A Transgender Economists Guide to Writing About Transgender and Gender Diverse People

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Abstract

Interest in transgender and gender diverse (TGD) people has increased in the last decade in the U.S., Canada, Latin America, and Europe because of increasing visibility and more inclusive surveys. The current literature in economics displays a degree of cisgender bias which can blind researchers and result in transphobic or poorly informed research questions and analysis. In this paper, I discuss the most common biases and misunderstandings researchers have and the resulting implications for causal identification. I also provide recommendations for how to write about TGD people in a respectful manner and provide reasoning for these conventions. Finally, I discuss some common, but potentially overlooked institutional barriers that have socioeconomic impacts on TGD people.

1 Introduction

Research into the economic experiences of transgender and gender diverse (TGD) people has been on the rise in the past decade as a result of more inclusive survey questions[1] and greater

*I wrote this article from my perspective as a transfeminine economist. I encourage everyone to pursue perspectives from other trans and gender diverse people because we all have unique experiences and perspectives. I want to thank Deirdre McCloskey for paving the way for someone like me. You can contact me at olivia.compton@afacademy.af.edu.

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[1]The Behavioral Risk Factor Surveillance Systems (BRFSS) started asking about gender identity in 2014(*Years Survey Included Sexual and Gender Minority (SGM)-related Questions*, 2024)

TGD visibility[2]. While this is a welcome development, researchers have not always done their due diligence resulting in research questions that utilize TGD people to answer questions about cisgender people[3], using outdated language, misinterpreting results, demonstrating a poor understanding of intersectionality, expressing surprise at results that TGD people find unremarkable, etc. In one extreme case, research into the economic outcomes of TGD people was used as justification for closing Johns Hopkins Gender Identity Clinic in 1979 (Brody, 1979)[4]. While it can be tempting to say that things have gotten better and current research will not be used to justify such outcomes, it still happens. In 2024, the UK government made it illegal to prescribe gonadotropin releasing hormone analogues (GnRHa or puberty blockers) to trans youth outside of National Health Service (NHS) clinical trials (*2024 No. 727*, n.d.) as a result of the Cass Review[5] (Cass, 2024; Siddique, 2024). In the same month this ban was issued, Dr. Hilary Cass, the lead author of the review, suggested that economic outcomes for trans youth should be considered when deciding whether to provide them gender affirming care, demonstrating a poor understanding of causality and the lived experience of TGD people in a cisgender world (Scheimer et al., 2024). Worse economic and mental health outcomes for those who transition, relative to cisgender peers, are caused by discrimination, something gender affirming care cannot change. Restricting medical care will not make trans people cis, it will only make their mental health worse (Chen et al., 2023).

It is crucial that researchers develop and maintain their language for and cultural knowledge of TGD people to prevent further marginalization and the perpetuation of harmful practices, stereotypes, and generalizations. Doing so requires engaging in good faith with

[2]Laverne Cox's 2014 appearance on the cover of Time Magazine, aptly titled "The Transgender Tipping Point," put a spotlight on TGD people in the U.S. (Steinmetz, 2014). Revisions in the past decade to existing laws in Canada, the UK, and Germany had a similar effect (Murphy, 2016; Strick, 2022; Women and Equalities Commission, 2016).

[3]Schilt and Wiswall (2008), Geijtenbeek and Plug (2018), Burn and Martell (2022), and Shannon (2022) use trans people to estimate the effects of labor market discrimination on cis women.

[4]Past research practices were transphobic (Wiegand, 2021) fostering distrust between TGD people and the scientific community (Owen-Smith et al., 2016; Staples et al., 2018).

[5]Dr. Hilary Cass and her team were tasked with conducting the "Independent review of gender identity services for children and young people" by the NHS in 2020. The final report and interim reports along the way display a stunning degree of cis-supremacy that researchers should avoid (Horton, 2024).

TGD communities, addressing their needs and priorities, and greeting criticism with humility. In turn, researchers will benefit from being able to ask more informed questions, engage with a wider range of topics that cisnormativity[6] otherwise erases, and waste less time on uninformed conjecture/reinventing the wheel[7]. One final word of caution. Do not burden your TGD friends, family, colleagues, and acquaintances with the work of educating you on basic topics. Putting in the work is a sign that you care about them which will make them more willing to engage with you.

Terminology

The average economist reading this may be unfamiliar with some of the words I am using, their context, or the nuance surrounding them. These are the most foundational terms, while others will be introduced when they are relevant. Terminology will vary across countries and languages, assuming it translates linguistically or culturally at all, so it is important to engage locally.

Assigned Sex/Gender at Birth (ASAB/AGAB) - At birth, a doctor looks at a baby's genitalia and decides whether they are male (M) or female (F) with this designation appearing on the baby's birth certificate. This single action sets off a cascade of fantasies[8] in the minds of parents, family, friends, and acquaintances that impact how each of us is treated. Contrary to popular belief, sex is neither binary, immutable, nor readily observable. Statistically speaking, a baby with male primary sex characteristics likely has XY chromosomes, but they may be intersex[9]. with XX, XXY, or some other combination of sex chromosomes. They likely will produce testosterone at the onset of puberty, but they may have differences in sex development such as complete androgen insensitivity, which results in testosterone having no effect on the body. Even if sex was binary, we have the ability to alter

[6]The assumption that cisgender people are the default and TGD people are abnormal, exceptions to the rule, or should be categorized based on their assigned sex at birth

[7]Transmisogyny in section 2.5

[8]When you learn someone's assigned sex at birth, you almost certainly imagine who they were, who they are, and who they will be.

