

Article

Trans Kids and “Making Up People”

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Abstract: The transgender child is a familiar and polarizing trope in the present century. Some, such as the writer J. K. Rowling, take transgender children to be cultural fictions: there are no trans kids, as there are no mermaids or leprechauns. Others, including prominent figures in pediatric gender medicine, hold that some children are transgender, just as some children have brown eyes or are naturally outgoing. The only difference is that transgender children require special support, unlike brown-eyed or outgoing children. Instruction manuals are needed, for instance Brill and Pepper’s *The Transgender Child: A Handbook for Parents and Professionals*. And when puberty commences, medical interventions may be recommended. A third view is that transgender children are examples of “making up people” in the sense of Ian Hacking’s eponymous 1986 essay: transgender children are brought into existence by a social process that involves (in part) naming or classifying children as transgender. This paper defends the third view: there are trans kids, but they are made, not discovered.

Keywords: The transgender child; Ian Hacking; gender affirming care; gender identity disorder; gender dysphoria; gender incongruence; transgender

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Transgender children are a contemporary locus of controversy. In December 2023, the official X account of the Democratic National Committee posted, “Unlike Republicans, we stand with trans kids across the country.”¹ A year later, J. K. Rowling declared on the same platform, “There are no trans kids.”² At one pole, transgender children are suffering

¹ Democratic National Committee (2023).

² Rowling (2024).

minority in desperate need of legal protections and “gender-affirming” health care; at the other, transgender children are as real as Hogwarts and hippogriffs. Are there transgender children and, if so, what kind of children are they? The present paper investigates these questions, with some assistance from Ian Hacking’s work on “making up people.”

1. Background

The term “transgender child” belongs to the twenty-first century, and primarily to the novel practice of “socially transitioning” prepubertal children with *gender dysphoria*—roughly, cross-sex identification accompanied by significant impairment or distress regarding one’s sexed body or associated social roles and expectations.³ Gender dysphoria is a condition listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*⁴; more on that later.

One of the original “trans kids”—and certainly the best known—was the reality star Jazz Jennings. Born in Florida in 2000 and diagnosed with gender identity disorder (as gender dysphoria was then called) at age 4, Jennings’s story was told by Barbara Walters on the ABC news show *20/20* in 2007.

“Jazz,” Walters explained, “is transgender and one of the youngest documented cases of an early transition from male to female ... From the moment he could speak Jazz made it clear he wanted to wear a dress ... at only 15 months he would unsnap his onesies to make it look like a dress.” Visiting the Jennings family home, Walters marveled at the “girly things, dresses, dolls and especially mermaids” in Jazz’s bedroom. “All of the male to female younger transgender children are obsessed with mermaids,” Jazz’s mother said. “I believe it’s because [of] the ambiguous genitalia. There’s nothing below the waist but a tail, and how appealing is that for somebody who doesn’t like what’s down there.”⁵

“Transgender child” is now ubiquitous.⁶ “The mother of a transgender child faces her hometown’s hatred” is the title of a recent book review in the *New York Times*.⁷ That newspaper released a podcast series in 2025, *The Protocol*, “exploring the origins of medical treatment for transgender young people.”⁸ “Transgender child” is avoided by the UK’s National Health Service, but major medical associations in the US use it

³ “A relatively new social form, we see no references to transgender children prior to the mid-1990s ... In the early twenty-first century, however, multiple constituencies are vying to define the terms of the transgender child and to secure explanations of the etiology, prevalence, and characteristics of this emergent identity group” (Meadow, 2014, p. 57).

⁴ American Psychiatric Association (2022). In Section 3.2 below we will question whether socially transitioned children are always dysphoric.

⁵ ABC News (2007).

⁶ Occurrences of “transgender child” before the first news stories about Jazz Jennings are hard to find. An article called “When your son becomes your daughter: A mother’s adjustment to a transgender child” appeared in 1999 (Lesser, 1999), the year before Jazz was born, but here “child” is used in the kin sense (in which everyone is a child, no matter what their age). The transgender person in question transitioned to live as a woman in his thirties after marriage and children; such people rarely describe themselves as having once been “transgender children” (for a recent exception see Chappell (2024, p. 4)). Dutch clinicians used “juvenile transsexual” in the 1990s for adolescents with persisting childhood onset gender dysphoria; at that time social transition in children was discouraged (Biggs, 2023). A Dutch paper foundational to the practice of medically transitioning minors (de Vries et al., 2011), mentions “young transsexuals between 12 and 16 years of age” (p. 2276).

⁷ Fuller (2024).

⁸ Ghorayshi and Mitchell (2025).

freely. The American Academy of Pediatrics (AAP) issued a policy statement in 2018 (reaffirmed in 2023), titled “Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents.”⁹ The latest *Standards of Care* from the World Professional Association for Transgender Health (WPATH) adopts the umbrella term “gender diverse children” to acknowledge that “gender trajectories in prepubescent children cannot be predicted and may evolve over time,” while saying that some in this group will be “transgender binary and nonbinary.”¹⁰ Coverage of gender-distressed children in major media outlets and medical society guidelines typically presupposes that at least some of them are transgender.

The 2008 book *The Transgender Child: A Handbook for Families and Professionals Supporting Transgender and Nonbinary Children*, by Stephanie Brill and Rachel Pepper, was updated and reissued in 2022, with a foreword by two of the leading figures in pediatric gender medicine.¹¹ The transgender child, according to Brill and Pepper, has always been with us: “it is not that there are more transgender and nonbinary children today than in the past, but rather, that more children and teens are supported in expressing themselves, and at younger ages, than in the past.”¹² It is easy to find other books about transgender children and how to go about raising them, and bumper stickers, yard signs, or t-shirts imploring us to “Protect Trans Kids” are common.

Over at the other pole, the transgender child has never been with us. In a 2018 collection *Transgender Children and Young People*, Heather Brunskell-Evans and Michele Moore write, “As Editors, our central contention is that transgender children *don’t exist*.”¹³ The following year, Brunskell-Evans and Moore edited a sequel, this time with the more perspicuous title *Inventing Transgender Children and Young People*. In the introduction, they write:

Thirty years ago, when gender medicine for children and young people was in its infancy, ‘a transgender child’ born in the wrong-sexed body would have made no sense to the general public, nor would it have made sense to young people. In the following decades, belief in the existential ‘transgender child’ has become so universally accepted that it is now counter-intuitive to suggest that ‘the transgender child’ is an historically invented figure ... the contributors to this book demonstrate that ‘the transgender child’ is not a naturally occurring figure external to current discourses and practices but is brought into being through gender medicine and transactivism.¹⁴

⁹ Rafferty et al. (2018).

