



The transgendering of children: Gender eugenics

Sheila Jeffreys

SSPS, University of Melbourne, Parkville 3010, Australia

ARTICLE INFO

Available online 30 August 2012

SYNOPSIS

This article argues that the emerging practice of transgendering children should be seen as a form of gender eugenics which has similarities with the practice of sexual surgeries carried out as a result of eugenics ideas in the early twentieth century. In the earlier period those suffering severe poverty, homosexuals, criminals, people with mental health problems and disabilities, and gypsies were sterilized. Presently, in Australia, children as young as 10 who are identified as suffering from 'gender identity disorder' are, with the connivance of the Family Court, placed on puberty delaying drugs. These drugs, if they are followed at age 16 with cross-sex hormones, sterilize the children. The similarities between earlier eugenics practices and the transgenderism of the present include the origin of the practices in the ideas of sex scientists, psychiatrists, biologists and endocrinologists, one of the target groups, lesbians and gays, support by 'progressive' sections of society, including some on the Left and some feminists.

© 2012 Elsevier Ltd. All rights reserved.

Introduction

This article will argue that the practice of transgendering children, that is becoming increasingly common in the twenty first century, should be understood as a contemporary form of eugenics practice. This practice employed sexual surgeries (Largent, 2008) and drug treatments to modify the behavior of the "unfit" in the early twentieth century, and family counseling in the mid century to regulate sex and gender. Presently, children as young as 10 in Australia, with the connivance of the Family Court, are being put on puberty delaying drugs as a result of being diagnosed with "gender identity disorder", with the expectation that they will be moved onto cross-sex hormones at 16 and receive surgery to amputate their sexual characteristics at 18 (Jeffreys, 2006). Though Australia is in the forefront of this practice, other countries are catching up. In Germany in 2009 a 16 year old boy had his genitals removed to become a "girl" (The Telegraph, 2009). The UK government agreed in April 2011 to enable an experiment administering puberty delaying drugs to children from 12 years old (Alleyne, 2011). This practice sterilizes the children. There has been an absence of critical feminist literature on the transgendering of children and this article seeks to contribute to remedying this.

The eugenic sexual surgeries and drug treatments of the past and the transgendering of children in the present share a

number of similarities which will be examined here. The most significant similarity lies in the fact that a project of social engineering lies behind both forms of practice. Both practices are based upon the idea that certain problematic behaviors have a biological basis and can be "cured" by treatments which alter and affect sexual characteristics. In the first half of the last century a project of social engineering took place in Europe and North America which was directed at the control or elimination of the economic underclass, "morons", prostituted women, criminals, those deemed to be "gypsies", those seen as morally deficient, lesbians and gays, all considered to be the "unfit", through sterilization. Presently a regime of transgendering children, as well as adults, has the effect of shoring up a correctly gendered and heterosexual state and citizenry. Another similarity is the origin of the ideas for these treatments, which come in both cases from sexologists or scientists of sex, biologists, endocrinologists and psychiatrists. Another similarity lies in the targets of the sexual surgeries. Lesbians and gays were targeted by eugenicists and those with same sex sexual orientations are, in practice, a principal target of the sexual surgeries of transgenderism today. The practices are connected too in that they were both supported by persons who had otherwise progressive agenda, such as sexologists who were often socialists, and some feminists. This is certainly true of the practice of transgenderism today, which has been supported by many on the Left and many

feminists, though the issue of transgenerating children has not been much remarked upon by these constituencies as yet.

In this article I will first describe the way in which the practice of transgenerating children has developed in the present, giving examples of how this is taking place from Australian Family Court cases. I will then show how the transgenerating of both adults and children has become exempt from critical analysis in the scholarly social science literature. This creates a considerable gap which this article seeks to fill by creating a new way of thinking about the transgenerating of children through an analysis of connections to eugenics. I will conclude with a description of eugenics practice which seeks to show how the transgenerating of children is connected to, and can be seen to show a continuity with, the history of eugenics.

A note on language

In this article I shall use the term “transgender” as a transitive verb which requires an object. Using the term “transgender” as a noun or an adjective essentializes the notion of transgenderism, and implies that there could be an authentic “transgender” child. This article rejects such essentialism. Using “transgender” as a transitive verb acknowledges that transgenderism is an emerging cultural practice that is being carried out by the medical profession, parents and the courts on children rather than representing some aspect of their essential nature.

The transgenerating of children

The practice of transgenerating children is a consequence of the increasing normalization of the practice of transgenerating adults. Before the 1980s, the practice of transgenderism was carried out on comparatively small numbers of patients, and the practice did not have the extensive and normalizing media coverage that it does today (Meyerowitz, 2002). In the 1980s there was a name change from transsexualism into transgenderism, and the beginning of a “transgender” movement, which modeled itself on the lesbian and gay movement. This movement called for “transgender” rights, which included treatment on medical insurance or the public health, and legal recognition of their new status. It was strongly aided from the 1990s onwards by the Internet which enabled a mushrooming of support groups and political organizing. There has been a campaign to transgender children from two constituencies, adult men who have been transgendered, and some sexual scientists, particularly endocrinologists.

The demand for early intervention and treatment of children identified as “transgender” has been spearheaded by organizations dedicated to the rights of those who have been transgendered, such as the Gender Identity Research and Education Society (GIREs) in the UK, and influential individual transgender blog activists such as Laura from Laura's Playground (Laura, n.d.). These male to transgender activists generally transitioned later in life, from their forties onwards. This meant that passing as women was difficult for them due to their male bone structure and height. They argue that early intervention is vital to prevent what they see as “transgender” children from experiencing puberty and the entailed physical changes which will make transition harder later on, and require expensive and more complex surgeries

to achieve a convincing simulacrum of the desired sex. The ‘international symposium’ that GIREs, with Mermaids, the support group for the transgendered, ran in 2005 to counter the significant resistance from within the medical profession to the idea of treating children, is an example of this campaigning work. The symposium was for “doctors... who care for children and young people experiencing gender variance”, and GIREs and Mermaids “remain in close contact with these professionals” (Department of Health, 2008). A precisely similar form of campaigning to enlist the services of the medical profession was employed by the Erikson Foundation on behalf of adult transsexuals 30 years before (Billings & Urban, 1982). The international campaign spearheaded by GIREs achieved a major success with the publication in 2009 of draft guidelines from the Endocrine Society which recommend that children identified as “transgender” as young as 12 should be given medication to delay puberty (Endocrine Society, 2009). The recommendations are largely based upon the experience of a clinic in the Netherlands which has been prescribing puberty blockers for some time to those under 16. The guidelines recommend that “adolescents who fulfill eligibility and readiness criteria for gender reassignment initially undergo treatment to suppress pubertal development”. They “suggest” that “pubertal development of the desired, opposite sex be initiated at about the age of 16 years, using a gradually increasing dose schedule of cross-sex steroids” (Endocrine Society, 2009, p. 4). They recommend referring the children for surgery when they have completed a “real life experience” of living as the desired sex, but “suggest” that surgery should be deferred until the child is “at least 18 years old”.