[9]Intersex babies still receive surgery against their will to conform their bodies to either male or female

our primary and secondary sex characteristics through exogenous hormone replacement and surgical alteration of the body. The binary categorization of male and female predates the discovery of chromosomes and hormones (Gill-Peterson, 2024). We forced these discoveries to fit our preconceived categories rather than letting the science determine the categories. When we interact with others, we cannot observe their chromosomes nor their hormones, so we rely on cues which we call gender.

Gender Identity - The innate sense of gender, or lack thereof, that each of us has. For instance, there are Western cultural expectations and gender performances associated with man/woman or boy/girl, and some feel right/wrong or come more/less naturally than others. This can also extend to your body with some primary and secondary sex characteristics feeling right/wrong. Other cultures may have a wider array of gender identities. Importantly, while gender may be socially constructed, your gender identity is not.

Gender Modality - Cisgender and transgender are gender modalities, describing the relationship between a person's ASAB and their gender identity.

Cisgender (*cis*) - A person whose gender identity is congruent with their ASAB. Do not use the phrase non-transgender which implies that there a trans people and "normal people." A cisgender woman was assigned female at birth and identifies as a woman. A cisgender man was assigned male at birth and identifies as a man.

Transgender (*trans*) - A person whose gender identity is incongruent with their ASAB. A transgender woman[10] was assigned male at birth but identifies as a woman. A transgender man was assigned female at birth but identifies as a man; however, some trans people do not identity with binary man or woman.

Transsexual - A transgender person who has, plans to, or wants gender affirmation surgery (GAS), sometimes called sex reassignment surgery (SRS). Transsexual has fallen out of wider use because of historically negative sexual connotations and its exclusion of those who do

[10]The space between *trans* and *woman* is important. A trans woman is a type of woman, not a completely different gender category. The space is often left out by bigots to imply that trans women are not women. The same goes for *trans man*.

not/cannot get gender affirming surgery. It is regaining popularity among transsexuals who advocate for their material needs such as GAS. It should never be used to describe someone unless they use it to describe themselves.

Transvestite/Cross-Dresser/King/Queen - Transvestite and cross-dresser both refer to people who dress as the gender opposite their ASAB. This usually refers to men who dress as women, sometimes with sexual connotations attached. Kings and Queens put on highly exaggerated performances of gender. All four terms are conflated with being trans, but none are trans by definition contrary to how Schilt and Wiswall (2008) use the terms (Granberg et al. (2020) and Carpenter et al. (2022) allude to this perspective as well). The history associated with these terms is complicated (Gill-Peterson, 2024), so I will leave it there for brevity's sake.

Non-Binary (*enby*[11]) - A person whose gender identity is incongruent with their ASAB, and they do not identify as either a man or a woman. Some non-binary people identify as being under the trans umbrella while some do not.

Gender Diverse (*GD*) - A person whose gender identity and relationship to their SAAB is more complicated than Eurocentric conceptions of sex and gender. For instance, a xenogender person has a gender identity that is untethered from man/woman while an agender person does not have any gender identity. There are so called third gendered people who do not easily map to western ideas of gender despite past and present colonial efforts to force them into the transgender box. This includes tribe specific two-spirited people indigenous to North America, South American travesti, Indian Hijra, filipino baklâ, Samoan fa'afafine, and many more. None of these groups identity as trans. Rather, they are often forced into a trans box.

Sexual Orientation - The types of people you are sexually and/or romantically attracted to. The terminology used to describe sexual orientation will depend on one's gender identity, but they are not necessarily related. For instance, a woman attracted to men or vice versa is

[11] *NB* is sometimes used but is discouraged because it traditionally refers to *non-black* people.

straight or heterosexual, a woman attracted to women is a lesbian or homosexual, and a man attracted to men is gay or a homosexual regardless of whether or not one, or both, parties are trans or cis. The relationship between gender identity and sexual orientation is more complicated among gender diverse groups where separation may not be possible or desirable (Gill-Peterson, 2024).

2 Cisgender Bias

Researchers should be conscious of their own cisgender biases and latent transphobia. For example, researchers should refrain from the cisnormative assumption that cis people are "normal" or not worth labeling and trans people are "trans." Likewise, references to trans people's birth sex, but not cis people's birth sex implies that cis people are "normal" and trans people are not, thus justifying the different treatment trans people receive. Cis researchers should also be aware of how they interpret and project onto TGD people's lives. A TGD persons life may not be relatable to a cis person assigned the same sex at birth or of the same gender identity. Drawing conclusions about TGD people based on a cis perspective is cis-supremacist because the researcher is implicitly assuming that they can speak on TGD people's behalf as a cis person. This results in testimonial injustice[12], further marginalizing trans people (Fricker & Jenkins, 2017). Preventing these biases from creeping into your work requires engaging in an ongoing dialogue with transgender and gender diverse researchers and TGD communities. Failure to do so results in transphobic assumptions and conclusions that can cause further harm to already marginalized communities.