¹⁰ Coleman et al. (2022, p. S67). For simplicity we will ignore identification as “non-binary,” and concentrate exclusively on (in WPATH’s phrase), “transgender binary” children. The *Standards of Care* has an entire chapter devoted to the treatment of non-binary individuals, who “experience their gender as outside of the gender binary” (S80). The 2008 book *The Transgender Child* (see main text below) does not mention “nonbinary” children, unlike the 2022 edition.

¹¹ The 2008 foreword was by Norman Spack, a pediatric endocrinologist who founded (with Laura Edwards-Leeper—see later in this section and footnote 37 below) the Gender Management Service (GeMS) clinic at Boston Children’s Hospital in 2007, when Jazz Jennings appeared on *20/20*. GeMS features in this first edition. The psychologist Diane Ehrensaft co-authored the foreword in the second edition; see footnote 37 below.

¹² Brill and Pepper (2022, p. 63). For a similar view, and an attempt to write “histories of the transgender child,” see Gill-Peterson (2018).

¹³ Brunskell-Evans and Moore (2018, p. 2).

¹⁴ Brunskell-Evans and Moore (2019, pp. 7–8).

The last sentence suggests an alternative both to the view that transgender children have never existed, and the view that they always have. Perhaps there are trans kids, but they are “brought into being” through what Foucault called “discursive production.” According to Foucault, the classificatory and diagnostic practices of nineteenth century psychiatrists created homosexuals from the raw material of sodomy:

Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of sodomy onto a kind of interior androgyny, a hermaphroditism of the soul. The sodomite had been a temporary aberration; the homosexual was now a species.¹⁵

Along similar lines, perhaps the gender dysphoric child was once a temporary aberration, and the transgender child is now a species.

Another position, consistent with the view that transgender children have always existed, is that the base rate of trans kids was and is still very low, but now there are many more false positives: children who are mistakenly identified as transgender. Being transgender is not a medical diagnosis,¹⁶ but (speaking loosely) on this view some children are misdiagnosed as transgender, as some are misdiagnosed with ADHD or autism. A 2021 article in the *Washington Post*, “The mental health establishment is failing trans kids,” by Laura Edwards-Leeper and Erica Anderson (both prominent psychologists in the field of pediatric gender medicine) suggests as much. “Some assume that a person with gender dysphoria who declares they are transgender is transgender ... Yet we know this is not always true.”¹⁷

A trend towards finding transgender children everywhere is also suggested by the following passage from Hilary Cass, the lead author of the UK’s 2024 review of gender identity services for children and young people:

During the course of the Review, we observed a change in attitudes, from an initial narrative among many trans advocates that only a minority of the young people presenting would have a long-standing trans identity and would benefit from a medical pathway to a belief in some quarters that all the young people on the waiting list for services were ‘trans kids’.¹⁸

The Cass Review itself never uses “transgender child,” although in her foreword Cass mentions that she has spoken to “transgender adults.”¹⁹ If there are transgender adults, why not transgender children?

¹⁵ Foucault (1990, p. 43).

¹⁶ While being transgender is not a formal diagnosis in the DSM, “gender incongruence” is a diagnosis in the latest (11th) version of the *International Classification of Diseases* (World Health Organization, 2022). (The ICD is published by the World Health Organization, and the DSM is published by the American Psychiatric Association. The DSM diagnoses list the corresponding ICD code.) Because being transgender is commonly defined as an incongruence or “mismatch” between a person’s gender identity and their sex (or “sex assigned at birth”), the ICD-11 may indirectly consider being transgender to be a diagnosis.

¹⁷ Edwards-Leeper and Anderson (2021).

¹⁸ Cass (2024a, p. 303).

¹⁹ Cass (2024b, p. 12).

2. “Making Up People”

Ian Hacking’s writings about “making up people”—themselves influenced by Foucault—are a good place to start. Although of clear relevance to our investigation, Hacking’s last paper on the topic was published in 2007, the year of Jazz Jennings’s appearance on *20/20*. After extracting useful materials from Hacking, we return to transgender children in the following section.²⁰

In Hacking’s much-cited 1986 essay, “Making up people,” the idea seems straightforward. The essay begins with this passage:

Were there any perverts before the late nineteenth century? According to Arnold Davidson, “The answer is NO ... Perversion was not a disease that lurked about in nature, waiting for a psychiatrist with especially acute powers of observation to discover it hiding everywhere. It was a disease created by a new (functional) understanding of disease” ... Davidson’s claim, one of many now in circulation, illustrates what I call making up people.²¹

Perverts were “made up” in the nineteenth century. Whatever else that means, it means that there were no perverts in the eighteenth century and plenty of them in the twentieth. Similarly, Hacking says, “multiples” (people with multiple personality disorder²²) were also made up around the same time, when the case of Félida, a woman apparently with a “doublement de la vie,” was published in the French journal *La Revue scientifique*.

Do I mean that there were no multiples before Félida? Yes. Except for a very few earlier examples, which after 1875 were reinterpreted as classic multiples, there was no such syndrome for a disturbed person to display or to adopt.²³

Hacking contrasts horses and planets, which are not made up, with gloves and multiples, which are:

I know not which came first, the thought or the mitten, but they have evolved hand in hand. That the concept “glove” fits gloves so well is no surprise; we made them that way. My claim about making up people is that in a few interesting respects multiple personalities (and much else) are more like gloves than like horses. The category and the people in it emerged hand in hand.²⁴

²⁰ Despite the relevance to transgender issues of Hacking on “making up people,” there are few attempts to connect the two. For one example, together with a reply and counter-reply, see [Smids and Vasterman \(2025\)](#); [Oosthoek et al. \(2025\)](#); [Smids and Vasterman \(Forthcoming\)](#). Smids and Vasterman focus on the “looping effect,” a piece of Hacking’s theoretical machinery that we do not use (for discussion see [Mallon \(2016\)](#), pp. 169–173). See also [Brubaker \(2025\)](#), p. 37, fn. 69.

²¹ [Hacking \(2002\)](#), pp. 99–100.

²² The label for the diagnosis was changed to “dissociative identity disorder” in the DSM-IV ([American Psychiatric Association, 1994](#)).

²³ [Hacking \(2002\)](#), p. 101). Later, in *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (1995), Hacking dates “the very first multiple personality” to 1885, because Félida only had two personalities (pp. 171–172). Multiple personalities and our present topic may be more closely connected than they initially appear. Hacking reports that after the 1973 publication of *Sybil: The True Story of a Woman Possessed by 16 Separate Personalities*, “the floodgates were opened for transsexual alters” (p. 77). But we will not explore the connection here.

²⁴ [Hacking \(2002\)](#), p. 107).