Pressure to treat children with drugs to delay puberty is also coming from some of the professionals at gender identity clinics. Norman Spack, for example, endocrinologist and co-director of the DSD (Disorders of Sexual Differentiation) Clinic at the Boston Children's Hospital, expresses a rather unseemly enthusiasm for being able to perform such treatment, “Yes, we remain at a crossroads, salivating at the prospect of applying the Dutch protocol for pubertal suppression, yet without permission from health insurers to pay for the expensive drugs or pressure from the medical and mental health communities to demand it. The frustration level of parents is rising, fueled by knowledge of what could be done” (Spack, 2008, p. xi). Spack knows what can be done and wants more freedom to treat children in the way he thinks appropriate. He is one of the authors of the 2009 Endocrine Society Guidelines that recommend puberty delaying drug treatment for children.

As the campaign by lobbyists and sex scientists to transgender children has achieved increasing success, there has been an emergence of online NGOs to support the parents of “transgender” children, and the publication of advice books. The practice of transgenerating children is being normalized by books from psychologists who make a living from identifying and treating children as “transgender”. One of these is a “handbook”, *The Transgender Child*, written by Stephanie Brill and Rachel Pepper, which advises parents on how to recognize that a child is “transgender” so that they can receive professional help (Brill & Pepper, 2008). Stephanie Brill, who describes herself as a member of the ‘butch/trans community’ (St. John, 2010), is a “gender educator” and founder of Gender Spectrum Education and Training (Gender Spectrum, n.d.), which offers support to

parents of “gender variant” children and offers gender training programmes for schools. Rachel Pepper is described on the book jacket as a therapist who specializes in “transgender and gender variant clients”. A number of organizations set up to service the families of “transgender” children dispense similar advice on their websites, such as Trans Youth Family Allies (TYFA, 2008). Parents are invited to identify their children as “transgender”, often at very young ages. Brill and Pepper tell parents that their first insight into their child’s transgenderism will be at 18 months, “When your 18-month-old girl’s first words are ‘me boy,’ or your 2-year-old son insists that he is a girl, and these responses don’t waver or change over the next few years, you can be pretty sure that you have a transgender child” (Brill & Pepper, 2008, p. 2). Parents are advised to be watchful for such matters as whether their young children select sex appropriate “underpants”, i.e. the boy should not choose those with flowers on. The tone of these published and online resources is apparently compassionate, but also quite coercive. Parents and professionals are told that the treatment of transgendering children is the only responsible way forward, that it is just, and that it may be the only way to protect the children from self-harm and suicide.

GIREs has been so successful in securing the support of the medical profession for its preferred treatment options, that it was able to play a major role in developing the guidelines on medical care for persons seeking to be transgendered which were published in a series of pamphlets by the UK National Health Service (NHS) in 2008. The series includes one on medical care for “gender variant children and young people” (Department of Health, 2008). This provides a useful insight into the ideas that have now been accepted, and the practices that medical practitioners are now advised to adopt. The NHS pamphlet explains that gender variance in children can be identified by boys saying “they want to be girls, or that they actually are girls” and girls wishing themselves to be or believing themselves to be boys (Department of Health, 2008, p. 4). The pamphlet asserts that “gender variance” in its “severe” form is “biologically triggered”, “small parts of the baby’s brain progress along a different pathway from the sex of the rest of its body” (Department of Health, 2008, p. 5). In fact research to suggest that behaviors commonly associated with “gender” difference are biological is very thin on the ground and likely to be as flawed as all forms of brain research are in proving that gender differences are inscribed in nature and not nurture (Fine, 2010).

Like the handbooks and online resources emerging from the US on the need to transgender children for their own good, the NHS pamphlet uses strong persuasion to pressure health practitioners to accept the practice, stressing the extreme distress that children they consider to be “transgender” experience at puberty. Treatment is justified as a way to avoid difficulties with “passing” in adulthood, “The irreversible effects cause life-long disadvantage because they often make it difficult, or even impossible to ‘pass’, that is, to look and sound completely like a person of the opposite sex” (Department of Health, 2008, p. 13). The anxieties of adult men who are transgendered are clearly revealed here, as the pamphlet states that those who are not transgendered as children “may be ‘read’ on the street and consequently may suffer prejudice, harassment, humiliation and even violence” (Department of Health, 2008, p. 13). The language of being “read” is common to male crossdressers, and its use suggests that the concerns of adult

males who may have quite different experiences and interests are being transferred onto children, for whom they may be quite inappropriate.

Identifying “transgender” children

Children are diagnosed with “gender identity” disorder as a result of engaging in socially unacceptable behavior, specifically behavior considered unsuited to the child’s biological sex. As such, I argue, the transgendering of children should be understood as a project of social engineering which has similarities to the practice of sexual surgeries that were carried out on persons seen as engaging in socially unacceptable behavior in the previous era of eugenics. In the earlier period the problematic behaviors included chronic poverty, homosexuality, and criminality. In this section I will illustrate the socially unacceptable “gender” practices that lead to the diagnosis of a child as having gender identity disorder. Physicians are faced with the difficulty of distinguishing children who are genuinely in need of being transgendered from those many who, as they readily admit, are likely to have worries about gender but do not wish to be transgendered when they are adults (Department of Health, 2008). The NHS pamphlet does not create confidence in the process by which this is accomplished,

As puberty approaches, the leading clinics will make a careful assessment of which children are almost certain to develop as transsexual adults and which are unlikely to do so. No physical test is available for detecting and measuring gender variance that may develop into adult dysphoria and transsexualism. Hence, clinicians must rely on the young person’s own account of his, or her feelings, or information from the parents about the way the child talks and behaves and on psychological tests (The Department of Health, 2008, p. 17).

The main indicator that they use, though, is likely to be the response of the child to the physical changes of early puberty. Unfortunately, puberty is arriving earlier and earlier for children presently. Precocious puberty is identified by the Boston Children’s Hospital, which treats “transgender” children, as before age 8 for girls and as before age 9 for boys (Stafford, 2011). If the logic underlying the transgendering of children is accepted, then children might have to be identified and treated with drugs even before these ages, as the pamphlet advises intervention early enough to suspend physical changes before they begin.