[12]Epistemic injustice consists of testimonial injustice, reduced credibility given to TGD people and increased credibility given to cis people when speaking about the TGD experience, and hermeneutical injustice, an inability to explain one's experience due to a lack of common knowledge or shared meaning.

2.1 Ungendering

Transgender and *cisgender* are adjectives used to describe someone's gender modality, the relationship between one's gender identity and sex assigned at birth (Ashley et al., 2024). It contains all the pieces someone needs to determine both characteristics of the individual. For examples, let's take apart *trans woman*[13]. First, their current gender identity is woman. Second, their gender modality is trans which implies that they were assigned male at birth. Importantly, their prior male identification is implicit rather than explicit, centering who they are now. As a thought exercise, compare how you approach *trans woman* to how you approach *cis woman*. Their current gender identity is woman and their gender modality is cis which implies that they were assigned female at birth, which may feel inappropriate, invasive, or unnecessary to mention when discussing a cis person. This discomfort stems from the process of *ungendering* someone (Serano, 2022a; Snorton, 2017).

Just as we can gender someone, sorting them into *man* or *woman*, we can ungender someone, stripping them of their gender identity and reducing them to their biology instead of their humanity. Ungendering a cis person can feel inappropriate and like an invasion of privacy, but ungendering a TGD person, especially a TGD person of color, is socially accepted in western society. It's not unusual for someone to mention "he used to be a she" or "Samuel used to be Samantha" or, upon finding out someone is trans, "did you get the surgery?" All of these are an act of ungendering which strips away the trans person's gender identity to focus on their sex at birth, something they do not identify with. If it is inappropriate to ungender a cis person, it is inappropriate to ungender a TGD person. This double standard is transphobic as a result.

In this vein, using the terms *male-to-female* and *female-to-male* or *MTF* and *FTM* to describe trans women and trans men respectively are problematic on several levels[14]. First,

[13] You can substitute *man* for *woman* and all of the following still applies.

[14] As seen in Schilt and Wiswall (2008), Geijtenbeek and Plug (2018), Carpenter et al. (2020), Mann (2020), Mann (2021), Carpenter et al. (2022), Shannon (2022), early drafts of Carpenter et al. (2024), and Mann et al. (2024)

as described above, these terms put the trans person's sex assigned at birth first and their gender identity last. Do not categorize trans people differently than cis people unless it serves an explicit purpose. Researchers may be interested in the effect of transitioning from one to the other, but the effects of that transition are experienced by the person as they are, not by the person you imagine they were in the past[15]. Second, these terms assume that transition has some binary end point. In reality, transition is messy and requires a lot of introspection to figure out who you are and what steps you want to take to affirm your gender identity. Some trans people will opt for hormone therapy alone, forego some surgical options, or not transition at all because they cannot afford to, they worry about social stigma and loss of family, they do not view the benefits as justifying the costs, or they just do not want to. None of these choices make someone more or less trans. Finally, explicitly mentioning someones sex at birth reinforces the myth that transgender people are not really who they say they are, that they are deceptive, which can result in real world violence.

2.2 Transition

Starting or completing social or medical transition is not required to be trans[16]. Some will pursue all options, none, or a mix of available options. Choosing not to transition does not make a person cis because their gender identity is still incongruent with their ASAB.

Social transition usually entails changing your name, title, pronouns[17], and appearance. This may entail tucking, pull the penis back and slide the testicles up into the inguinal canal while compressing them with tape or a gaff for a smooth crotch appearance, binding, a

[15] Sex assigned at birth does not dictate your gender identity or gender expression. Assuming that a trans man was a stereotypical women until he transitioned is an example of the researcher engaging in pure speculation.

[16] Carpenter et al. (2022) incorrectly state that "Unfortunately, the Household Pulse does not include questions about when the individual began their gender affirmation process, what steps-if any-they have taken to affirm their gender, or their ability to "pass" as their current gender. Thus, we refer to these individuals as "transgender women," but strictly speaking it is more accurate to say that they are individuals who were assigned male at birth but who identify as female."

[17] Trans people do not care as much about pronouns as cisgender people think we do. Discrimination in housing, health insurance, and employment are much bigger concerns.

garment or tape that compresses breasts against the chest and/or pulls them to the side for a flatter chest[18], shaving and hair removal, electrolysis is the only FDA approved permanent option, but laser hair removal works well for many people. Tucking, binding, and shaving have low up front costs while electrolysis and laser hair removal are expensive and usually not covered by health insurance.

Accessing gender affirming medical care usually requires a diagnosis of Gender Dysphoria (*DSM-5-TR*, 2022), distress caused by incongruence between a person's gender identity and their ASAB, but not all trans people experience gender dysphoria. Some trans people only experience gender *euphoria* when things feel right as opposed to gender *dysphoria* when things feel wrong. *Dysphoria* is distinct from *dysmorphia* because it can be addressed with surgery and/or hormones. For example, someone with dysmorphia will dislike their weight no matter where fat sits while someone with dysphoria dislikes their weight because the fat does not sit in the places that align with their gender identity.