The idea of “making up people” goes far beyond psychiatry. Waiters are another example—specifically, Parisian *garçons de café*: “it is possible to be a *garçon de café* only at a certain time, in a certain place, in a certain social setting.”²⁵ As Hacking emphasizes, his examples have little else in common: “The multiple personality, the homosexual or heterosexual person, and the waiter form one spectrum among many.”²⁶

Clearly not all human categories are cases of making up people. People suffered from tuberculosis long before the condition was recognized, and classification played no role in generating new “consumptives.” Where *F* is a kind or category of person, when does “making up people” apply? Roughly, when *F*s come into being as the result of a social process that involves (in part) naming or classifying people as *F*s.

That making up people is widespread is not at all surprising. Almost any kind of occupation is an example: police officers emerged hand in hand with Sir Robert Peel’s plan to create a professional police force in the early nineteenth century; the philosophy department tea monitor sprang into existence shortly after the head proposed the position in a faculty meeting; and so on. These are not especially interesting examples. Of more interest is Hacking’s claim that multiples and homosexuals/heterosexuals should be added to police officers and tea monitors. And in the case of sexual orientation, isn’t this just a well-known confusion on the part of some historians of sexuality, an inability to distinguish between “Homosexuals didn’t exist before 1892” and “The word ‘homosexuals’ didn’t exist before 1892”?²⁷

The exegetical picture becomes murkier when we turn to Hacking’s 2007 paper, “Kinds of people: Moving targets.” There is every indication that Hacking is continuing his earlier investigation with no significant change to the original conception of “making up people.” He helpfully distinguishes five relevant factors. In the case of multiple personality disorder,

We have (a) a *classification*, multiple personality, associated with what at the time was called a ‘disorder’, Multiple Personality Disorder. ... We have (b) the *people*, those people I refer to as unhappy, unable to cope. We have (c) *institutions*, which include clinics and the International Society for the Study of Multiple Personality and Dissociation. ... There is what is commonly (but not by most analytic philosophers) called (d) *knowledge*. ... the presumptions that are taught, disseminated, refined and applied within the context of the institutions. Especially there are what are presented as the basic facts, for example that multiple personality is caused by early sexual abuse ... Finally there are (e) the *experts* or professionals who generate or legitimate the knowledge (d) ...²⁸

²⁵ Hacking (2002, p. 109).

²⁶ Hacking (2002, p. 110).

²⁷ The titular essay in Halperin’s *One Hundred Years of Homosexuality* begins by noting that “homo-sexuality” first appeared in the *Oxford English Dictionary* in 1892: “Homosexuality for better or for worse, has been with us ever since. Before 1892 there was no homosexuality, only sexual inversion” (1991, p. 15). Charitably, Halperin was not quite as confused as this quotation suggests (see chapter 2).

Closely related to the conflation of words and things is the conflation of concepts and things: according to the philosopher and anthropologist Bruno Latour, before the discovery of tuberculosis in 1882, “the bacillus had no real existence. To say that Ramses II died of tuberculosis is as absurd as saying that he died of machine-gun fire” (quoted by Block (2023, p. 167)).

²⁸ Hacking (2007, pp. 296–297).

Somewhat less helpful is Hacking's insistence on "knowledge" for what is in many cases *not* knowledge: "received opinion" is a better label for Hacking's (*d*). So far, all this is consistent with the earlier claim that "making up" multiples requires bringing multiples into existence. However, it turns out that this is *not* Hacking's later view. "Pedantry is in order," he writes. "Distinguish two sentences":

(A) There were no multiple personalities in 1955; there were many in 1985.

(B) In 1955 this was not a way to be a person, people did not experience themselves in this way, they did not interact with their friends, their families, their employers, their counsellors, in this way; but in 1985 this was a way to be a person, to experience oneself, to live in society.²⁹

"When I speak of making up people," Hacking says, "it is B that I have in mind."

Even more pedantry is in order. At first glance, (B) seems to entail (A). Saying that having multiple personalities *was* (for many) "a way to be a person" in 1985 sounds equivalent to saying that there *were* (many) multiples in 1985. Similarly, saying that this was "*not* a way to be a person" in 1955 sounds equivalent to saying that there were *no* multiples in 1955.

However, Hacking is quite clear that (B) does *not* entail (A). Even if multiple personality disorder is an entirely fictional condition, and so there are no multiples in 1985 or at any other time, according to Hacking it is *still* an example of "making up people." In 1985 there were people who claimed to have multiple personality disorder, who wrote books about their experiences as multiples, who were diagnosed by experts as having this condition, and so on; this was (partly) the result of "multiple personality disorder" appearing in the 1980 third edition of the DSM. That is enough for multiples to be "made up."³⁰

So, in the intended sense, (B) does not entail (A). And neither does it entail not-(A). Hacking thinks that (B) and (A) are *both* true, although the latter is "too brief and contentious."³¹ To say that multiples are "made up" is consistent with either the existence or non-existence of multiples.

Bringing yet more pedantry to bear, let's say that "making up people" à la early Hacking is *creating* people *partly by classification*. Leaving "partly by classification" tacit, *Fs* (multiples, waiters, police officers) are *created* iff a social process that in part involves classifying people as *Fs* is responsible for new *Fs*. Waiters and police officers are created. Someone who thinks that the apparent rise in cases of multiple personality is entirely due to more frequent detection of a preexisting condition will deny that multiples are created.

"Making up *Fs*" à la later Hacking is not *creating Fs*. We can call it *creating F-identities*. *F-identities* (as multiples, waiters, police officers) are *created* iff a social process that in part involves classifying people as *Fs* is responsible for people newly identifying as *Fs*, who are identified by others as *Fs*, with the last two affecting how these new people

²⁹ Hacking (2007, p. 299).

³⁰ Hacking (2007, p. 303) gives an example, high-functioning autism, where the corresponding (A) sentence is false and the corresponding (B) sentence is (in his view) true.

³¹ Hacking (2007, p. 299). Hacking's endorsement of (A) is in some tension with the claim in "Making up people" that multiples existed in the nineteenth century. But presumably Hacking's considered view is that (A) is, while literally false, true enough: the number of pre-1955 multiples is vanishingly small.

function in society. (This formulation is intended to be another way of capturing the spirit of Hacking's (B).)

Waiters and police officers are created, and so are the identities of *waiter* and *police officer*. Graduates from the police academy are classified as police officers, which is why the graduates think of themselves that way. Moreover, they identify as police officers in a robust sense. They do not regard their profession as merely one among their numerous features (being in the same solar system as Pluto, weighing more than a gram, ...), but as something suitable for an autobiography or worth mentioning when meeting someone at a party. While at work, police officers are usually identified as such by others, unless operating undercover. Being a police officer is "a way to experience oneself, to live in society."