The diagnostic criteria for “gender dysphoria” in children, previously known as “gender identity disorder in childhood”, appear in the US Diagnostic and Statistical Manual (DSM). The DSM is currently under revision, and I shall use here the version of the criteria, published in 2011, which is likely to appear in the new edition, number 5. The criteria are based upon gender stereotypes. Children with gender dysphoria must have “a strong desire to be of the other gender or an insistence that he or she is the other gender”. The indicators that they are of the “other gender” are:

...in boys, a strong preference for cross-dressing or simulating female attire; in girls, a strong preference for wearing only typical masculine clothing and a strong

resistance to the wearing of typical feminine clothing; a strong preference for cross-gender roles in make-believe or fantasy play; a strong preference for the toys, games, or activities typical of the other gender; a strong preference for playmates of the other gender; in boys, a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; in girls, a strong rejection of typically feminine toys, games, and activities (DSM5, 2011).

The children should also have “clinically significant distress or impairment in social, occupational, or other areas of functioning”. The way in which these diagnostic criteria are applied in practice can be ascertained from the transcripts of the judgments made by the Family Court of Australia in cases where puberty delaying drugs for children were approved.

Examples from Australia

Australia is in the forefront of transgenering children. The transgenering of children is carried out by order of the Family Court, and is usually requested by the parents or guardians of the children. When the 13 year old girl called “Alex” was transgendered through the Family Court in 2004, it was 5 years before the Endocrine Society issued their guidelines on the practice (Family Court of Australia, 2004; Jeffreys, 2006). The age at which the Court was prepared to authorize the practice then started to go down. In 2008 a 12 year old girl, “Brodie”, was transgendered (Family Court of Australia, 2008). The youngest child in relation to whom such an order was made, in April 2011, was “Jamie” who was a 10 year old boy, and was said to have been living as a girl for 3 years (Family Court of Australia, 2011). In the court cases the evidence of psychiatrists, endocrinologists, social workers and parents is used to diagnose the child as having the disorder in order to begin treatment. The case of “Jamie” provides a useful example of how this works. Jamie was one of twin boys of 10 years and 10 months old. Agreement in the Court to the transgenering of Jamie was straightforward because he was identified as “a very attractive young girl with long blonde hair”, that is he conformed really well with cultural stereotypes of what a girl should look like (Family Court of Australia, 2011, Reasons for Judgment, 2). Jamie's parents gave the necessary evidence to prove that Jamie had the disorder, saying that he,

...first began identifying with the female gender when she (the transcript uses female pronouns) was about 2½ to 3½ years old. She chose female orientated toys, began to identify with female characters on television or in movies, and told her mother: “Mummy, I don't want a willy, I want a vagina” (Family Court of Australia, 2011, Reasons for Judgment, 12).

He also “sought the friendship of girls” (Family Court of Australia, 2011, Reasons for Judgment, 14). According to his mother the “turning point” was when Jamie wanted to wear a “ball gown” on an outing to see *Phantom of the Opera* (Family Court of Australia, 2011, Reasons for Judgment, 17). Jamie was taken to see a psychiatrist in October, 2007 when

he was seven years old, and was diagnosed as having gender identity disorder in December of that year.

The court experts adjudicate as to whether the child in the case before them is performing gender in an appropriate way. Thus evidence for Jamie's feminine gender was gleaned from the fact that he, “had the ambition to be a ‘female pop singing star’ and performed for her male psychiatrist in a ‘very feminine and creative way” (Family Court of Australia, 2011, 42). An expert witness, Dr. C, also said that Jamie had presented “unquestionably as a very attractive young girl” (Family Court of Australia, 2011, 43). One expert explained that Jamie looked “convincingly female in every way”, despite the fact that he, “had typical male genitalia with a normal penis and testes. Her chromosomes were those of a typical male” (Family Court of Australia, 2011, 50). The arguments used as moral pressure to promote the transgenering of children that we have seen from GIREs are produced in the court. Dr. C says that there was no time to lose in delaying Jamie's puberty in order to, “prevent the psychological distress that Jamie would experience if male puberty were to progress” (Family Court of Australia, 2011, 54). Jamie was in danger, Dr. C said, of “an increased likelihood of major mental disorder and behavioural difficulties, including severe depression and anxiety disorders and risk of self-harm” (Family Court of Australia, 2011, 63).

When cases involving the transgenering of girls are heard at the Family Court the diagnostic criteria change to reflect stereotypes of how boys should behave. In the case of 12 year old “Brodie”, she is described by her mother as always behaving in “a way that I would describe as like a boy and she likes to dress like a boy and when we go shopping for clothes, (Brodie) will always look to purchase clothes from the body (sic) section of the particular store... She has worn boy's underwear since she was about six years' old” (Family Court of Australia, 2008, 55). Choice of underwear seems to be important as it is mentioned in a number of sources which provide advice on identifying children who should be transgendered. In the case of Brodie, as in that of “Alex” who was transgendered in 2004, a main reason given for hastening treatment was the fact that these girls were very angry (Jeffreys, 2006). In Brodie's case she was very aggressive and bullied her younger sister. The reason for the anger of the children in the Family Court cases was not pursued, though it was commonly suggested that treatment for transgenderism would alleviate its worst excesses. Transgenering children, then, can function as a form of behavior management.

Perhaps surprisingly, considering the quite extreme forms of hormonal and surgical treatment of children and teenagers taking place in the present, there is an absence of criticism of the transgenering of children in social science literature and from feminist scholars. This is likely to be the result of the fact that critical analysis of the practice of transgenderism in general has declined to the point of invisibility in the last two decades. The analysis in this article, that such extreme treatments targeting the sexual and reproductive systems of nonconforming adults and children resemble in some important respects treatments that have taken place in the heyday of eugenics, is designed to stimulate a critical scholarly discussion.

Absence of critical literature on transgenderism

Though there are important connections between the early twentieth century eugenics practice of carrying out sexual

surgeries and sterilization on the unfit for purposes of social control and social engineering, and the transgendering of adults and children in the late twentieth and early twenty first century, these practices have not been linked together in scholarly literature. Indeed there is an absence of critical literature in politics and the social sciences today on transgenderism. This is a change from thirty years ago, when criticism of transgenderism as a practice formed one aspect of a critique of the politics of medicine. In the 1970s and early 1980s, social scientists and feminist and lesbian and gay activists were likely to be incisively critical of the medical profession and of psychiatry. They were inspired by the anti-psychiatry movement which subjected mental health practice to political criticism, and by a liberation politics which was fundamentally critical of psychiatric medicine as an institution of domination (Radical Therapist Collective, 1974). Also, the diagnoses of mental illnesses were criticized as being socially constructed and for serving to conceal the way in which capitalism and male domination caused sickness and stigmatized unacceptable behavior (Chesler, 2005, 1st published 1972).