Medical transition which usually starts with hormone therapy. Trans men take testosterone, trans women take estradiol in combination with spironalactone or cyproterone acetate, and non-binary people take some combination of medications based on how they identify. Hormone therapy in the U.S. is available on an informed consent basis while it can require a diagnosis of gender dysphoria in other countries. Trans women with androgenic alopecia can take minoxidil and finasteride to slow and reverse hair loss or receive hair transplants. Trans people can also pursue facial feminization/masculinization surgery (FFS/FMS) which removes or adds bone to achieve a more feminine/masculine appearance. Unfortunately FFS and FMS are not routinely covered by health insurance and can cost as much as $100,000 (Gonzales, 2024b). Top surgery includes breast augmentation for trans women and double mastectomy for trans men. Like FFS/FMS, these surgeries are not routinely covered, so costs can be as high as $17,000 (Gonzales, 2024a). Finally, bottom surgery for trans women usually entails either a orchiectomy or vaginoplasty/vulvoplasty while trans

[18]Tucking improperly can result in pain and UTIs, and binding improperly can cause rib bruising or fractures.

men can pursue a phalloplasty or the more common metoidioplasty. Insurance covers these surgeries on paper, but in practice they find reasons to deny coverage. Out of pocket costs can be as high as $25,000+ (Vohnoutka & Silvestro, 2024).

The costs associated with these surgeries put them out of reach for most TGD people who often face discrimination in employment putting them in a more precarious economic position and unable to save and access credit. As a result, some TGD only socially transition whether by choice or not, and some won't transition at all. In addition to costs, transition can be inaccessible, dangerous, isolating, etc. All of this results in a SUTVA violation because the "treatment" and outcomes are no longer well defined or monotone (Rubin, 1980, 1986).

2.3 Non-binary and Gender Diverse People

Accounting for various gender modalities will yield more fruitful research because one can make more appropriate comparisons. Non-binary and gender diverse people do not conform to the gender binary, so researchers need to be more cautious when classifying them. Shannon (2022) uses assigned female at birth (AFAB) and assigned male at birth (AMAB) to describe genderqueer and non-binary (GQNB) people. This ungenders them, forcing them into a rigid box that is potentially uninformative because of the infinite ways they identify and present[19].

Someone assigned female at birth can be a cis woman, a trans man, transfeminine, transmasculine, androgynous, or third gendered (not to mention xenogender, bigender, genderfluid, genderqueer, etc.). In this particular case, a transfeminine person's experience will more closely align with a cis woman's experience, a transmasculine person's experience will align more closely with a trans man, and androgynous people and third gendered people will have more unique experiences. Suppose you hypothesize that a policy will have a negative effect for trans men and a positive effect for cis women. If you estimate the effect for AFAB GQNB, you will find no effect or some weighted average effect. Like the previous section, this is a SUTVA violation because the treatment and outcomes are not well-defined or monotone.

[19]It also shares a history with imperial efforts to erase gender diverse people by reducing them to their sex at birth (Gill-Peterson, 2024)

To add to the confusion, some transmasculine people are mistaken for trans women, so you may be estimating a weighted average effect on three or more different modalities. Your hypotheses will depend more on each groups specific gender modality rather than a broad modality like GQNB, so researchers should approach the current data with caution.

2.4 Privilege

Discuss SUTVA violations at the start. All of the differences in experience for trans people means that everyone starts at a different point, so there is no uniform treatment. Depending on all the different layers of privilege, the same treatment may be less effective on one person than another, certain treatments may or may not be required, or completely different treatments may be on the table. Seeing others transition can influence your choice to transition which is interference.

There are many types of privilege that a person can enjoy by virtue of their birth. A white cisgender heterosexual man enjoys white, cisgender, heterosexual, and male privileges all of which add up to a larger white cishet[20] male privilege. A black cishet man faces barriers due to being black as well as some intersectional barriers as a black man in particular, but they also benefit from cishet and male privilege. These complex webs of privilege and experience complicated by intersectional elements violate SUTVA in two dimensions. First, as mentioned previously, TGD people are not uniform in their past and present experiences with privilege, so the effects of treatment will vary by individual. Second, the real and imagined tradeoffs of transition introduce interference.

Trans women face a complex web of barriers which make analysis less straightforward

[20] Cishet or cis-het is a common portmanteau of the adjectives cisgender and heterosexual which collectively describe the hegemonic sexual orientation and gender identity (SOGI) in western society. Transhet or trans-het is sometimes used as a shorter form of transgender heterosexual.

than some examples from the literature imply[21]. A white transhet woman faces transphobia, and sexism, but she benefits from het and white privilege. Because she is a trans woman, we can infer that she was assigned male at birth which some take to mean that she benefited from cis and male privilege, but that requires several assumptions. First, a trans woman who socially transitions at a young age never benefits from male privilege because they were never viewed and treated as a man. Second, trans women often struggle to fit in as men which can result in mental exhaustion and emotional distress. If they fail to adequately fit in, they face bullying and ostracization. In both cases, trans women face barriers that start to nullify male privilege (Serano, 2022a). Third, A trans woman does not benefit from cisgender privilege because they are not cisgender even if they are presenting as their birth sex[22]. They do not face direct transphobia, but they can still suffer psychological harm associated with indirect transphobia and cisgender bias as well as harm from a general sense of confusion and alienation that stems from living in a cisgender world that denies trans people the language needed to understand and explain their experiences[23]. Some will also assume that a heterosexual trans woman will benefit from het privilege, but this is complicated as well. First, het trans woman who transition as adults may have faced homophobia prior to transition because they may have identified as a gay man. Second,