There are police officers; suppose that the sceptics about multiple personality disorder are correct and there are no multiples. Nonetheless, *multiple* is a created identity too. Many people (pun intended) have embraced the psychiatric classification and written autobiographies about their lives as multiples. *Being* a multiple is not a way to experience oneself, to live in society, but thinking of oneself as a multiple and acting accordingly, is.

This example illustrates that the creation of *F*-identities does not entail the creation of *F*s. What about the other way round? In creating police officers, one has created people who identify as police officers, who experience themselves in a new way, and so on. The police are not counterexamples to the entailment from *F*-creation to *F*-identity creation. Could there be cases where *F*s are created but not *F*-identities? Hypothetical examples are easy to think of; here's one that modifies reality only slightly. The vast amount of personal information from people's cellphones, internet activity, and so on, is used by companies to influence purchasing behavior, among other things; people who are identifiable from this sort of information are called *data subjects*.³² Many data subjects do not realize they are data subjects; indeed, from the data gatherers' point of view, the more ignorance, the better. Suppose that everyone's status as a data subject is kept hidden from the person with that status. No data-subject-identity creation, but data subjects themselves are created: once they get the idea, companies realize that data subjects are a valuable commodity and bring more of them into existence.³³ Before the invention of the internet and associated data gathering practices, there were no people who were data subjects. Now there are many.

"Making up *F*s" is a poor fit for either early Hacking or later Hacking, because it has a fictional connotation (Hogwarts was made up by J. K. Rowling). But we can find a good home for this terminology: let's say that *F*s are *made up* iff *F*-identities are created and no one is *F*. The "otherkin" identity *dragon* is made up.³⁴ More controversially, if the apparent rise in cases of multiple personality is entirely due to the more frequent diagnosis of a spurious condition then multiples are made up too.³⁵

³² European Union (2018).

³³ Another hypothetical example: a therapist inadvertently induces post-traumatic stress disorder in a patient, partly because the therapist was antecedently convinced that this was the correct diagnosis. However, the therapist never tells the patient that he has PTSD, so the condition is created without the corresponding identity.

³⁴ On otherkin and the connection with a sub-type of transsexuality, see Illy (2023, ch. 7.5).

³⁵ It may be helpful to note these four types of case: (a) *F*s and *F*-identities are simultaneously created (police officers); (b) *F*s are created but not *F*-identities (our slightly fictionalized example of data subjects);

3. The Transgender Child

Transgender children may or may not be created, but transgender-child *identities* clearly are. That is, they are clear examples of “making up people” à la later Hacking. All five factors from Hacking’s model play important roles:

- (a) *Classification*: “Transgender child” in the medical literature and popular culture.
- (b) *People*: Gender dysphoric (incongruent³⁶) youth, young people who identify as transgender.
- (c) *Institutions*: WPATH, AAP, etc.
- (d) *Received Opinion*: Trans kids have gender identities that don’t match their sex assigned at birth, etc.
- (e) *Experts*: Gender clinicians, therapists and researchers; prominent examples include Drs. Jack Turban, Diane Ehrensaft, Johanna Olson-Kennedy, Laura Edwards-Leeper.³⁷

To which should be added a sixth:

- (f) *Parents*: the parents of the young people in (b), who facilitate social transition, consult with experts in (e), and otherwise support the child’s transgender identity.³⁸

According to sceptics such as J. K. Rowling, transgender children are made up (in our sense): there are children identified (by themselves or by others) as transgender children but there are no transgender children. Moderates such as the psychologist Laura Edwards-Leeper and enthusiasts such as the authors of *The Transgender Child* and many leading figures in pediatric gender medicine disagree: transgender children are not made up, and neither are they created.³⁹ According to the moderates,

(c) *F*-identities are created but there are no *F*s (i.e. *F*s are made up, as with the otherkin identity *dragon*); (d) *F*-identities are created but some *F*s are not created. Where *F*=*trans kid*, (d) is held by the “moderate” and the “enthusiast,” discussed in the following section. As also discussed, our own position is consistent with (d), provided the non-created *F*s are exceptions.

³⁶ See Section 3.2 below.

³⁷ Turban is the author of *Free to Be: Understanding Kids and Gender Identity* (2024); Ehrensaft is the author of (among other books) *The Gender Creative Child: Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes* (2016); Olson-Kennedy was formerly at Children’s Hospital Los Angeles and was featured in the *New York Times* podcast *The Protocol* on pediatric gender medicine and in an NYT article (Ghorayshi, 2024); Edwards-Leeper brought the Dutch practice of medically transitioning minors (the so-called “Dutch protocol,” hence the title of the NYT podcast) to Boston Children’s Hospital, which started offering puberty blockers in 2007 if not earlier. See also footnote 11 above, Biggs (2023) (cited in footnote 6), and Edwards-Leeper and Spack (2012) (cited in footnote 54).

³⁸ As Meadow observes in *Trans Kids: Being Gendered in the Twenty-First Century*, “Parents are becoming ever more likely to fight for a child’s chosen identity, to contest the labeling practices of others, to engage in more directed interpersonal work to assist children in further articulating a discrete identity, to purchase clothing and toys that reinforce that identity, and to enlist social institutions in identity creation and maintenance” (2018, p. 19).

³⁹ We have taken the terminology of “sceptics” and “enthusiasts” from Hacking (2007, p. 299). In a recent interview, Edwards-Leeper said, “I used to use ‘trans kid,’ but try not to do so anymore, partly because

the number of transgender children was and has remained very low; the apparent increase is explained largely by the misidentification of more non-transgender children as transgender. According to the enthusiasts, the apparent increase is explained by better detection and fewer barriers to children disclosing themselves as transgender.

We will argue that none of these positions is correct, and that transgender children really are a new species—they have been *created*.