Dwight Billings and Thomas Urban carried out research in this more critical period, using observation and interviews in a “gender” clinic (Billings & Urban, 1982). As critical sociologists of the time, they engaged in a swingeing critique of the medical practice of transgenderism. They argued that physicians created and promoted sex-change surgery which would heal “neither the body nor the mind, but perform a moral function instead” and that the surgery “privatizes and depoliticizes individual experience of gender-role distress” which is a symptom of social change and challenge to the political construction of gender roles (Billings & Urban, 1982, p. 266). They say that there was very considerable resistance by psychoanalysts to the practice of “sex-change” surgery as promoted by Harry Benjamin in the 1950s, with critics saying that “it is one thing to remove diseased tissue and quite another to amputate healthy organs because emotionally disturbed patients request it” (Billings & Urban, 1982, p. 267). They charge the physicians and surgeons involved in the practice with being motivated by the desire for monetary gain and the excitement of scientific experimentation, and of having deliberately sold anguished men the idea that they could have sexual satisfaction and “gender role comfort” if they suffered “amputation”. They conclude, powerfully, that, “By substituting medical terminology for political discourse, the medical profession has indirectly tamed and transformed a potential wildcat strike at the gender factory” (Billings & Urban, 1982).

The most well known feminist critique of the medical profession's practice of transgendering adults, mainly male at that time, was *The Transsexual Empire* (Raymond, 1979), from the philosopher of science, Janice Raymond. It emerged from the same time period, was inspired by similarly radical politics, and argued that the medical profession had instituted a diagnosis and treatment for transgenderism that served their profits, and was engaged in social control through the maintenance of patriarchal gender roles. Apart from Raymond's book, there has been but one other detailed feminist critique of the practice, Bernice Hausman's *Changing Sex. Transsexualism, Technology, and the Idea of Gender* (1995), which is a history of the development of the concept of gender identity disorder from a cultural studies perspective. In the nineteenth century “transgenderism” i.e. behavior in persons of one biological sex which was

considered more appropriate for its opposite, was understood to be an aspect of homosexuality in which male homosexuals had female minds in male bodies (Ellis, 1913). The idea that there was a particular kind of person who was really a member of the sex not indicated by their biology, and who required treatment for this condition, was an invention of the mid twentieth century. As Bernice Hausman explains, this development was related to the sexualogical adoption of the notion of gender, as the appropriate behavior that should develop in particular sexed bodies, and increasing scientific knowledge of, and motivation to experiment with, sex hormones (Hausman, 1995). The biologist Eugen Steinach was the most significant pioneer in the use of hormones to alter bodily processes, in men in particular (Steinach & Loebel, 1940).

Radical sociological approaches to transgenderism, however, look rather bold in the present. The philosopher of science, Brian Martin, has argued that the connection of science studies to the politics of social movements, to feminism and the project of social change was lost when it entered the academy and chased theoretical dead ends (Martin, 1993). The incisive and political critique of the earlier period disappeared. Thus the burgeoning academic literature on transgenderism today makes no connection with the grim history of sexual surgeries, with the sterilization of the unfit, with eugenics, or with social engineering, and is generally uncritical of sexual science.

This body of work includes histories of the way in which sexual science constructed transgenderism in the US (Meyerowitz, 2002). It includes a sociological literature based on interviews with women who have transitioned to become “men” which seeks to reveal their motivations and experience (Devor, 1999; Lewins, 1995). There is a literature developing on the politics of transgenderism, particularly on the issue of “transgender” citizenship (Monro, 2005), and collections on what is referred to as “transgender” theory (Ekins & King, 1996). In 2006 the first collection was published which was designed as a resource book for the emerging field of “transgender studies” (Stryker & Whittle, 2006). This weighty literature does not incorporate a feminist or sociological critique of the practice. In relation to the transgendering of children, critical work in the social sciences, with a few exceptions (Gottschalk, 2003; Jeffreys, 2006), is remarkably absent. The increasing quantity of social science literature on the “transgender” child is not critical, or analytical. It consists of handbooks for social workers and for parents (Brill & Pepper, 2008; Mallon, 2009), and for teachers. All of this literature speaks of “affirming” the “transgender” child and the positive tone of the materials can be adduced from the titles of two examples, “Working with Transgender Children and Their Classmates in Pre-Adolescence: Just Be Supportive” (Luecke, 2011), and “Trans-Friendly Pre-School” (Dykstra, 2005).

Despite the absence of critical work in relation to the practice of transgenderism in the social sciences literature, there is an emerging critique in the clinical literature. The psychologists Susan Langer and James Martin, for instance, argue that the diagnosis of gender identity disorder in childhood “serves primarily to advance a political or social agenda” (Langer & Martin, 2004, p. 15), and the “mental health community” should take a “strong stand against the continuation of GIDC as a sanctioned diagnostic category” (Langer & Martin, 2004, p. 19). There are other mental health professionals criticizing the diagnosis of gender identity

disorder in childhood and adulthood, particularly in the way that it affects the social control of homosexuality (Bower, 2001; Wilson, Griffin, & Wren, 2002). The most swingeing critique comes from the psychiatrist Az Hakeem. He works at the Portman Clinic in London which specializes in therapy with those seeking to be transgendered and those who have been transgendered, but continue to suffer distress. In a book chapter aptly titled “Trans-sexuality: a case of ‘The Emperor’s New Clothes’”, he calls the notion of persons seeking to be transgendered that they are really of the other gender or sex an “overwhelming false belief” (Hakeem, 2007, p. 184). He criticizes the practice of treating transgenderism as a biological condition that resides in the body and can be cured through hormones and therapy, commenting that, “It seems strange that as psychiatrists we attempt to address an internal psychological conflict with an exterior surgical solution” (Hakeem, 2007, p. 183). However, neither the earlier critical literature, nor that which is beginning to emerge from mental health professionals in the present, connects transgenderism in any form to the history of eugenics. In the next section I will identify some connections between the transgendering of children and eugenics practice which may help inform the development of a more critical social science literature.