[21]Schilt and Wiswall (2008) imply that male and female socialization are uniform across men and women respectively. Carpenter et al. (2020, pg. 594) imply that trans women experience male privilege in human capital accumulation and labor market treatment prior to transition simply for presenting as male. Carpenter et al. (2022, pg. 25) improves by using the qualifier "may" before discussions of male advantage and noting the potential for prior gender expression to complicate the results. Similarly, Shannon (2022, pg. 7) does a better job by citing a statistical advantage, referring to "perceived" advantage, rather than a definitive or natal advantage.

[22]Serano (2022b) offers the following though exercise: "What if I were to tell you a story of a young cis girl whose parents raised her as a boy against her will. And, after many grueling years of pretending to be male in order to survive, she finally reclaimed her female identity upon reaching adulthood. How might that story make you feel? You'd likely feel fear and sympathy on her behalf, wouldn't you? The mental image of her having to navigate misogynistic male-only settings, and living with the constant threat of what might happen if she were accidentally "found out" for who she really is, would likely seem horrifying to you, wouldn't it? That's how my childhood felt to me. I often describe it in terms of me being forced against my will into boyhood; many other trans women and trans femmes have shared similar accounts. It was fucking awful. Traumatic. Despite all the misogyny and transphobia I've experienced since coming out as a trans woman, those closeted "pretending to be a straight boy" days were far far worse. To borrow from my opening anecdote: You couldn't pay me enough to go back to that."

[23]Fricker and Jenkins (2017) calls this hermeneutical injustice.

trans women are often viewed as gay men regardless of sexual orientation, so they still face homophobia as trans women. It is not clear from all of this what degree of privilege this trans women experiences, and this is before we consider intersectionality.

2.5 Transmisogyny

Trans women face transmisogyny, which Julia Serano (2007) defines as occurring at the intersection of transphobia and misogyny resulting in increased scrutiny of trans women and trans-feminine people compared to cis women and trans men. Trans women are subject to traditional sexism because they are viewed as women, and femininity is treated as inferior to masculinity in a patriarchal society, and oppositional sexism because they are simultaneously viewed as men who are not doing the things men are supposed/allowed to do. In essence, trans women are seen as transitioning the wrong direction and thus undermining the patriarchal axiom that masculinity and men are superior to femininity and women. This axiom requires heavy policing resulting in feminine boys being bullied and brought in for counseling at higher rates than masculine girls, trans women being pathologized at higher rates, and trans women being the subject of most transphobic jokes and violence. Historically, transmisogyny arose as a means of controlling local populations by targeting third gendered people around the world and BIPOC people in the U.S., groups that continue to bear the brunt of transmisogyny (Gill-Peterson, 2024). Trans men, on the other hand, face a more subtle form of transphobia. Girls and women are generally allowed to explore masculine gender expression because masculinity is valued more than femininity. When a trans man transitions, it is treated as more "logical" than a trans woman transitioning, but trans people struggle to escape their assigned sex. Trans women are viewed as predatory "men" who are corrupting innocent "women," aka trans men, and convincing them that they can escape misogyny, resulting in the erasure of trans men's existence while simultaneously infantilizing trans men and cis women. This more acute epistemic injustice makes it harder for trans men to get their needs taken seriously and addressed.

Labor economists have downplayed the role of transmisogyny assuming a priori that trans men and trans women will face equal amounts of discrimination in order to back out the effects of transphobia v. the effects of sexism. The social sciences at large make a similar assumption, but Napier (2024) finds more prejudice against trans women than trans men while Bettinsoli et al. (2019) finds more prejudice against queer men than queer women (trans women are often viewed as queer men). Price (2024) posits that they are treated worse because they are marginalized while still retaining masculine power which makes them a threat to existing hierarchy.

2.6 Privilege and Causal Identification

All of these privileges and barriers considered, if a trans women experiences a 30% reduction in her income after transitioning, what fraction is due to her being trans vs. a woman? SUTVA requires no interference and well-defined treatments and outcomes. First, there is no one way to transition, so the effects of transition will be non-monotone and they will depend on the level of treatment, regardless of how narrowly you define treatment. There is no one dose of hormones, no one surgery or doctor performing surgery, and no requirement that one must undertake any of these options. If one person gets hormones only, they may be subject to transphobia resulting in worse outcomes relative to someone who also gets surgery, hair removal, or masculinization/femininzation because they will have an easier time passing allowing them to avoid transphobia. Second, assignment to treatment will not be unbiased. Some trans people find the courage to fully transition upon seeing the outcomes of others which violates non-interference. Others only transition if they think the benefits of doing so will outweigh the costs and associated changes in privilege, again introducing interference.

