

# The Transgender Children's Crusade

With its vision of autonomous young people in touch with their innermost desires, gender identity negates all we know about growing up.

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If you're unfamiliar with Jazz Jennings, you're missing one of the paradigmatic characters of early-twenty-first-century America. Jazz—this isn't her birth name, for reasons that will become clear—was a boy born to a southern Florida couple in 2000. Nothing was unusual about his infancy; but by the time he was two, he was showing a marked preference for clothing and toys ordinarily chosen by girls: mermaids, princesses, all things pink—the whole shebang. Soon, he began insisting that he *was* a girl. His mother remembers him asking when the [good fairy would come](#) and turn his penis into a vagina. His “gender dysphoria,” as the medical world calls an emotional alienation from one's sexed body, continued to trouble him until his parents decided to let him adopt a new name and pronoun, wear girl's clothes, and present himself as a girl, a process known as social transition. At his fifth birthday, he debuted his new identity: “I got to wear the sparkly bathing suit for my party. I was a girl,” Jazz recalled later.

Transphobia in the United States is said to be ubiquitous and deadly, but for Jazz and family, transition presented extraordinary opportunities. In 2007, Jazz and her mother were interviewed by [Barbara Walters](#). After that, a documentary, *I Am Jazz: A Family in Transition*, aired on the Oprah Winfrey Network. A best-selling book, *I Am Jazz*, was next; it has a place on the shelves of school libraries around the country and an award from the American Library Association, and it has been the occasion for public readings in schools, churches, and other community centers. In 2015, Jazz's career reached its pinnacle. The TLC network launched a reality-show series starring Jazz and her family; it's now in its eighth season. That year, [Johnson & Johnson](#) also named Jazz a spokesmodel for its Clean & Clear skin-care line. In 2018, she [designed a bra](#) in partnership with Knixteen, a teen underwear company. She is a much-in-demand LGBTQ influencer, with millions of followers on Instagram, TikTok, and YouTube. She was signed by Creative Artists Agency, representatives of Anne Hathaway, Sandra Bullock, and other A-listers. The coup de grace in her rise came when she received an acceptance letter to Harvard. We don't know how much she has earned from some of these seemingly lucrative enterprises, but it's safe to say that her Harvard tuition shouldn't be a problem.



Jazz Jennings, a male-to-female transgender influencer, television star, best-selling author, and spokesmodel, whose journey exemplifies a strange turn in the history of American adolescence (CHARLES SYKES/INVISION/AP PHOTO)

Still, throughout this heady time, the shadow of puberty loomed over Jazz and her brand. At 11, the soon-to-be reality-show star started “puberty blockers.” An implant was placed in her arm to block the testosterone that would naturally deepen her voice and grow her facial hair. A few years after that, she began what will likely be a lifetime regimen of estrogen to feminize her features. The culmination of her transition came in 2018 as she prepared for her gender confirmation surgery, colloquially known as “bottom surgery” but more technically called vaginoplasty. During the procedure, doctors would castrate the 17-year-old, and create an artificial vagina. In celebration of the impending operation, Jazz’s mother threw a “Farewell to Penis Party” for friends and family. Everyone cheered as Jazz cut the cake. And yes, it was a penis cake.

The party was partly an escape from serious worries. Surgeons generally use tissue from the penis to sculpt a new vagina. But because Jazz had started puberty blockers at such a young age, the penis in question remained too small for the job. Doctors planned to take tissue from her stomach lining to complete the vaginal construction. The surgeon conceded that the surgery involved some risks, including internal hemorrhaging and damage to the intestine; sure enough, four days after the operation, Jazz experienced “crazy pain.” It seems what surgeons call her “neovagina” had split apart. To fix the problem, she would need two corrective surgeries.

Though she denied that it had anything to do with her transition, after her surgeries she fell into a depression and had to defer her college admission. Over the next two years, she gained 100 pounds due to a newly diagnosed eating disorder. Last we heard, though she had begun her college education, her libido is “basically nowhere”; she has never experienced an orgasm and likely never will. “This has been a real journey, hasn’t it?” her doctor said in an episode filmed after the surgery. That’s one way to put it.