Connections between transgenderism and eugenics practice

There is a burgeoning literature on eugenics campaigns and practices from social historians and historians of science, which provides evidence of ideas and practices which are echoed in the contemporary practice of transgenderism. This literature describes how the eugenics movement developed in the US (Largent, 2008; Reilly, 1991) and in Europe (Lucassen, 2010) and became centred on the practice of sterilization. Some point out that this practice, though it was mostly brought to an end in the 1970s, lingers on, particularly in relation to teenage girls who are considered at risk of pregnancy because they are vulnerable to sexual predation (Largent, 2008). This literature makes few connections with the contemporary practice of transgendering children despite the fact that this, like the sterilization of the unfit, is carried out by sexual scientists for the purpose of social engineering.

The ideological foundations of eugenics emerged from the work of Francis Galton, cousin of Charles Darwin (Largent, 2008). They were adopted and promoted by biologists, sexologists and psychiatrists who were politically leftwing such as J.B.S. Haldane and Henry Havelock Ellis in the UK, and Auguste Forel in Switzerland (Lucassen, 2010). It is relevant that all of these men saw themselves as socialists, because in the twenty-first century the practice of transgendering men, women and children, has been adopted as an issue of positive human rights by progressive people such as the Left theorist Judith Butler, rather than as a practice that violates rights (Butler, 2004). The Left of the late nineteenth and early twentieth century was generally supportive of eugenic ideas, as exemplified by Sydney and Beatrice Webb, of the Fabian society in the UK (Lucassen, 2010). In Sweden social engineering through the sterilization of the unfit was adopted enthusiastically by the Myrdals, sociologists associated with the founding of the Swedish welfare state. Legislation to enable the sterilization of the unfit was adopted in Sweden in the 1920s and from then until the 1970s, 63,000 persons were sterilized, ninety percent of

them women. Eugenics was adopted on the Left as a way to create a better “race”, meaning, at that time, “nation”.

Importantly, eugenicist ideas, including sterilization of the unfit, were adopted by many feminists before the Second World War. The US birth control campaigner Margaret Sanger was one of them. In 1932 she sought to explain how eugenics could lead to an end to war, through preventing overpopulation, particularly of the unfit, that she considered an important cause (Sanger, 1932). These measures included immigration policies to prevent entry of the unfit, segregation of the unfit so that they could not reproduce, and sterilization. Immigration controls, she said, should keep out, “feeble-minded, idiots, morons, insane, syphilitic, epileptic, criminal, professional prostitutes, and others” and a “stern and rigid policy of sterilization and segregation” should be applied to those who might have “tainted progeny”. People should, she considered, be given the choice of segregation or sterilization. The British birth control campaigner, Marie Stopes, too was inspired by eugenicist ideas and concerned to limit the breeding of persons who were not of sufficient “quality”. She opined in a BBC interview as late as 1957 “We are breeding rubbish” (quoted in Garrett, 2007, p. xlii). The extent to which feminists embraced eugenics before the Second World War in the UK is a topic of controversy amongst historians. There is general agreement that feminists tended to include eugenic language in their theory and practice in order to make themselves more persuasive and easily understood, but their degree of commitment is another matter (Bland, 1995; Makepeace, 2009). However, the absence of criticism, or active support, of the practice of transgendering adults and children, by those who see themselves as progressive or even feminist in the present, should not surprise, as there is a history of such support for similar projects in the earlier period.

Sexual surgeries

Eugenics practice was centred on the performance of sexual surgeries on those considered unfit, and the practice of sterilization of the unfit in the USA illustrates the scope and acceptability of the practice. Two-thirds of the states in the USA passed compulsory sterilization laws between 1907 and 1937 (Largent, 2008, p. 65). Sterilization was not just carried out for eugenic purposes, i.e. to prevent reproduction of defective children, but to punish and for therapeutic purposes such as changing unacceptable behavior. The sexual surgeries carried out on those considered unfit included complete castration, with removal of the testes, as well as the less invasive practice of sterilization through vasectomy. Largent explains that, in the US, amputation of the testes and scrotum was used from the late nineteenth century up to the 1930s to “treat, punish or control hundreds of rapists, child molesters, and men who engaged in activities associated with homosexuality” (Largent, 2008, p. 5). He calls this practice “mutilation”, and it was mostly practiced on men who were in mental hospitals and prisons. He explains that the reasons given changed over time, going from “punitive and eugenic” to “therapeutic and prophylactic” over four decades. The psychiatrists involved in sexual surgeries regularly used them as a “cure” for women’s unacceptable behavior. G. Alder Blumer in the US at the end of the nineteenth century recommended “gynaecologic surgery” for women patients (Dowbiggin, 1997, p. 89). He considered that “insanity

was a genital reflex”, an idea that was widespread from 1850 to 1900 and led to the removal of women's wombs and ovaries. In particular he recommended such surgery for women who were loud and vulgar in their language.

One significant connection between the heyday of eugenics and the transgenering of children today is that lesbians and gay men form a constituency that is targeted by both practices. The grim details of the control and punishment of lesbians and gay men by the scientists of sex throughout most of the twentieth century was laid out in the earliest, gay liberation-inspired, history of lesbians and gay men in the US, Jonathan Katz's *Gay American History* (1976). This history is important because the carrying out of sexual surgeries on lesbians and gay men is common to both the early period and to the transgenerism of the present. Katz writes that, “Lesbians and Gay men have long been subjected to a varied, often horrifying list of ‘cures’ at the hands of psychiatric-psychological professionals, treatments usually aimed at asexualization or heterosexual reorientation” (Katz, 1976, p. 197). These treatments, which went on well into the second half of the twentieth century, included surgeries such as castration, hysterectomy, and vasectomy. Women were subjected in the nineteenth century to surgical removal of the ovaries and of the clitoris, a treatment designed as a “cure” for various forms of what was called female “erotomania”, and included lesbianism. Lobotomy was performed as late as the 1950s. A range of drug therapies were also used such as the administration of hormones, LSD, sexual stimulants, and sexual depressants, alongside other treatments such as hypnosis and electric and chemical shock treatment, and aversion therapy (Katz, 1976, p.197). Katz comments that the homosexual victims of sexual surgeries were sometimes “acquiescent”, and sought out treatment, as those requesting to be transgenered do today. Indeed involuntariness is by no means a necessary element in eugenics practices generally. Katz explains that the case histories he examined in his research showed, “Numbers of these histories concern guilt-ridden, self-hating homosexuals, who have so internalized society's condemnation that they seek out cruel forms of treatment as punishment; they play what can only be termed a masochistic game, in which the doctor is assigned, and accepts, a truly sadistic (as well as remunerative) role” (Katz, 1976, p. 200). Katz does not include the transgenering of homosexual men and lesbians within these abusive medical treatments, but Bernice Hausman, in her feminist critique of transgenerism, does (Hausman, 1995). Hausman argues that the treatment of intersexuality and transsexuality in the mid twentieth century was motivated by a large extent by the desire to reduce the possibility of homosexuality and to create heterosexual citizens. She points out the first example of sex change surgery to be highlighted in the media in the US, that of Christine Jorgensen in 1951, concerned a man who described himself to his doctors as either homosexual or a woman, and was persuaded by them that he suffered from a condition that pervaded every cell of his body, that of being a woman (Hausman, 1995). The Jorgensen case led to a surge of interest in changing sex in those who, as Hausman puts it, were thus encouraged to see themselves as patients.