Finally, because of the overlapping layers of privilege, starting points and outcomes will vary substantially[24]. To claim that she had the same experience as a cisgender man requires a leap of logic. There are reasons to believe she did not accumulate the same

[24]This does not include further complications such as transmisogynoir which effects black trans women specifically

level of human capital and social capital.Carpenter et al. (2024) uses cis siblings as controls based on the assumption that all siblings accumulate the same human capital or have the same opportunity to do so. If true, there would be fewer SUTVA violations. Unfortunately, acquiring the same level of human capital can lower mental health which can affect human capital accumulation and productivity, violations SUTVA. More broadly, focusing on her sex assigned at birth erases her individual experiences and reflects a failure on the researcher's part to account for their own cisgender bias.

3 Passing Privilege

Passing is a contentious topic in the trans community. While it does allow one to lead a safer life in hostile world, it erases one's identity and enforces strict standards on everyone. For starters, only those with resources and favorable genetics can pass, which often means one appears cis according to western standards of masculinity and femininity which itself has close ties to colonialism. This results in extra scrutiny and transphobia directed at non-white people regardless of their gender modality. Passing also erases the existence of TGD people reinforcing cisnormativity. Transphobia and cisgender bias can only be undone if one is forced to grapple with the existence of TGD people and what that means for your world view. As the saying goes in transgender circles, "cis people only see the trans people who do not pass." They will not take on the task of self-reflections if they do not have to. Then there are gender diverse people who do not pass because there is no set standard for how they should appear or the standard does not fit the Eurocentric mold. Passing as a binary gender can be dysphoric when you do not share that identity, and it can erase local cultural complexity and traditions. At the same time, it can be safer to do so, just as it can be safer for binary trans people.

Those with the resources required to pass find that medical care is still largely reserved for cishet people. Doctors are not trained on how to care for transgender people, let alone

gender diverse people (Arthur et al., 2021; Hana et al., 2021; Moseson et al., 2020). Even if TGD people can find competent doctors willing to work with them, they often run into barriers getting care approved by their insurance or state run medical system (AMA & GLMA, 2019). For example, many insurers and national health systems do not cover or authorize facial reconstruction procedures which play a role in the ability to pass[25]. Insurers who do cover the procedure will still put up a fight before authorizing care if they ever do[26]. If you find a doctor willing to prescribe hormones and they are covered by insurance, your pharmacist can still refuse to fill the prescription requiring you to find an alternative pharmacy which may be inconvenient. Some patients do not have the time or stamina to deal with finding a doctor and pharmacy, driving hours to get care, and fighting their insurance. Barriers their cis peers do not encounter when pursuing the same care[27].

In all of the studies I reviewed, researchers relied on self-reported passing to conclude that trans men have an easier time passing than trans women[28]. In the 2015 U.S. Transgender Survey, trans men and trans women reported rarely or never being recognized as trans 61% of the time and 47% respectively (S. James et al., 2016). The corresponding numbers in the 2008-09 National Transgender Discrimination Survey are 58% and 50% (Grant et al., 2011)[29]. At face value, this seems reasonable. Testosterone can cause facial hair growth, and it can thicken the vocal cords causing the voice to drop, while estradiol (the primary

[25]Testosterone has masculinizing effects on the jaw, chin, brow ridge, and orbital ridge. Transfems often pursue feminization procedures to reduce the effects of testosterone while transmasc people may pursue masculinization procedures to emulate the masculinizing effects of testosterone, but all of these procedures are prohibitively expensive. My own insurance paid the hospital $64,000 for my jaw reduction, something I could never afford otherwise.

[26]My insurer covered the procedure on paper, but they only agreed to pay after I provided letters from my primary care physician, the doctor performing the procedure, and my therapist in addition to a detailed treatment plan and a signed surgical consent form (usually you sign this the day of surgery). This took about 1 month of back and forth phone calls with everyone involved

[27]In *Gordon v. Aetna Life Insurance Company* (2024), three trans women allege that their health insurance provider discriminated against them based on sex because their pre-authorizations and claims were denied while the same procedures were approved for cis women

[28]Schilt and Wiswall (2008), Geijtenbeek and Plug (2018), Mann (2021), Shannon (2022), Carpenter et al. (2024) all allude to the relative ease of passing for trans men.

[29]Both surveys are disproportionately white, and the USTS skews toward higher income brackets while the NTDS skews toward lower income brackets. The NTDS allowed for offline completion of the survey while the USTS did not, imposing a barrier for those in lower income brackets.

form of estrogen) does not reverse these effects. On the other hand, there are a substantial number of people who do not subjectively pass. Testosterone cannot undo wide hips, large breasts, and short stature. The results from these studies are likely skewed because men are seen and treated as the default gender (Bailey et al., 2019, 2020). If someone is unsure how to respond to someone, their subconscious will default to treating them as a man. For instance, when greeting someone, you may default to "sir." This can give a false perception that trans men are passing more often and trans women are passing less often[30]. On average, trans women initiate hormone therapy 8 years later than trans men, but the average ages are still in the 20s and 30s (Leinung & Joseph, 2020), so there is limited reason to believe that differences in bone structure brought on by exogenous puberty play a role in passing. If the age of transition declines, but the age gap stays the same, trans men may pass more easily on average as a result of more congruent bone structure. As a result of these biases, estimates of the effects of passing may be biased downward in magnitude.

