does paying a participant affect their ability to withdraw from the study at any given moment. Both these reasons have a shared source: such situations are small but direct manifestations of the working conditions explained in the introduction of this paper. They are structural and prone to recur by design. We must therefore develop and share ways for maneuvering such situations.

2. Interviews

2.1 Safety, privacy, and anonymity

Across the medical, legal and mental health research, interviews were planned to be conducted in person face-to-face, in a location that is private, calm, accessible and suitable for the interviewees' safety needs. To this end, Qorras' office space was to be made available for RAs to conduct interviews with community members. Alternatively, for participants living outside of Lebanon or unable to attend physical interviews, the interviews were planned to be conducted online if the conditions previously described can be ensured (privacy, calm, accessibility, safety). To that end, Qorras' zoom account was to be made available. Ultimately, the majority of interviews with community members took place online out of safety concerns. Some interviews took place in rented private spaces that interviewees and RAs could safely access.

Outreach to medical and legal professionals was done directly by RAs, with support from Qorras where needed, whether to identify participants, obtain contact information, or coordinate scheduling. As for mental health professionals, they were contacted by the Mental Health Research Lead with support from Qorras.

With the exception of the 6 interviews conducted by the social work RA, outreach to community members participating in research projects took place via Qorras members, who established initial contact with research respondents and provided them with the consent form and a brief background about the project. The Program Manager, Projects Manager, and Grants Manager created a carefully controlled offline participant list, accessible only to key coordination personnel, who managed interview scheduling and participant-RA coordination in order to preserve the privacy of respondents and mitigate safety concerns. Before each interview, one of the mentioned team members facilitated introductions between RAs and respondents to create a comfortable environment.

Qorras held psychological readiness sessions with an experienced clinical psychologist to support RAs working on all research projects in preparing for potentially sensitive interviews. Due to the sensitive nature of the research, these sessions prepared the RAs to handle interviews, address concerns and mitigation among other things. Mid-way through the interviewing process, another session was held for the RAs to share challenges, reflect on the experience and receive support where needed.

2.2 Interview Protocols

Interviews with community members and professionals were recorded using three internet-free audio recorders. To protect data, no recording copies were made, and the devices will be destroyed after the writing stage is complete.

Under each research track, a general interview guide was developed for community members, then adapted for specific scenarios of respondent experiences, such as those with refugee status, those who have not attempted gender marker correction, those involved in escorting, and non-binary people. A separate guide was also developed for jointly-conducted interviews. Interview guides were produced in Arabic and English, enabling RAs to adapt to the interviewee's choice of language. Interviews specific to the Medical research track were conducted solely by the Medical RA, and similarly for the Legal component. Interviewees identified as relevant to both Medical and Legal research tracks were conducted jointly by both RAs. Interviews conducted by the social work RA were one-on-one.

The following steps were recommended to all RAs in order to ensure a smooth interview from beginning to end –

1. Begin by reading the informed consent form together and explaining anything that isn't clear.
2. Obtain informed consent from the interviewee in writing before the interview begins.
3. After consent is obtained, set up the recorder.
4. Begin the interview using the appropriate interview guide.
5. [interview]
6. Wrap up: make a summary of main points.
7. Ask if the respondent would like to add anything.
8. Switch off the recorder.
9. Remind the interviewee about confidentiality.
10. Thank the interviewee for their time and remind them they can contact us.

Where applicable, after each interview, research respondents were contacted again by the Qorras team member who had facilitated initial outreach in order to listen to respondents' feedback, assess, and improve the research process.

Following the completion of every interview, RAs summarized responses and stored them on a password-encrypted online drive accessible only to the research team. Content was anonymized with coded identifiers to preserve anonymity. The recordings were kept solely on the offline recorder and labeled by the RAs with anonymized identifiers. No copies of the recordings are made for security reasons. The recorders are physically kept with the RAs and only the research team has access to their contents for analysis purposes. Following analysis and publication of the project, the data on the recorders is wiped and the recorders are physically destroyed.

3. Analysis and writing

At the start of the interview phase, a qualitative data analysis training session was held by the Research Lead with the goal of ensuring that appropriate methods are employed by RAs when producing and analyzing data, and to guarantee the production of quality, evidence-based, research reports and preliminary analyses across all research projects. The presentation included an overview of the best practices for qualitative data analysis, data collection, and coding methods, as well as practical examples. It was conducted in a hybrid modality, allowing for online and offline participation. The training was open to and attended by other RAs working with Qorras to maximize its impact and streamline processes across projects.

RAs met bi-weekly with the Research Lead to present work progress, discuss challenges, and ensure alignment with research methodology and goals. These meetings involved reviewing desk review drafts, interview summaries, memos, analyses, recommendations, and report preparation. Guided by each component's research questions, a preliminary analysis was conducted by RAs based on the summarized interviews, and relevant illustrative passages were identified and quoted verbatim in an anonymized manner. This analysis was being done on a rolling basis as interviews were being conducted, and was followed by a second pass after all interviews were completed. The results were consolidated into research reports by the RAs, along with the desk review, preliminary recommendations and annexes. The reports were reviewed by the Research Lead and were finalized by RAs based on the feedback.