Despite the similarity between the control of homosexuality in eugenics practice and in transgenerism, this is seldom discussed in the social science literature today. The fact that many of the men and most of the women who seek

to transition are homosexual before treatment is, nonetheless, an open secret. Though males seeking to be transgenered may be attracted to women or other men, it is recognized that the women are generally lesbians before they are diagnosed as “transgender”, “Virtually all females with Gender Identity Disorder will receive the same specifier—Sexually Attracted to Female— although there are exceptional cases involving females who are sexually Attracted to Males” (Mental Health Today, n.d.). Professionals involved in treating Gender Identity Disorder in Childhood are aware that three quarters of the boys referred for diagnosis by their parents will be homosexual or bisexual when they reach adulthood (Mental Health Today, n.d.).

The lawyer and transgender rights activist, Shannon Minter, has provided a compilation of quotations from sexologists and those involved in the creation and implementation of the diagnosis of gender identity, that is designed to make evident their desire to prevent the development of homosexuality (Minter, 1999). Minter argues that, “If GID in children was not strongly associated with homosexuality in adulthood”, it is unlikely that cross-gender behaviors in children “would have been designated psychiatric disorders or become the focus of an entire clinical field devoted to ... ‘correcting’ cross-gender behaviors” (Minter, 1999, p. 27). Surprisingly, however, there has been little concern expressed by lesbian and gay activists about the way in which the practice of transgenerism is harmful to members of this community. The gay anthropologist, David Valentine, argues that this lack of criticism of transgenerism on the part of gay men stems from their desire to expel effeminate gay men from the category of homosexuality in order to shore up their image as conforming with malestream masculinity (Valentine, 2007).

The interest of eugenicists in the control and punishment of homosexuality was a part of their interest in the creation of properly gendered and sexed families and children, an aspect of the movement which relates clearly to the transgenering of children that takes place today. The historian of the US eugenics movement, Alexandra Stern, explains how the eugenics movement shifted focus after the Second World War to concentrate on making families conform to its idea of appropriate gender roles (Stern, 2005). Stern explains that in the 1950s there was less enthusiasm for the more familiar practices of eugenics which were stigmatized by association with Nazism, such as sterilization, though, as she says, these by no means came to an end, and the laws stayed on the books. Instead eugenicists gravitated towards what was called “positive” eugenics, concentrating on population control and “often began to locate the marrow of human differentiation not in racial distinctions... but in sex and gender”, such that, ‘the racism of the 1920s was rearticulated into the sexism of the 1950s’ (Stern, 2005, p. 154). The American Institute of Family Relations (AIFR), which was a main motor of eugenic population policy in the 1950s, and its director, Paul Popenoe, promoted a “family-centric eugenics that demanded sex and gender uniformity” and promoted the idea that the male/female distinction was the greatest that could exist between two human beings and was based on evolution, nature and genetics (Stern, 2005, p. 155). When clients were assessed for counseling by the AIFR, the first step was “gauging the degree to which their gender identity and comportment corresponded to their anatomical sex” (Stern, 2005, p. 167). They were then

treated on the basis of ideas emanating at that time from “psychiatry, psychometrics, endocrinology and sex research” (Stern, 2005, p. 180). This form of eugenics practice is exemplified in the way in which sexologists in this period developed ideas of “gender” and “gender identity” and used them in their approach to children they identified as intersex and in their treatment of transgenderism, a practice which continues today (Hausman, 1995; Meyerowitz, 2002). The avoidance of homosexuality and the construction of robustly heterosexual, and gendered, families, children and adults motivated the sexologists of the period.

The continuation of this branch of eugenics throws into question the extent to which the eugenics movement has gone into desuetude. Though the acceptability of sterilizing some constituencies of the “unfit” has lessened, sterilization and sexual surgeries on children identified as transgender is an increasing trend, as this article seeks to show. Largent (2008) identifies what he sees as the final death of the American eugenics movement as taking place in the 1980s. It took decades from the 1930s onwards, he explains, to bring it to an end. Opposition to sterilization of the unfit came from civil rights organizations, and movements “focusing on race, gender, sexual orientation, class, and physical and mental disabilities” as well as those advocating for the rights of prisoners and mental health patients (Largent, 2008, p. 140). However, the practice of sterilizing children with intellectual disabilities continues in many countries, including the US. Researchers in Australia found that between 1992 and 1997 there were around 200 sterilisations of young girls performed in Australian hospitals every year (Brady & Grover, 1997). The practice is strongly opposed by disability rights’ groups such as Women With Disabilities Australia (WWDA, 2007).

A groundswell of human rights activism against coerced sterilization of women as a violation of women’s reproductive rights, is now developing which uses concepts which could also be applied to the sterilization of children identified as transgender. The Centre for Reproductive Rights in New York, for instance, considers that coerced sterilization, that is without full and unpressured consent, should be considered “cruel, inhumane or degrading treatment or punishment” (Center for Reproductive Rights, 2010). They argue that, “Experts recognize that the permanent deprivation of one’s reproductive capacity without informed consent generally results in psychological trauma, including depression and grief” (Center for Reproductive Rights, 2010, p. 20). The Centre points out that the Human Rights Council has stated that coercive sterilization violates the right to be free from “torture and CIDT (cruel, inhuman and degrading treatment), as provided for under the ICCPR” (Center for Reproductive Rights, 2010, p. 20). Coercive sterilization is recognized by the committee which oversees the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Centre states, as infringing the “rights to human dignity and physical and mental integrity” (Center for Reproductive Rights, 2010, p. 20). In relation to children who are transgendered, the question arises of the extent to which they can be seen as uncoerced, considering that their parents, the medical profession, and the courts, are advocating this treatment for them, and they are told that it will alleviate their mental distress.