4 Institutional Barriers

TGD people face additional barriers in spaces that are sex segregated or only available to one sex due to prejudice, ignorance, and/or rigidity. Some of the issues they face don't neatly fit into a cishet box resulting in a lack of or ill-fitting services. Other times, TGD people are put in contact with prejudiced individuals who may respond with violence. These barriers exist in homeless and domestic violence services, medical care, prisons, and other social services and assistance funds.

Trans people are three times more likely to experience homelessness than their cis peers (Wilson et al., 2020). Unfortunately, homeless shelters and services are sex segregated leaving TGD people in a tough position. If they stay on the streets, they may face violence, but if they stay in a shelter, they may also face violence if they are forced to shelter with

[30] Anecdotally, trans women remind each other not to take getting "sir'ed" too personally because of this default. I've also been reminded of this by my speech therapist.

people based on their sex at birth or are roomed with transphobic people. Even if they find a shelter that is inclusive of TGD people, many shelters do not accept people who engage in sex work (Faye, 2022, Ch. 4), but sex work has long been one of the only spheres where TGD people can be there authentic selves and make a living without the gender binary being forced upon them by societal and capitalist forces (Gill-Peterson, 2024). If a TGD person is on the streets because of family rejection[31], housing discrimination[32], and/or economic precarity[33], it is more likely they experience idiosyncratic economic shocks, and makes it more difficult for them to recover from both idiosyncratic and systemic economic shocks compared to cisgender people.

Domestic violence is treated as a women's issue with cis women cast as victims and cis men cast as perpetrators (Rollè et al., 2018). This gives cis women privilege (in a way) when seeking domestic violence services. TGD people are not viewed as women or victim enough to access these services because any degree of masculinity codes them as men (Faye, 2022, Ch. 1). If services are available to them, they are often miscast as "deserving" it, or providers have difficulty understanding how domestic violence can occur outside of a cishet relationship resulting in substandard care. Because of aforementioned alienation from family, it is harder to leave an abusive relationship, altogether putting TGD people in a precarious position facing violence and particularly intimate partner violence at 2.5 times (Truman & Morgan, 2022) and 1.7 times the rate of cis people respectively (Peitzmeier et al., 2020). These high rates of intimate partner violence impose economic costs on TGD victims through decreased productivity, increased medical expenses, and lost wages (Peterson, Kearns, et al., 2018; Peterson, Liu, et al., 2018).

[31] Klein and Golub (2016) find that 31% and 14% of trans people report a medium or high level of family rejection.

[32] According to the Movement Advancement Project (2024b), 19 states do not ban housing discrimination on the basis of gender identity. The U.S. Department of Housing and Urban Development interprets the Fair Housing Acts's ban on sex-based discrimination to extend to gender identity following the logic of *Bostock v. Clayton County* (2020), but this interpretation still needs to work its way through the courts.

[33] S. E. James et al. (2024) report that 18% of trans respondents to the 2022 U.S. Transgender Survey reported being unemployed, 34% reported they were experiencing poverty, and 11% reported losing their job because of their gender identity.

There is a long history of transfeminine[34] people, especially people of color, being abused and harassed by police and the justice system (Amnesty International Staff, 2005). Following the Indian Rebellion of 1857, British colonial authorities targeted the Hijra population for their non-conformity to British conceptions of men and women to send a signal regarding their authority (Gill-Peterson, 2024). The Stonewall uprising in 1969 was partly the result of New York City police enforcing an anti-mask law dating to the 19th Century (Ryan, 2023). These laws were interpreted as criminalizing cross-dressing which was used to target transfeminine people and butch women. Following Stonewall, police pivoted to using anti-prostitution laws (Yurcaba, 2021). Any transfem seen talking to someone on the street ran the risk of being arrested for prostitution. When transfems are incarcerated, they are often sent to men's prisons where they face high rates of physical and sexual violence (Oparah, 2012). The presumption is that transfems will assault cis women inmates if they have not had gender affirming surgery (nevermind that no one seems as concerned about cis men serving as prison guards). The reality is, they are not more likely to commit violence against cis women in prison (Faye, 2022, Ch. 5). This means that cis women's imagined safety is considered more important than transfem's actual safety. In some cases, transfems are subject to "V-coding" where they are roomed with aggressive and sexually violent inmates as a means of pacifying him or rewarding him for good behavior, both of which keep overall violence down, but result in the transfem inmate being sexually and physically assaulted (Kulak, 2018; Oparah, 2012). All of these factors create an aversion to interacting with the police and the judicial system which further marginalizes TGD and exposes them to exploitation and crime victimization.