Jazz’s journey captures many features of a strange turn in coming of age in America. It’s not that many kids sign up for bottom surgery; on the contrary, those numbers remain extremely small. But trans and “gender questioning” minors have been joining a little-understood revolution in striking numbers. The “gender journey,” the search for one’s “authentic” gender identity, is reshaping the biographies of the susceptible young into a radical and damaging new form. The crusade has been urged on by social and corporate media and their celebrity representatives, endorsed by a shockingly complicit medical establishment, promoted by educators, advanced by judges, and applauded by politicians at the highest levels. (“Incredibly brave transgender children,” is President Biden’s characterization.) Whether they realize it or not, supporters are showing a willful ignorance about child nature and endorsing views completely at odds with child psychology and legal and cultural traditions. In the process, they are undermining children’s understanding of, and parental confidence in, the most basic human realities.

Children like Jazz who are profoundly alienated from their own sexed body and try to take on a new identity as the opposite sex are **not new**. They have, however, been **few and far between**. Wanting to fit in with other kids of their new sex, they tended to keep their transition on the down low. They approached their desire with a foreign mind-set from today. The point of the transition was not to live as “trans” but to “pass” as their chosen sex.

“Gender identity,” part of a recently hatched belief system, is changing that. Gender identity is **defined** as “one’s own internal sense of self and their gender, whether that is man, woman, neither or both,” in the words of a National Public Radio glossary, which draws on information from the American Psychiatric Association. The Genderbread Person, a widely disseminated teaching tool—presenting as a cartoon-like gingerbread figure, apparently designed to engage the young—helps to clarify some relevant distinctions. Gender identity, “how you *in your head* define your gender,” should not be conflated with sexual orientation or attraction. And none of these should be confused with an individual’s sex, that is, “physical traits you’re born with,” or, in the now-familiar argot, “the sex you’re assigned at birth.”

Two points about gender identity are essential for understanding the new world of juvenile trans. First, proponents view it as entirely subjective; individuals may decide that their gender identity is congruent with their biological sex, in which case they’re “cis” gender, or it may be at odds with their anatomy, that is, trans. Importantly, children, even very young ones like six-year-old Jazz, can know their identity. We have no way to prove or disprove someone’s self-definition, on this view; it is true simply because it has been spoken, and its truth must be recognized—“validated”—by others. Second, though medical professionals sometimes use the concept, it has no grounding in either science or tradition. It is a very recent invention based on a mix of ideas from academic gender studies and an activist trans movement, enabled by medical technology and mass affluence. Trans individuals have existed throughout history, but nothing in the human record suggests that the “gender journey” is a widespread experience—or that gender identity should frame the obsessions of young people trying to figure out what kind of person they want to be. Now, both assumptions are ascendant.

**T**o grasp the novelty of gender identity, compare its idea of child nature with that of child psychology. The psychological approach is predicated on an idea that seems glaringly obvious to most people today: young minds differ from those of adults. Jean Piaget, one of the field’s first theorists of cognitive development, called the first two years the sensorimotor stage, when infants and toddlers explore the outside world through sensory means. They only gradually gain control of their arms and hands as they grab at their clothes and their hair, pull at their genitals, or reach for a caretaker’s necklace or hair. Anyone who has cared for a toddler knows that toddlers’ emotions are so fleeting that they forget the banana that they just demanded in a fit of red-faced rage, once distracted by a bright shiny object.

Here are other truths about young children known to experts and parents alike. They are prone to **magical thinking**; they believe, as Jazz Jennings did, that a fairy will change their penis into a vagina, or that they

play with invisible companions, like the castle-dwelling ninjas that my grandson used to “fight” when he was five. Their sense of time is primitive. Young children have trouble [thinking about being six](#) years old; imagining themselves as 20, as they would need to do to know their identity, is like science fiction. Their personalities change; the placid infant turns into a chatterbox five-year-old, who suddenly turns into a withdrawn ten-year-old. Dysphoria itself is often a temporary condition. Assuming that they don’t [socially transition](#), as Jazz did, the large majority of dysphoric young children [will desist](#) as they [get older](#); most will become gay.