Sterilization of transgendered children and other longterm adverse health effects

The effects of the drug treatment and sexual surgeries that constitute the transgendering of children are such as to harm their reproductive rights, as well as their bodily integrity and future health. There are some differences between the sterilization that forms part of the practice of transgendering children today and the sexual surgeries of the earlier eugenic period. Eugenic sexual surgeries were regularly aimed at sterilization, rather than having sterilization as a side effect. But they had other aims too, such as preventing masturbation, or criminal behavior, and in that respect resemble the aims of transgenderism today which is also stimulated by unacceptable behavior. Also, in the earlier period sterilization was usually nonconsensual, whereas the sterilization carried out as part of treatment for gender identity disorder today is usually seen as an unfortunate side effect of a wanted process, but homosexual males, in particular, did seek out the sexual surgeries that formed a part of eugenic practice

Treatment with puberty delaying drugs leads to sterilization if it is followed with the administration of cross sex hormones at 16 years, as the Brill and Pepper handbook on “transgender” children (2008), explains, “the choice to progress from GnRH inhibitors to estrogen without fully experiencing male puberty should be viewed as giving up one’s fertility, and the family and child should be counseled accordingly” (Brill & Pepper, 2008, p. 216). For girls, sterilization is the outcome too, because “eggs do not mature until the body goes through puberty” (Brill & Pepper, 2008, p. 216). The issue of fertility, the handbook asserts, may bother parents more than the “teens”, because the latter may think shortterm and not be able to contemplate much more than getting transgendered in the present (Brill & Pepper, 2008, p. 220). The handbook speaks of other serious effects of the transgendering of children. It says that birth defects may occur in children born to “transmen taking testosterone prior to pregnancy” (Brill & Pepper, 2008, p. 219). It also warns that genital surgery can lead to the absence of sexual feeling, and comments that young people may not understand the importance of this (Brill & Pepper, 2008, p. 220). But, the handbook advises, “teens” can have sexual surgeries such as the removal of testes or breast removal, at any age, not necessarily 18, so long as their parents and a surgeon are willing (Brill & Pepper, 2008, p. 220). This does seem to contradict the warnings that accompany this advice, about the difficulty “teens” may have in understanding the implications of such surgeries for fertility and sexual pleasure.

The issue of sterilization was addressed by the Family Court in the cases involving the treatment of “Alex”, “Brodie” and “Jamie”. In each case it was suggested that the child had sufficient understanding to make a decision that could lead to sterilization, and where they may not fully understand their parents could make such a decision for them. The judgment in the case involving 10 year old “Jamie” explains that he understands he will become sterile, and does this with an interesting contradiction of pronouns and biological sex, “Jamie is aware that subsequent treatment with female hormones, when she is older, may then affect her capacity for sperm generation” (Family Court of Australia, 2011, p. 92). But because Jamie “does not have the level of maturity to be responsible for decisions of such gravity” the parents

are given the “responsibility to make such decisions in consultation with Jamie”.

Conclusion

In the twenty first century, decades after sexual surgeries on the unfit for eugenic, punishment and therapeutic reasons were mostly abandoned, a similar practice is increasingly being carried out on children who are considered to be innately “transgender” because they are disobeying culturally acceptable gender roles. The history of sexual surgeries needs to be connected with this contemporary practice in order to cast a more critical light on what is taking place today. Ian Dowbiggin, historian of North American eugenics, writes about the way in which the medical profession adopted the practice of sterilizing the unfit in a fashion which could equally be applied to the adoption of the transgenering of children, “It is a story of human fallibility, of human beings who, when faced with the daunting challenge of caring for emotionally and mentally disabled people, resorted to extreme theories and practices. Most of these men and women were convinced they were absolutely right, even when they might have known better” (Dowbiggin, 1997, p. x). The transgenering of children in the present shares with an earlier history of sexual surgeries the fact that progressive people, and even many feminists, feel that this is a reasonable practice and have not begun to criticize it. Feminist research and theory needs to recover the ability to criticize medicine and psychiatry and the way that the scientists of sex treat those who fail to conform to society's norms, if the transgenering of children is to be effectively challenged.