Based on the reports, the Research Lead produced outlines for the final published papers, which were discussed with the Program Manager and the Project Manager before being developed in writing. The papers used the preliminary analyses of both reports to present a cross-cutting and holistic reading of the findings, situating them within Qorras' political commitments and theoretical affinities. Each paper was reviewed by the Program Manager and the Project Manager and finalized accordingly.

A meeting between the Research Lead, Program Manager and Project Manager was held after the papers were finalized in order to develop actionable recommendations for government institutions, lawyers, doctors, and community members.

In the mental health research project, the RA conducted interviews with community members and regularly reviewed insights and findings with the Mental Health Research Lead. A report was produced by the RA analyzing the interviews conducted with community members and outlining the desk review. These reports were then reviewed by the Mental Health Research Lead and finalized by the RA based on the provided feedback. Subsequently, the Mental Health Research Lead developed the final research outline with input from the Project Manager and Program Manager, after which the writing process commenced. The final paper presents a cross-cutting analysis of interviews conducted with both community members and professionals.

ANNEXES

1. Consent forms

Consent forms were elaborated for different profiles of respondents. Consent forms were produced in Arabic and English and shared with interviewees at the start of each interview in the language of their choosing.

All consent forms contain:

- A brief description of Qorras and the project
- The name of the RA
- The purpose of the research
- The format, expected duration, and location of interviews (in this case semi-structured with open-ended questions)
- Statement ensuring the participant’s right to withdraw consent, to discontinue participation, and to skip questions
- Provide contact details of the Research Lead

All consent forms must:

- Request the participant to use an alias when signing the form. This alias will be reused when anonymizing the interview data and results.
- Explain that the interview will be recorded on an offline device, not connected to the internet, which will be physically destroyed at the end of the project
- Explain that the recording and data will remain confidential: only the research team will have access to the recording and data of the interview.
- Explain that transcriptions and notes will be stored on a password-encrypted online drive accessible only to the research team
- Ensure that the person’s name or any identifying information will not be used in any reporting or publication related to the project or otherwise
- Explain that the person can contact Qorras at any time regarding any questions or concerns
- Obtain consent to quote from the interview

2. Description of the medical research component

The medical research component was driven by four main goals. First, it aimed to understand trans individuals' lived experiences in accessing gender-affirming healthcare. Second, it aimed to understand which medical institutions, actors, and regulations are encountered by trans individuals seeking gender-affirming medical care (i.e. ministries, hospitals, dispensaries, physicians, nurses, psychiatrists, pharmacies, medical examiners, etc.). Third, it aimed to understand how healthcare providers see their role and responsibilities in relation to gender-affirming care. And finally, its fourth goal, where it converges with the legal research component, was to understand the overlap between the legal and medical aspects of trans individuals' experience.

To work towards these aims, the medical research was driven by five research questions:

1. Which public and private institutions and actors are involved in regulating and/or providing access to gender-affirming medical care in Lebanon? What are their respective roles? How are these structures navigated by trans people seeking gender-affirming medical care?
2. Which medical interventions are required by the law as pre-conditions for changing one's gender marker on legal identification documents in Lebanon? How do such pre-conditions impact trans people?
3. What is the quality of healthcare provided to trans individuals seeking gender-affirming medical interventions in Lebanon? Are any legal protections in place to safeguard trans individuals from medical malpractice?
4. When are gender-affirming bodily interventions considered medical and what are the implications of this categorization on the accessibility of these services for trans individuals?
5. How do medical professionals understand and practice their professional ethics when providing gender-affirming care?

3. Description of the legal research component

The legal research component was driven by three main goals. First, it aimed to understand trans individuals' perception of and lived experience interfacing with public administrations and the legal system. Second, it aimed to understand which government institutions, actors, and regulations are encountered by trans individuals seeking to change the gender marker on their legal identification documents. And third, it aimed to identify which conditions (medical and otherwise) are imposed by the law on trans people seeking to change the gender marker on their legal identification documents.

To work towards these aims, the legal research was driven by five research questions:

1. Which government institutions and actors are involved in the process of changing the gender marker on legal identification documents? What are their respective roles? How are these structures navigated by trans people seeking to change the gender marker on their IDs?
2. Which medical and non-medical measures are required by the law as pre-conditions for changing one's gender marker on legal identification documents? How do such pre-conditions impact trans people?
3. How do trans individuals access information about their rights under the Lebanese law? How do they access information about the legal requirements and process for changing the gender marker on their legal identification documents?
4. How informed are legal professionals about laws that impact trans individuals? How do they acquire this knowledge?
5. Are any legal protections in place to safeguard trans individuals from the violation of their legal rights? How does the law deal with such violations?

4. Description of the mental health research track

The mental health research track was driven by three main goals. First, it aimed to examine how the mental health of trans individuals in Lebanon is impacted by societal treatment within and beyond their community of peers. Second, it aimed to explore mental health professionals' perspectives and observations on gender-affirming care. And finally, it sought to evaluate the availability, competence, and effectiveness of mental health services, and to identify barriers preventing trans people from accessing inclusive and affirming services.

To work towards these aims, the mental health research track was driven by three research questions:

1. How does societal treatment – understood at the intersection of peer pressure, peer support, transnormativity, cis-normativity, stereotypes, and expectations from professionals – influence the mental health of trans individuals in Lebanon?
2. What are the impacts of gender affirming care on the mental well-being of trans individuals?
3. How do trans individuals and communities in Lebanon develop coping strategies beyond the scope of gender affirming care and mental health services?