Having said that, we need to temper it slightly. We are not arguing that every transgender child has been created—our conclusion is compatible with some exceptions. Probably a few children with extreme cross-sex identification and some degree of social transition, who lived before the idea of the “trans kid” was in circulation, can be retrospectively classified as transgender children. In that respect, transgender children are like multiples, as Hacking thinks of them. According to Hacking, most multiples are created, but a few seed cases were not.⁴⁰

3.1. Transgender Children Are Made Up

Let’s start with the Rowling position: there are no transgender children. The argument for this view is clear from the second sentence of Rowling’s (2024) tweet, mentioned at the start of this paper: “No child is ‘born in the wrong body’.” The phrase “born in the wrong body” suggests that someone suffering from this condition needs some sort of body modification, to bring their wrong body closer to the right one. And that, in turn, is commonly given a theoretical gloss by proponents of “gender affirming” care in terms of “gender identity.” Here is a recent example:

1. Gender identity refers to a person’s internal sense of belonging to a particular gender. Everyone has a gender identity, and a person’s gender identity cannot be altered by coercion or medical intervention.
2. Transgender individuals are people whose gender identity differs from their sex assigned at birth. A transgender boy is [a child]⁴¹ whose sex assigned at birth was female but has a male gender identity. A transgender girl is [a child] whose sex assigned at birth was male but has a female gender identity.
3. For some transgender people, the incongruence between their gender identity and sex assigned at birth can cause clinically significant distress, recognized by the American Psychiatric Association’s *Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* as “gender dysphoria.”
4. Healthcare for transgender adolescents with gender dysphoria is medically necessary healthcare. Gender dysphoria is a serious medical condition. Treatment

it could skew clinical reasoning and partly because I’ve seen too many kids (and adults in their lives) assume that if the child identifies as trans at one point in time, they will always be trans” (Sapir, 2025). Although Edwards-Leeper thinks “transgender child” is used inadvisably she does not deny that there are transgender children, so her position is likely the one described in the text.

⁴⁰ At least, this is the most flat-footed interpretation (see footnote 23 above), although this is complicated by Hacking’s remarks on “dynamic nominalism” (2002, pp. 106–107; 2007, pp. 294–295).

⁴¹ The text has “someone,” an obvious slip.

for gender dysphoria aims to resolve the distress associated with the incongruence between a transgender person's sex assigned at birth and their gender identity.⁴²

By (3), if a female child suffers from gender dysphoria, this is caused by the mismatch or "incongruence" between their male gender identity and their sex (or "sex assigned at birth"). By (2), the child is transgender, specifically a transgender boy. By (1), no medical intervention (including psychotherapy) can change the child's male gender identity. That seems to leave changing the body as the only option—for prepubertal children, that will amount to superficial changes of clothing, hairstyle, and so on; later, more serious interventions may be needed. This is the "medically necessary" treatment mentioned in (4).⁴³

(1) and (3) encapsulate a theory of gender dysphoria—it is caused by a mismatch between a person's (near-enough) unalterable "internal sense" of their own "gender," and their sex assigned at birth. This theory is not difficult to dispute; in particular, one may question whether "gender identity" as characterized by (1) is a real phenomenon. Skeptics such as Rowling invariably agree that it isn't.

This gives us an argument that there are no transgender children:

P1. If there are transgender children, such children have a gender identity that differs from their sex assigned at birth.

P2. No child has a gender identity.

C. There are no transgender children.

One immediate problem with this argument is that it seems to overgeneralize. By (2), transgender *adults* have a gender identity that differs from their sex assigned at birth. Presumably transgender adults (or adults in general) do not sprout gender identities when they reach maturity: in other words, if no child has a gender identity, no adult does either. But then a parallel argument would show that there are no transgender adults. Is that credible? Who is Caitlyn Jenner, if not one of the world's most famous transgender adults?⁴⁴

This suggests that P1, rather than stating a truth about an essential feature of trans kids, might instead be a false theoretical claim about them. P1, on this view, is akin to:

P1†. If there are Catholic bishops, some people have special gifts bestowed by the Holy Spirit.

⁴² *Commonwealth of Massachusetts et al. v. Donald J. Trump et al.* (2025, pp. 9–11); ellipses omitted, paragraphs renumbered.

⁴³ As a detransition researcher recently put it, "For decades, trans medicine has operated under the assumption that gender identity was fixed from childhood and that the goal of gender-affirming care is to align a person's body with a deeply felt internal sense of gender" (MacKinnon, 2025).

⁴⁴ One could be a skeptic about the existence of transgender people in general, endorsing the sort of argument set out recently by the British Columbia Human Rights Tribunal: "Transpeople are, by definition, people 'whose gender identity does not align with the sex assigned to them at birth' ... If a person elects not to 'believe' that gender identity is separate from sex assigned at birth, then they do not 'believe' in transpeople. This is a form of existential denial ..." (*Chilliwack Teachers' Association v. Neufeld*, 2026, para 55). But that is not Rowling's position: "I've met trans people" (Rowling, 2020). If overgeneralization is to be avoided, it would have to be argued that gender identity, whatever it comes to, requires a kind of cognitive sophistication only an adult could possess, and thus the counterpart of P2 for adults is false.

P1† states part of the Catholic theory of bishops, not an essential feature of them. Someone who rejects Catholic teachings entirely, and so who thinks P1† is false, is not committed to denying the existence of bishops. Contrast:

P1‡. If there are telepaths, some people have an extrasensory ability to communicate their thoughts.

Plausibly P1‡ does state an essential feature of telepaths. Since no one has the requisite extrasensory abilities, this is why there are no telepaths.

Restricting attention to kinds of creatures (as opposed to things in general) for simplicity, what explains the contrast between P1† and P1‡? The existence of bishops, witch doctors, and astrologers is not imperiled by the falsity of Catholic doctrine, or witchcraft, or astrology. On the other hand, there are no telepaths, leprechauns, or mermaids. In 1493, sailing close to Hispaniola, Christopher Columbus recorded the sighting of three mermaids, usually surmised to be manatees.⁴⁵ If they were, we should not announce that mermaids turned out to be manatees, and so (as Columbus put it) “they are not so beautiful as they are painted.” Why is that?

Mermaids, beloved by the young Jazz Jennings, are creatures of myth. One of the earliest occurrences of the English word is in Chaucer’s fourteenth century *Canterbury Tales*, where the rooster Chantecleer sings more merrily than “the mermayde in the see,”⁴⁶ and mermaids feature in folklore across the globe. It’s safe to say that there was no “initial baptism” of some living creatures with the word “mermaid.”⁴⁷ If there had been, and if those creatures had been manatees, then in that counterfactual situation “mermaid” (and its Spanish equivalent) would have referred to manatees, and Columbus’s report in his journal would have been correct. In fact, Columbus was using an existing word for a fictional kind of creature, which is why he saw no mermaids. The same point goes for alleged sightings of leprechauns, diminutive green-clad Irish gnomes.

What about telepaths? Why does P1‡ plausibly express an essential feature of telepaths, rather than a feature that telepaths might lack? “Telepathy” was introduced in the British *Journal of the Society for Psychical Research* in 1882, “to cover all cases of impression received at a distance.”⁴⁸ “Telepath” appeared later, presumably by analogy with “sociopathy”—“sociopath” and the like. Telepaths never formed a quasi-profession or identifiable social group, unlike Victorian mediums, who held séances and public events to showcase their alleged ability to communicate with the dead. Accordingly, there was nothing else for “telepath” to semantically latch on to, other than “person with the faculty of telepathy.” Mediums are more like Catholic bishops: subtracting supernatural powers still leaves “medium” with a referent—a social role of sorts, a way to be a person. So, although no mediums were telepaths, nonetheless mediums existed.