Yet pediatric gender experts have put psychology’s idea of the child out to pasture. In their view, kids, even those who have yet to pull themselves up in their cribs, are capable of insight that many adults don’t have. “Kids understand themselves better, and at a much younger age, than adults assume. This includes their gender identity,” theorists at the University of Pennsylvania Graduate School of Education [maintain](#). Today’s prodigies intuit their gender identities before they can talk. Diane Ehrensaft, director of mental health at the University of California–San Francisco and one of the foremost exponents of youthful gender dysphoria, explained at a [2016 conference](#) how preverbal children could communicate gender distress. A boy infant might pull at the snaps of his onesie, she answered, in order to “make a dress”; he is sending a “gender message” that he really wants to be a girl. Likewise, a toddler tugging at the barrettes in her hair is not trying to ease the pulling at her scalp; she’s demonstrating that she wants to be a boy.

In the past, when a child showed signs of gender dysphoria, clinicians took a stance of “watchful waiting,” an approach that recognized the inherent volatility and cognitive immaturity of creatures still sleeping in their Batman jammies and leaving cookies for Santa Claus. The essentialist logic of gender identity, however, requires teachers, parents, and therapists to take a “gender-affirming” approach. A boy who declares himself a girl must be validated: no questions asked, no therapeutic probing about anything else that might be troubling the child. The enlightened child has spoken. “If you listen to the children, you will discover their gender. It is not for us to tell, but for them to say,” [writes](#) Ehrensaft.

One problem for gender identitarians is that most people, let alone children, haven’t given a moment’s thought to their gender identity. To nudge kids along, some schools introduce the topic as early as [preschool](#) and kindergarten. “[B]y asking students their pronouns starting at a young age,” the University of Pennsylvania School of Education [explains](#) to prospective teachers, “educators can make room for students who may be exploring their gender identity and show everyone that gender identity should not be assumed.” The National Education Association, the nation’s largest teachers’ union, encourages teachers to “role model” their pronouns and then go around the room so that students can introduce theirs. In addition to the expected he/him, she/her, and they, the organization [offers](#) a few “neopronouns”—ze, zim, zir—said to be “nonsexist.”

When the pronoun catechism goes over the young heads—as it surely will, since these days, few adults would know a pronoun if they tripped over one—a mind-boggling number of children’s books on gender

identity are available to reinforce the theme. In addition to *I Am Jazz*, a school or classroom library might have *Are You a Boy or Are You a Girl?*, *The Boy Who Cried Fabulous*, or *Who Are You? The Kid's Guide to Gender Identity*. Eager parents who don't want their children to wait until they go to school to begin their gender journey can cuddle up while reading *The Pronoun Book* or *Bye Bye Binary* (“A joyful baby refuses to conform to the gender binary and instead chooses toys, colors, and clothes that make them happy”). For the youngest, *The Hips on the Drag Queen Go Swish, Swish, Swish* can replace the old standby *The Wheels on the Bus Go Round and Round*.



Children's books on gender identity have become legion. (ASTRID RIECKEN/THE WASHINGTON POST/GETTY IMAGES)

Some parents might not find this early education in gender identity particularly concerning; kids won't really understand much of it—and, anyway, what harm is there in learning to be respectful of the dysphoric children in their midst? This is naive. Learning to choose a pronoun and hearing the repeated stories of children deciding that they are trans prepares kids to accept the view that they can define the reality of their physical body. It also sets them on a path toward thinking of gender identity as one of the most salient features of the critical task of their childhood and teen years—their individuality and its self-discovery. Nor should parents fool themselves that they can easily counter educators' gender lessons. In the

name of gender-affirming care, many [school districts](#) require teachers to follow students' ID preference, regardless of what their parents want. If Jennifer says that she wants to be called Jack and referred to as "he/him," teachers must oblige. Some states, including [California](#) and [Maryland](#), expressly forbid schools from disclosing information to parents about students' chosen gender identity, while others, such as New Jersey, make clear that they have no duty to do so.

**G**ender identity, with its vision of autonomous children in touch with their innermost authentic desires, negates all we know about adolescence, just as it does early childhood. Adolescence is a modern invention. In most societies, young people were expected to contribute to the family economy by the time they hit puberty and, in many cultures, to start their own families soon after. But while adolescence is clearly a social construction of the turn of the twentieth century, it was a necessary one. Advanced economies need citizens with more complex, flexible cognitive skills than do traditional societies, where children largely just learn to obey and imitate their elders. There are good reasons we have laws requiring 14-year-olds to attend school, as well as laws preventing them from getting driver's licenses and from buying alcohol or cigarettes, or, in some states, from getting a tattoo without parental agreement. Age-of-consent laws that determine when a minor is deemed legally competent to consent to sex are on the books in just about every country in the world; in the United States, the age is generally set between 16 and 18, depending on the jurisdiction.