References

- Alleyne, Richard (2011). *Puberty blocker for children considering sex change*. The Telegraph (UK). <http://www.telegraph.co.uk/health/healthnews/8454002/Puberty-blocker-for-children-considering-sex-change.html>
- Billings, Dwight B., & Urban, Thomas (1982). The socio-medical construction of transsexualism: An interpretation and critique. *Social Problem*, 29(3), 266–282.
- Bland, Lucy (1995). *Banishing the beast: Feminism, sex and morality*. London: Penguin Books.
- Bower, Herbert (2001). The gender identity disorder in the DSM-IV classification: A critical evaluation. *The Australian and New Zealand Journal of Psychiatry*, 35, 1–8.
- Brady, Susan M., & Grover, Sonia (1997). *The sterilisation of girls and young women in Australia: A legal, medical and social context*. : Human Rights and Equal Opportunity Commission. <http://www.wvda.org.au/brady.htm>
- Brill, Stephanie, & Pepper, Rachel (2008). *The transgender child: A handbook for families and professionals*. San Francisco: Cleis Press.
- Butler, Judith (2004). *Undoing gender*. New York: Routledge.
- Center for Reproductive Rights (2010). *Briefing paper*. Reproductive rights violations as cruel, inhumane or degrading treatment or punishment: A critical human rights analysis. New York: Centre for Reproductive Rights. <http://reproductiverights.org/sites/crr.civicactions.net/files/documents/TCIDT.pdf>
- Chesler, Phyllis (2005, 1st published 1972). *Women and madness*. Basingstoke, UK: Palgrave MacMillan.
- Department of Health (2008). *Medical care for gender variant children and young people: Answering families' questions*. London, UK: NHS. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082976
- Devor, Holly (1999). *FTM*. Female-to-male transsexuals in society. Bloomington and Indianapolis: Indiana University Press.
- Dowbiggin, Ian Robert (1997). *Keeping America sane*. Psychiatry and eugenics in the United States and Canada, 1880–1940. Ithaca and London: Cornell University Press.
- DSM 5 (2011). Gender dysphoria (in children). <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=192> Updated May 4, 2011
- Dykstra, Laurel A. (2005). Trans-friendly preschool. *Journal of Gay and Lesbian Issues in Education*, 3(1), 7–13.
- Ekins, Richard, & King, Dave (Eds.). (1996). *Blending genders: Social aspects of cross-dressing and sex-changing*. London: Routledge.
- Ellis, Henry Havelock 1913 (1st published 1903). *Studies in the psychology of sex Volume 2: Sexual inversion*. Philadelphia: F.A. Davis.
- Endocrine Society (2009). *Endocrine treatment of transsexual persons: An endocrine society clinical practice guideline*. Chevy Chase, MD, USA. <http://www.endo-society.org/guidelines/final/upload/Endocrine-Treatment-of-Transsexual-Persons.pdf>
- Family Court of Australia (2004). Re Alex: Hormonal treatment for gender identity disorder FAM. CA 297. <http://www.austlii.edu.au/au/cases/cth/FamCA/2004/297.html>
- Family Court of Australia (2008). Re Brodie (Special Medical Procedure) FAM CA 334. <http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/cth/FamCA/2008/334.html?stem=0&synonyms=0&query=special%20medical%20procedure>
- Family Court of Australia (2011). Re Jamie (Special Medical Procedure) FamCA 248. <http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/cth/FamCA/2011/248.html?stem=0&synonyms=0&query=gender%20identity%20disorder%20in%20childhood>
- Fine, Cordelia (2010). *Delusions of gender: The real science behind sex differences*. Sydney: Allen and Unwin.
- Garrett, William (2007). *Marie Stopes: Feminist, eroticist, eugenicist*. San Francisco, CA: Kenon Books.
- Gender identity disorder today (n.d.) DSM IV Gender Identity Disorder. <http://www.mental-health-today.com/gender/dsm.htm>
- Gender spectrum (n.d., accessed 16 April 2012). <http://www.genderspectrum.org/>
- Gottschalk, Lorene (2003). Same-sex sexuality and childhood gender non-conformity: A spurious connection. *Journal of Gender Studies*, 12(1), 35–50.
- Hakeem, Az (2007). Trans-sexuality: A case of the “Emperor's New Clothes”. In David Howell Morgan, & Stan Ruszcynski (Eds.), *Lectures on violence, perversion and delinquency* (pp. 179–192). London: Karnac Books.
- Hausman, Bernice (1995). *Changing sex: Transsexualism, technology and the idea of gender*. Durham: Duke University Press.
- Jeffreys, Sheila (2006). Judicial child abuse: The Family Court of Australia, gender identity disorder, and the “Alex” case. *Women's Studies International Forum*, 29, 1–12.
- Katz, Jonathan (1976). *Gay American history : Lesbians and gay men in the USA*. New York: Avon Books.
- Langer, Susan J., & Martin, James I. (2004). How dresses can make you mentally ill: Examining gender identity disorder in children. *Child and Adolescent Social Work Journal*, 21(1), 5–23.
- Largent, Mark A. (2008). *Breeding contempt: The history of coerced sterilization in the United States*. New Brunswick, New Jersey: Rutgers University Press.
- Laura (n.d.) Laura's Playground. Transgender Children. http://www.lauras-playground.com/transgender_transsexual_children.htm, accessed 22 August 2011.
- Lewins, Frank (1995). *Transsexualism in society: A sociology of male-to-female transsexuals*. Melbourne: MacMillan Education.
- Lucassen, Leo (2010). A brave new world: The left, social engineering, and eugenics in twentieth-century Europe. *International Review of Social History*, 55(2), 265–296.
- Luecke, Julie C. (2011). Working with transgender children and their classmates in pre-adolescence: Just be supportive. *Journal of LGBT Youth*, 8(2), 116–156.
- Makepeace, Clare (2009). To what extent was the relationship between feminists and the eugenics movement a “marriage of convenience” in the interwar years? *Journal of International Women's Studies*, 11(3), 66–80.
- Mallon, Gerald P. (2009). *Social work with practice with transgender and gender variant youth*. London: Routledge.
- Martin, Brian (1993). The critique of science become academic. *Science, Technology, and Human Values*, 18(2), 247–259.
- Mental Health Today (n.d.). DSM 4 (n.d.) Mental Health Today. <http://www.mental-health-today.com/gender/dsm.htm>
- Meyerowitz, Joanne (2002). *How sex changed: A history of transsexuality in the United States*. Cambridge, Massachusetts: Harvard University Press.
- Minter, Shannon (1999). Diagnosis and treatment of gender identity disorder in children. In Matthew Rottnek (Ed.), *Sissies and tomboys: Gender nonconformity and homosexual childhood* (pp. 9–33). New York: New York University Press.
- Monro, Surya (2005). *Gender politics*. Citizenship, activism and sexual diversity. London: Pluto Press.
- Radical Therapist Collective (1974). *The radical therapist*. London: Pelican Books.

- Raymond, Janice (1994 1st published 1979). *The transsexual empire*. Boston: Teachers' College Press.
- Reilly, Philip R. (1991). *The surgical solution: A history of involuntary sterilization in the United States*. Baltimore and London: The Johns Hopkins University Press.
- Sanger, Margaret (1932). A plan for peace. *Birth Control Review*, 107–108 (<http://www.scribd.com/doc/24617997/1932-Margaret-Sanger-A-Plan-for-Peace>)
- Spack, Norman (2008). Foreword. In Stephanie Brill, & Rachel Pepper (Eds.), *The transgender child: A handbook for families and professionals*. San Francisco: Cleis Press.
- St. John, Leith (2010). *Interview: Stephanie Brill & Rachel Pepper*. Lambda Literary. <http://www.lambdaliterary.org/interviews/01/20/the-transgender-child-by-stephanie-brill-rachel-pepper/>
- Stafford, Diane (2011). *Precocious puberty (Early puberty)*. Boston Children's Hospital. <http://www.childrenshospital.org/az/Site1474/mainpageS1474P0.html>
- Steinach, Eugen, & Loebel, Josef (1940). *Sex and life*. London: Faber and Faber.
- Stern, Alexandra (2005). *Eugenic nation*. Faults and frontiers of better breeding in America. Berkeley and Los Angeles, USA: California University Press.
- Stryker, Susan, & Whittle, Stephen (Eds.). (2006). *The transgender studies reader*. London: Routledge.
- The Telegraph (2009). World's youngest sex-change operation. <http://www.telegraph.co.uk/news/worldnews/europe/germany/4511986/Worlds-youngest-sex-change-operation.html>
- TYFA (2008). Trans Youth Family Allies. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082976 Accessed 22 August 2011
- Valentine, David (2007). *Imagining transgender: An ethnography of a category*. Durham and London: Duke University Press.
- Wilson, Ian, Griffin, Chris, & Wren, Bernadette (2002). The validity of the diagnosis of gender identity disorder (child and adolescent criteria). *Clinical Child Psychology and Psychiatry*, 7(3), 335–351.
- WWDA (Women With Disabilities Australia) (2007). Policy and position paper: The development of legislation to authorise procedures for the sterilisation of children with intellectual disabilities. <http://www.wwda.org.au/polpapster07.htm> Accessed 16 April 2012