“Transgender child” belongs with “medium” and “bishop,” not with “telepath” or “mermaid.” Perhaps some sense can be made of gender identities, and perhaps

⁴⁵ Markham (1893, p. 154); see footnote 1 for the speculation about manatees.

⁴⁶ Chaucer (1987, VII, 3270).

⁴⁷ “Initial baptism” is from Kripke (1980), who famously argued that names (including common nouns such as “gold” or “tiger”) are not equivalent to descriptions (e.g. “yellow metal”). Thus the discovery that the substance we think is gold only appears yellow due to an optical illusion and is in fact blue would not imply that there is no gold (p. 118).

⁴⁸ Luckhurst (2002, p. 60).

transgender children have them, but these children are so much more. Jazz Jennings may or may not have a female gender identity, but (when younger) had all the other features distinctive of those called “transgender children”: strong cross-sex interests and identification, and social transition (change of name, clothing, and so on). Subtracting gender identity still leaves “trans kid” with a referent—a social role of sorts, a way to be a person. Even if no child has a gender identity, that does not erase transgender children from existence.

3.2. There Are Trans Kids: Enthusiasm and Moderation

Let’s now consider the enthusiastic and moderate positions. According to the enthusiast, the sharp rise in the numbers of visible transgender children simply reflects the lowering of barriers to “coming out,” and expressing one’s true gendered self. The incidence of trans kids has remained roughly constant, but prior to this century most of them remained closeted, mimicking the behavior of their non-trans peers. According to the moderate, a significant portion of the apparent increase is due to cultural forces inducing some troubled “cisgender” kids to identify as trans. The moderate and the enthusiast agree that the prevalence of “true trans” kids has not markedly changed, but they disagree on how large the prevalence is.

Either position could be paired with the idea that a transgender child is one with a mismatched gender identity, so we will discuss that first.

“Gender identity” was perfectly intelligible when it was defined in the 1960s to mean the conviction that one is of a particular sex—“the awareness ‘I am male’ or ‘I am female.’”⁴⁹ The contemporary understanding is considerably less intelligible: the “internal sense of belonging to a particular gender” (see Section 3.1), “a person’s deeply felt, internal, intrinsic sense of their own gender,” “A person’s deep internal sense of being female, male, a combination of both, somewhere in between, or neither,” and variations thereof.⁵⁰ The second quotation, from WPATH’s latest *Standards of Care* is similar to the first, both in using the word “gender” and in leaving it undefined. The last quotation, from an American Academy of Pediatrics policy statement, bears a greater resemblance to the original conception in explicitly using “female” and “male,” but the addition of “a combination of both” and “somewhere in between” strongly suggests that “female” and “male” must be interpreted non-standardsly. Some sense can be made of “somewhere in between” femininity and masculinity, but—irrelevant cases of “ambiguous genitalia” aside—there is nothing “in between” the two sexes.⁵¹ Moreover, a transgender man (say) might be self-consciously aware that he is of the female sex, but clearly the AAP definition is intended to have the result that he has a “male” gender identity. Such a person does not have “a sense of being male” unless this is interpreted as “a sense of being *stereotypically* male in interests and behavior” or “a sense of being *masculine*,” or something similar. But gender identity is not supposed to collapse into feelings of gender non-conformity.

⁴⁹ Stoller (1964, p. 220). Stoller subsequently used “core gender identity” for the conviction that one is female or male, and reserved “gender identity” for “a concept that covers a much wider range of behaviors” (Stoller, 1985, p. 11), although just what the term was supposed to mean was never very clear.

⁵⁰ Coleman et al. (2022, p. S252); Rafferty et al. (2018, p. 2).

⁵¹ On sex, see Bogardus (2025).

Similarly, a young boy might have gender dysphoria, be socially transitioned from an early age, and become a medically transitioned transgender woman. If there are any transgender children, this adult was surely one—a transgender girl, specifically. The transgender woman need not have the conviction that she is female, and the same goes for the boy. And the diagnosis of gender dysphoria in children does not require such a conviction—strong cross-sex wishes will do instead.⁵²

To the extent “gender identity” is comprehensible, it is ill-suited to explain how a child could be “transgender.” Recall P1 from the argument in the previous section:

P1. If there are transgender children, such children have a gender identity that differs from their sex assigned at birth.

If we understand “gender identity” as the conviction that one is of a particular sex, P1 is false: a trans girl might be only too painfully aware that she is male, since almost everyone knows what their sex is. If we understand having a “male” gender identity as having (something like) feelings of masculinity (similarly for a “female” gender identity and femininity), then P1 is arguably true. On the first view, some transgender children will have *matching* gender identities; on the second, some (gender non-conforming) cisgender children will have *mismatched* gender identities. Either way, being transgender cannot amount to having a gender identity that does not match one’s assigned sex.⁵³

An alternative suggestion is to take a hint from the 2014 picture book *I Am Jazz*, in which Jazz informs us, “I have a girl brain but a boy body. This is called transgender. I was born this way!”⁵⁴ Could a transgender child be one with a sex mismatched brain?

Imagine that human brains are significantly sexually dimorphic: the brains of girls are different from those of boys, as ovaries are different from testes. Further imagine that some children such as Jazz have the brain of one sex in the body of the other, with this anatomical peculiarity explaining their cross-sex identification and behavior. If this holds for virtually all the paradigms of “trans kids,” then the thesis that transgender children are those with sex-mismatched brains would be very plausible, and the enthusiast would be vindicated. However, if a notable portion do *not* have mismatched brains, then moderation does not automatically follow. In this scenario, “transgender child” might label a *disjunctive* category, rather like Putnam’s old example of “jade,” which again would vindicate enthusiasm.⁵⁵

Of course, this is imaginary neuroscience—and not even remotely correct. What is true is there are various average anatomical differences between the brains of (human) females and males, which allow the sexing of a brain’s owner with a remarkable—albeit imperfect—degree of accuracy. What is not true is that brains are sexually dimorphic,

⁵² American Psychiatric Association (2022, p. 512).

⁵³ Two recent books taking entirely opposite positions on whether being transgender can be explained in terms of gender identity are by Cosker-Rowland (2025) (Yes) and Saketopoulou and Pellegrini (2024) (No). For discussion of Cosker-Rowland, see Byrne (2026).

⁵⁴ Herthel and Jennings (2014). See also Edwards-Leeper and Spack (2012, p. 322), reporting and endorsing “the increasingly common belief that a transgender individual’s gender does not change, as his or her brain (or soul) has always been his or her affirmed gender.”