These laws rest on the once-uncontroversial premise that adolescents remain a work in progress, unready for full autonomy. It finds support in the [reigning consensus among](#) neuroscientists that the brain keeps changing and developing until age 25. After puberty, the limbic system, which drives emotions, goes into overdrive, which explains teenagers' notorious mood swings, while the frontal cortex—the area of the brain that controls "executive functions" like reason and self-control—stays stuck in elementary school. The upside to the mismatch is that it gives the teen brain the flexibility to adapt to its environment; the downside is that it leads kids to drive 85 mph in a 30-mph speed zone after smoking a few joints.

By removing young people from the workplaces where they once spent their days—homes, fields, offices, craftsman shops—and ghettoizing them in modern high schools, the invention of adolescence also magnified the power of peer groups. Laurence Sternberg, a prominent figure in the field of adolescent psychology, coauthored a paper with Susan B. Silverberg suggesting that today's peer group serves as a kind of alternative family and a "[way station](#)" toward genuine autonomy. Like all social groups, peers provide both a longed-for group identity and informal rules regulating behavior and ideas, some of them damaging. Social scientists have traced numerous teen woes—obesity, smoking, [drug and alcohol use](#), [suicide attempts](#), [Tourette-like tics](#), delinquency, violence, [self-cutting](#)—to the network effects of peer groups.

In a meme world captured by gender identity, all of adults' well-conceived doubts about teen judgment and about the power of the peer group disappear out the speeding-car window. The teen is self-aware, entirely

capable of knowing his or her authentic self. The stakes of this error are considerably higher than they are for younger children; affirmative care requires professionals to nod in support as a 12-year-old girl who suddenly comes to believe that she's a boy asks for puberty blockers and hormones. Most people assume that aspiring trans kids go through a careful psychological assessment before they take what have been euphemistically renamed "gender-affirming" drugs. Perhaps that was once true, but the process is now "surprisingly brief," according to two prominent psychologists with a long history of working with dysphoric kids. Planned Parenthood tells young viewers in an online video: "You should be the one to decide what changes you want to make to your body." In the name of autonomy, they frequently are. Experts get reluctant parents to sign on by warning, [without good evidence](#), that an unsupported child is at high risk of suicide. Often asked by therapists, "Would you rather have a live son or a dead daughter?" they feel that they have no choice.

**T**he trans crusade has grown exponentially over the past 15 years. The first gender clinic for children in the United States opened in Boston in 2007. Today, [more than 100](#) of them operate around the country, putting an unexpected twist on the phrase "if you build it, they will come." The Williams Institute [estimates](#) that the number of youth identifying as transgender has doubled from its previous estimate using 2015 data; the increase is likely far greater than that, given Gallup's 2022 finding of 2.1 percent of youth saying that they are transgender. The number of dysphoric adolescent girls has shot up 4,000 percent in the U.K.; American numbers are not as readily tracked as those in countries with centralized health systems, but a Reuters investigation found an increase in new diagnoses of children with gender dysphoria increasing from 15,172 cases in 2017 to 42,167 in 2021.

Trans activists and their allies [attribute](#) the surge to the de-stigmatization of transgender people; they often compare it with the way acceptance of left-handedness resulted in a flood of left-handed kids. But several reasons suggest that the surge is an example of teenagers just being peer-focused and impressionable. For one thing, no corresponding change has occurred in the percentage of adults going to clinics. For another, girls have driven almost the entire shift. This is particularly puzzling because in the past, most trans people were adult men who had transitioned to female. Suddenly, by far the largest group of patients in gender clinics were female adolescents. Third, the same phenomenon—a crowd of adolescent girls seeking treatment in gender clinics—was happening in other Western countries, including the U.K., Sweden, Canada, and Finland. Why haven't adults responded to de-stigmatization with the same rush to the gender clinic? And why are the new dysphorics almost entirely girls? Erica Anderson, a clinical psychologist specializing in gender-dysphoric kids, herself transgender, [admitted](#) that the whole thing "defies explanation."