In order to get gainful employment, rent an apartment, or get a loan, you usually have to present two forms of ID. Having incongruent documents exposes TGD people to transphobia from others and potentially results in denial of their application. 6 states do not allow people to update the gender marker on their birth certificate, and 12 states require

[34]This includes trans women and anyone who appears to be, is forced to be, or is labeled as a trans woman based on western conceptions of gender.

proof of gender affirming surgery (GAS) to do so[35]. For driver's licenses, 4 states do not allow amendment, and 9 states require proof of GAS, a court order, or an amended birth certificate (Movement Advancement Project, 2024a)[36]. Bans and additional requirements for amending a birth certificate put TGD people in a difficult situation regardless of which state they live in as they are effectively outed to anyone who sees these document. While workers have civil rights protections related to gender identity under Title VII of the Civil Rights Act of 1964 as interpreted in *Bostock v. Clayton County* (2020), they still face high rates of discrimination in practice (Sears et al., 2024). This is partly a result of how pervasive transphobia and cisgender bias are in addition to the costs of enforcing your own rights. For marginalized workers, having a job is better than a drawn out expensive lawsuit with no guarantee of a satisfactory resolution (Ho, 2023). These protections do not currently extend to housing, credit, public accommodations, or education leaving TGD people to navigate laws state-by-state. Currently, only 23 states explicitly prohibit discrimination based on gender identity in housing, 17 states explicitly prohibit discrimination in credit, and 22 states explicitly prohibit discrimination in public accommodations[37] (Movement Advancement Project, 2024b). Title IX is interpreted as covering TGD people in education, but case law has yet to be developed. Without education, employment becomes more precarious. Without housing, it is difficult to receive mail or verify identity which can hinder your ability to get a job. Without credit, you may not be able to afford a car which you might need to get to work, further jeopardizing your employment. Even if you manage to keep your job, an idiosyncratic shock could force you to consider taking out a loan to make ends meet, but because they can discriminate

[35]Kansas, Montana, North Dakota, Oklahoma, Tennessee, and Texas do not allow the gender marker to be amended on a birth certificate. Alabama Arizona, Arkansas, Georgia, Iowa, Kentucky, Louisiana, Missouri, Nebraska, New Hampshire, Utah, and Wisconsin require proof of sex reassignment surgery(SRS) to amend the gender marker.

[36]Florida, Kansas, Tennessee, and Texas do not allow the gender marker to be amended on a driver's license. Arkansas, Georgia, Iowa, Kentucky, Louisiana, Missouri, Montana, Oklahoma, and South Carolina require proof of (SRS), a court order, or an amended birth certificate to amend the gender marker.

[37]California, Colorado, Connecticut, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Rhode Island, Vermont, Virginia, and Washington prohibit discrimination based on gender identity in housing, credit, and public accommodations while Delaware, Hawaii, Michigan, New Hampshire, and Oregon only ban discrimination in housing and public accommodations, and Utah only bans discrimination in housing.

against you, the interest rate can be financially crippling assuming they lend to you in the first place. Considering all these barriers, it should not come as a surprise that samples of TGD people are not random.

TGD people are more likely to be economically disadvantaged, homeless, incarcerated, working in the informal economy, and distrustful of government authorities making attempts to sample them difficult. In addition, 42% of trans people have attempted suicide due to the harassment, abuse, and emotional trauma associated with being trans in a cis world (Kidd et al., 2023). Researchers need to contextualize the data they are using and the various ways in which they may be under-sampling minority populations. Even if you collect a random sample of the entire population, your sample will undercount the TGD population, especially in places with few protections, and it will be biased towards wealthier TGD people. If TGD people are more likely to be homeless, commit suicide, and work in the informal economy because of all the barriers they face before and after transition, then the costs of transitioning are likely higher than estimated. Those who are lucky to have familial support in addition to a high degree of resilience in the face of cisnormativity can still thrive, but others will not. Some commit suicide or fold under the pressure and underachieve. Some get kicked out of their homes and end up on the street. In any case, poorer TGD people are likely under-represented skewing the data towards middle to upper class white TGD people. Any policy predictions should account for how those policies impact homelessness, suicide, sex workers, and other marginalized communities, otherwise, we perpetuate the harms done to them.

5 Conclusion

Trans and gender diverse people are not easily categorized. We each have different relationships to our gender identity and sexed body, upbringing, and past and present privilege. We have a lot to offer researchers willing to overcome their own biases and testimonial injustice

to take us seriously. Researchers will benefit from working across disciplines and considering alternative sources. Much of the research I have cited comes from sociology, psychology, sexology, gender studies, feminist studies, and medicine. I also pulled from work by TGD people who are not able to publish in scientific journals or newspapers because of testimonial injustice and/or a lack of resources and access to education and employment. This knowledge can inform hypotheses and offers vital perspective, but it can be tricky to find if you, a co-author, or an advisor are not TGD or enmeshed in TGD culture and communities.

My hope is that cisgender researchers will use this guide to write more respectful research and think more deeply about causal identification. Recent work from Campbell et al. (2022) and Mann et al. (2024) have explored the effects of medical care in a thoughtful and respectful manner, and Carpenter et al. (2024) demonstrated a willingness to listen and learn from the advice given in this guide, so I know that we can do better as a field. There is plenty of work to be done on housing, crime and victimization, credit, public accommodations, and education. As more data becomes available and more researchers enter this space, it is crucial that we continue to correct for injustice and marginalization, lest we repeat past mistakes. There are not enough TGD people in Economics, so I implore cisgender people to step up and do some of the work alongside my TGD siblings and I.

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