⁵⁵ Schematically: *transgender child* = *child with mismatched brain* or *child with matching brain and in condition C*. Jade, it will be recalled, is the disjunctive kind *jadeite-or-nephrite* (Putnam, 1975, p. 160).

or that there is evidence of a neural signature distinctive of Jazz Jennings and other paradigmatic “trans girls.”⁵⁶

Not all gender-nonconforming children are transgender; less obviously, neither are all gender dysphoric children. Before socially transitioning dysphoric children became widespread, even extreme cases of dysphoria usually resolved by adulthood.⁵⁷ A dysphoric male child who insists that he was a girl, but who was not socially transitioned and later grew up to be a “cisgender” adolescent, is standardly presumed to have been cisgender all along.

In some children, gender dysphoria *does* persist. Perhaps, then, we can identify transgender children with *persisters*—those dysphoric children whose gender dysphoria remains in adolescence and adulthood. But this clearly can’t be right, because a dysphoric male child could socially transition and find his dysphoria resolved, either during childhood or after medical transition and a period of living as a transgender woman. The child was a transgender girl, despite not having *persisting* gender dysphoria.

This suggests the following modification. Transgender children are children with *persistent* gender dysphoria: specifically, gender dysphoria that will not resolve *without* social and/or medical transition. Perhaps even transitioning won’t resolve persistent dysphoria, but it will almost certainly remain otherwise. (Analogously: leukemia will not resolve unless treated with chemotherapy and the like, but even that doesn’t always work.)

Let’s not pause to see whether this fits better with enthusiasm or moderation, because it can’t be right either. This is because some paradigmatic “trans kids” might not be gender dysphoric at any point—indeed, Jazz Jennings may be an example.

In her book *Being Jazz: My Life as a (Transgender) Teen*, Jennings recounts her mother reading the *Diagnostic and Statistical Manual of Mental Disorders* to see if Jazz met the criteria for “gender identity disorder”:

My mom read the DSM checklist to see if I fit the criteria for this so-called disorder and kept her own tally in her head.

Does he insist that he is the other sex? *Yes.*

Does he prefer to wear girls’ attire? *Yes, oh yes.*

Does he fantasize about being the other sex and cross-dress during make-believe? *All the time, YES.*

Does he have an intense desire to participate in the stereotypical games and pastimes of the opposite sex? *Yep.*

Does he have a strong preference for playmates of the other sex? *Only plays with girls, YES!*⁵⁸

⁵⁶ Baxendale (2025).

⁵⁷ E.g. Ristori and Steensma (2016); Singh et al. (2021). An earlier pioneering study of “sissy boys” (Green, 1987) followed 66 feminine boys (age range 4–12), interviewing two thirds as adolescents or adults. Although Green did not explicitly screen for a diagnosis of gender identity disorder (which was formulated after his study began), very likely this applied to almost all the cohort (12–13). Green found only one “transsexual” at follow-up; he was (at age 18) living as a man and declared himself “too lazy” to bother with a “sex-change” (pp. 132, 129).

⁵⁸ Jennings (2016, pp. 9–10).

The relevant version of the DSM is the fourth edition (text revision, 2000). The criteria Jennings gives are broadly accurate, but the DSM's (necessary) distress criterion is omitted:

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.⁵⁹

This criterion (which is included in numerous other DSM diagnoses) is undoubtedly elastic.⁶⁰ Still, it is unclear whether it can be stretched so far as to fit Jazz. She got mad when given a blue toothbrush and had tantrums about not wearing dresses to preschool, but plenty of ordinary "cis" kids have strong color or clothing style preferences, and at least by her own account Jazz seems to have had a relatively undistressed early childhood. A study of 317 "socially transitioned transgender children" did not assess gender dysphoria because "many parents in this study did not believe that such diagnoses were either ethical or useful, even if they had been diagnosed, and some children did not experience the required distress criterion after transitioning."⁶¹ Almost certainly some of these children did not meet the distress criterion before transitioning either, under any reasonable operationalization of it, partly because some were socially transitioned as toddlers, when the distress criterion barely makes sense.⁶² That should not disqualify them from being trans kids.

Dropping distress as a requirement in effect produces the diagnosis of "gender incongruence of childhood" in the current (11th edition) of the *International Classification of Diseases* (ICD):

... a strong desire to be a different gender than the assigned sex; a strong dislike on the child's part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence [i.e. the previous symptoms] must have persisted for about 2 years. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.⁶³

Since gender incongruence can resolve without treatment, just like gender dysphoria, we cannot say that a transgender child is a gender incongruent child. What about adapting the last proposal, substituting "incongruence" for "dysphoria"? Transgender children are children with *persistent* gender incongruence—incongruence that won't resolve unless they socially transition and/or (later) medically transition. That at least solves the problem that some transgender children never experience "clinically significant" distress.

⁵⁹ American Psychiatric Association (2000, p. 581).

⁶⁰ See Zucker (2010, pp. 488–490); Zucker (2000, p. 675). The DSM-III criteria for "Gender Identity Disorder of Childhood" did not include a distress condition, but the accompanying text mentions a "persistent feeling of discomfort" as one of the "essential features" (American Psychiatric Association, 1980, p. 264). The ICD-11 description of "gender incongruence" (see the main text below) has no negative psychological vocabulary at all.

⁶¹ Olson et al. (2022, p. 2).

⁶² deMayo et al. (2025, p. 39), reporting on the same cohort (see footnote 65 below).

⁶³ World Health Organization (2022, HA61).

However, this proposal threatens to disqualify many children who are socially transitioned from a young age and whose transgender status as adults is as firm as anything. If a transgender woman lived as a girl from the age of six, it would be bizarre to deny that she was once a transgender child. And yet, there is little reason to think that gender incongruence in all (or even most) such children would have remained absent transition.⁶⁴

As clinicians predicted, the popularity of social transition was accompanied by dramatically increased persistence of cross-sex identification.⁶⁵ This should not be surprising, because there is converging evidence that the “gender role” people can comfortably occupy is more flexible than one might intuitively suppose. In the inhospitable social environment of Georgian-era England, lesbians may present as men to enjoy the benefits of marriage.⁶⁶ Historical and present-day practices in other cultures show that feminine boys can be raised as a “third gender,” with the identification remaining through adulthood. Whether a feminine proto-same-sex attracted boy later lives as a Western gay man or “in the manner of a woman” as a Samoan *fa’afāfine* is a matter of cultural milieu, not innate predispositions.⁶⁷ Previous treatment of (otherwise ordinary) boys with severe genital abnormalities or injuries indicated that raising them as girls (with appropriate medical interventions) stood a decent chance of long-term success.⁶⁸ Raising a *dysphoric* boy as a girl (again with medicalization) is bound to be easier, regardless of whether his dysphoria would have waned if left alone.