There was another mystery. If gender identity is innate, as identitarians believe, if dysphoric kids were "born in the wrong body," the girls should have shown signs of distress earlier in childhood. Though some rare cases of later-onset dysphoria had been seen among girls, typically the problem first appears earlier in childhood, and then deepens with puberty. The new generation of adolescent gender dysphorics present



differently. In 2018, medical researcher Lisa Littman, then at Brown University, published a paper based on a survey of parents of adolescent daughters suffering from gender dysphoria. The majority of the mothers didn't recall any early history of gender issues, but they did note that soon before the dysphoria began, at least one other girl in their daughter's peer group had begun to identify as transgender. Littman calculated that more than one-third of the girls she studied were in friendship groups where 50 percent or more of the youths began to identify as transgender during a similar time frame; this was more than 70 times what would be predicted. Mothers also reported noticing that their daughters were spending more time on social media. The sudden appearance in adolescence of distress over one's sex was unusual enough for Littman to give the phenomenon a name: Rapid Onset Gender Dysphoria (ROGD).

Aside from the otherwise inexplicable queue of girls at gender clinics, the obvious point in ROGD's favor is that it is consistent with what we already know about teenagers, whereas the idea of adolescent intuitive wisdom is most decidedly not. Despite this, gender crusaders were furious with the suggestion that teens were anything less than independent-minded sages, intuitively in touch with their "authentic selves." Understanding that Littman's findings could undermine the essentialist rationale behind gender-affirming care, the *Guardian* called ROGD "a poisonous lie used to discredit trans people." With a notable lack of irony, others dismissed the whole idea as evidence of a "moral panic." Under pressure from the critics, Brown University pulled the announcement of Littman's paper off its news site; *PLOS*, the journal that originally published it, undertook a second round of peer review and added a correction. It turned out to disappoint the critics; the review left Littman's results unchanged. When the paper's conclusion was expanded and popularized in *Irreversible Damage*, Abigail Shrier's unjustly targeted and important book on the trans girl craze, it sparked a fierce battle between gender-identity essentialists and their skeptics that continues.

**T**hat Littman and Shrier have a better grasp of teens' so-called life than their critics is clear from a brief tour of popular social-media sites. A fact rarely mentioned in the research is that teen social life takes place almost entirely online these days: "the party is on Instagram and Snapchat now," as the psychologist Jean Twenge puts it. This doesn't mean that adolescents have escaped the tyranny of their middle or high school tribe; social media creates its own virtual peer groups, just as compelling as those in real life and available 24/7. In cyberspace, adolescents can customize their community to align with their particular obsessions: female to male, male to female, binary, closeted trans boys, and many more. Tumblr, which came online in 2007 but had effectively become Gender Identity Central by about 2013, was the first happening teen hangout. Now the party has expanded to YouTube, Instagram, Discord, Reddit, and TikTok. "My daughter's trans identity started when the school taught a module on 'identity' during which they told a group of 11-year-olds that, if you feel uncomfortable in your body, it means you are transgender," recalls one mother of a ROGD teen in a scenario similar to those repeated in parental support groups across the Internet. "My daughter had just had her first period two months prior to this class. Of course she was feeling uncomfortable in her body. She went home, looked up 'transgender' on TikTok, and that was it."

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Teen social life takes place almost entirely online these days; peer support on social-media sites has been a crucial driver of transgender trends. (GETTY IMAGES)

It's easy for lonely, anxious girls, freaked out by their changing bodies and the specter of adult sexuality (something they often know primarily through the tawdry lens of Internet porn) to find peer support online. It's even easier for them to find misinformation and alarmingly hazardous advice. They can join a [self-cutting pro-self-harm community](#) or a [binge-eating group](#) or a [Dissociative Identity Disorder](#) crowd. The most prominent of these deluding subcultures is the transgender community. Teens watch transition videos—time-lapsed slides of testosterone-energized transitioners as their voices deepen and their shoulders broaden—and study pictures of themselves as the opposite sex in photos made possible through FaceApp, a popular program that lets them visually “swap [their] gender.” Posts dole out information about puberty blockers and chest binders that would hide the breasts that girls haven't been able to suppress with blockers. They'll find advice from experienced trans youth about the right language to use to persuade doctors to give them a prescription for “T” (testosterone). Some read up on double mastectomies, or “top surgery,” poring over photos of the postsurgical scars posted by veterans of the procedure. Cosmetic surgeons, spying a gullible customer base, join them online. One of those surgeons, a photogenic blonde named Sidhbh Gallagher, a mentor to Jazz Jennings, uses in-the-know trans argot on TikTok; “I have yeeted 100's of unwanted teets!,” “Come to Miami to see me and the rest of the De Titty Committee.”