Sexual orientation (at least in males) is a stable trait, relatively unaffected by upbringing and social factors, although of course these may affect its expression. Gender incongruence is clearly considerably more fragile. The suggestion that a transgender child is one with persistent gender incongruence is not plausible.

3.3. There Are Trans Kids: Creationism

So far, we have examined and rejected two positions. First, that transgender children do not exist. Second, that transgender children are those with certain psychological or neurological conditions: trans kids are those with mismatched gender identities, or mismatched brains, or hard-to-resolve gender dysphoria or gender incongruence. Suppose, for vividness, that Jazz Jennings’s incongruence would have greatly abated had she not socially transitioned, and that in this counterfactual situation Jazz becomes a feminine gay man, content with being regarded as such. In the counterfactual situation

⁶⁴ See footnote 57 above.

⁶⁵ In 2018, referring to Steensma et al. (2013), Zucker wrote: “of the 23 birth-assigned males classified as persisters, 10 (43%) had made a partial or complete social transition prior to puberty compared to only 2 (3.6%) of the 56 birth-assigned males classified as desisters. Thus, I would hypothesize that when more follow-up data of children who socially transition prior to puberty become available, the persistence rate will be extremely high” (Zucker, 2018, p. 237). deMayo et al. (2025) found that only 3–4% of a large cohort of children who socially transitioned at a mean age of 6.5 (modal age 5, range 2–12) had adopted a “cisgender” identity when followed up at a mean age of around 15 (pp. 39, 82). 88% were “binary transgender” by self-report at follow-up (p. 79) while some had become “non-binary” or similar. 86% had progressed to puberty blockers and 68% to cross-sex hormones (p. 39).

⁶⁶ Manion (2020, part 1).

⁶⁷ Bailey et al. (2016, pp. 65–66).

⁶⁸ Meyer-Bahlburg (2005).

Jazz is not transgender. Yet, under the supposition of Jazz's fragile incongruence she remains a transgender child at age six, indeed a paradigm case of one. But why?

The obvious answer is that Jazz became a transgender child because she socially transitioned due to incongruence, a process that is greatly facilitated by labelling or classifying Jazz as one of those special and unusual transgender children, a classification which Jazz quickly applied to herself. Admittedly, that answer is in a sense circular, in the sense that the explanation of why Jazz became a transgender child uses the phrase "transgender child" or some cognate. But this is no more problematic than explaining why Stuart became a police officer by invoking a qualifying process that crucially involves (on graduation day from the police academy) classifying Stuart as a police officer.

A child can become transgender by socially transitioning due to cross-sex identification or behavior, as a person can become a police officer by graduating from the police academy. That does not answer the question of *what it is* to be a trans kid (in the sense of supplying some kind of reductive analysis), any more than it answers the question of what it is to be a police officer. Still, whatever trans kids are, exactly, it must be possible to become one by an incongruence-motivated social transition.⁶⁹

There are gender nonconforming children who later socially or medically transition as adolescents or adults. They may (or may not) regard their youthful selves as trans kids. There are socially transitioned children who later desist—sometimes after embarking down the medical pathway. Were either of these groups trans kids? The answer is not clear. To avoid getting bogged down in fruitless debates we have confined ourselves to paradigm cases. Specifically, a transgender adult who socially transitioned at a young age was once a transgender child.

Avoiding some debatable examples means that we are not attempting to give necessary and sufficient conditions for being a transgender child. But we have said enough in support of our main conclusion, that trans kids (more cautiously, many clear examples of them) are *created*.⁷⁰ That is, a social process that in part involves classifying people *as transgender children* is responsible for new transgender children, molding them from the raw material of cross-sex identification and behavior. In Hacking's less

⁶⁹ Ásta (2018) says that "a paradigm case of...a ["social constructionist"] debunking project is to reveal a kind or category as a social category when it is widely held to be a natural one." Ásta herself argues that *male* and *female* fall to such a debunking project (pp. 70–73). Setting aside whether this astonishing conclusion has been established, the present paper falls roughly under the general project she outlines. If we assume that the possibility of *creating* Fs shows that *F* is not a "natural" category, and that it is commonly believed that *transgender child* is a natural category, then we claim to have revealed that this common belief is mistaken. Ásta thinks that *transsexual* is a social category (p. 88), and "classifications" (p. 49) play an important role in her theory of social categories. This is broadly consonant with the argument of this paper; see also note 71 below.

⁷⁰ Absent social transition, a minority of the current crop of paradigmatic trans kids would have gender incongruence that persists into adolescence or adulthood. In a fraction of that minority, the incongruence would weaken or dissipate in later adulthood. Of the remaining fraction, some would cope with persisting incongruence without transitioning (and sometimes even without thinking of themselves as transgender), and others would transition. Suppose (what is unobvious) that in this *counterfactual* situation the very last group grew up *as transgender children*. (In other words, having childhood onset gender incongruence/dysphoria, without social transition, which will persist and eventually lead to adolescent or adult transition, is sufficient for being a transgender child.) Granted the supposition, in the *actual* situation these (socially transitioned) children are not examples of *created* transgender children. The children would have been transgender without the assistance of categorization *as transgender*. This is one way in which our conclusion *might* need qualifying.

than ideal terminology, transgender children are examples of “making up people,” in the early-Hacking sense.⁷¹

Of course, sometimes the creation of *Fs* is to be welcomed. Police abolitionists notwithstanding, creating police officers is essential to an orderly society. If creating transgender children has any benefits, they are less obvious; downsides are easier to think of.⁷² The issue cannot be resolved here. The important point is that trans kids are created; only when we realize that, can we ask whether we should continue to create them.

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⁷¹ One might wonder whether the argument should stop at transgender children. Why not extend the view to transgender adolescents and adults, or some subgroups thereof? As Elliott put it, before the era of “trans kids,” and citing Hacking:

... it is possible to imagine another story: that our cultural and historical conditions have not just revealed transsexuals but created them. That is, once “transsexual” and “gender-identity disorder” and “sex-reassignment surgery” became common linguistic currency, more people began conceptualizing and interpreting their experience in these terms. They began to make sense of their lives in a way that hadn’t been available to them before, and to some degree they actually became the kinds of people described by these terms. (Elliott, 2000)

There are enough differences between the child and adolescent/adult cases to make this question very complicated, and for reasons of space we leave it unaddressed.

⁷² The problem is that social transitioning makes later medicalization, with its attendant risks and harms, very likely (see footnote 65 above). For a critique of the early Dutch research supposedly showing benefits from medically transitioning minors, see Abbruzzese et al. (2023). For overviews see Cass (2024b); U.S. Department of Health and Human Services (2025).

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