Female-to-male transitioners, “FtM” for insiders, occupy only one corner of the Gender Internet. Over the past decade, gender has shattered into a kaleidoscope of sub-identities, each with its own Reddit or YouTube followers, all usually subsumed under the umbrella term “trans.” There is much disagreement about just how many identities there are—Wikipedia lists more than 100—but whatever the exact number, enough possibilities exist to lure susceptible kids into a never-never land of lost children with their own language, impenetrable to outsiders.

Kids who come to gender clinics disproportionately also show [symptoms of autism](#). And autistics frequently engage in the kind of obsessive thinking that you see among the identity-confused. “How do you know if you’re agender?” they ask. “Am I trans feminine, or a demiboy [someone who identifies as male but not all aspects of masculine]?” Or maybe the young person is “genderfae,” also called genderdoe or genderthil (genderfluid but never encompassing feeling masculine). The avant-garde might consider xenogender (a gender that cannot be contained by human understandings of gender), or if they’ve been diagnosed to be on the spectrum, neurogender (those whose experience of gender is influenced by their neurodivergence). It’s surprising that more kids don’t opt for “neutrois” (indifferent toward gender), since the online conversation is so obscure it might have been conjured up by a quorum of medieval scholastics.

Head-spinning as this catalog already is, we shouldn’t forget the increasingly popular “nonbinary,” or “enby.” Over a [quarter of LGBTQ youth](#) identify as nonbinary, according to a 2021 survey by the Trevor Project, a youth advocacy group; another 20 percent say that they might be. (N.B. from the University of California–San Francisco Medical Center: [nonbinaries](#) can be “both male and female; neither male nor female; in between genders; on or outside the gender spectrum; or beyond the gender binary system, not having a gender at all—identifying as agender or genderless.”) Some nonbinary kids do decide to go on blockers and hormones. The label gives leeway for those uneasy about starting a drug regimen but who still want to claim a pride flag—in the case of nonbinaries, that would be yellow, white, purple, and black horizontal stripes.

There’s plenty of adolescent bravado in these social-media performances, but the narrow fixation on which neo-label fits their identity only exposes how fragile teen identity is. “I’m 13, and think I’m agender,” posts a middle schooler. “I’ve felt this way for close to half a year now. Am I really agender, and how can I come out to my parents?” “How do I know if I’m nonbinary or gender nonconforming?” another lost soul asks on Quora. “Somedays I feel like a girl other days like a non-binary person, but never a boy. I currently use She/her pronouns and non-binary doesn’t feel right but neither does genderqueer, I just want to be more comfortable in my body.”

American children are living in one of the richest countries in the history of the world—one that, despite its undeniable challenges and inequities, offers a groaning board of possible interests and life scripts. You’d never know it from online chatter. Adults wandering through the thicket that is gender TikTok might find themselves shaking their heads: “Why don’t you go play soccer, bake a cake, read a book about—I dunno—

Antarctica or Louis Armstrong—anything that will take you away from the gender crusade.” TikTok has introduced an upbeat song for kids to announce their most recent pronoun choices, but the ditty is only a distraction from the pervasive angst. In one video, a [young person](#) of indeterminate sex stares grimly into the camera: “Hey, quick little pronoun update: So, after a few-days-long gender crisis, I’m pretty certain I use They/Fae/He pronouns. I just want to let you know I’m still trans fem. I’m still on HRT [hormone replacement therapy]. . . . My gender is a complete nightmare. I don’t know what’s going on with it right now. . . . My whole gender is supposed to be ‘girl who’s trying to be a boy,’ not ‘boy who’s trying to be a girl.’ So yeah, I hope it makes sense.”

It doesn’t, but in social-media cyberspace, no adult can hear you scream.

**C**ould gender fae and zenogender really be deeply intuited identities of the kind that gender identitarians have assured us exist? More likely, they are sad attempts at making sense of a novel ideology by youngsters with neither the judgment nor the confidence to question it. Few adults, much less adolescents, understand the environmental pressures on their self-conception. None of this means that there’s no such thing as genuine childhood dysphoria. A small number of children experience a profound discordance between their bodies and their sense of themselves, starting as early as toddlerhood and persisting well into adolescence. Jazz Jennings may be just such a case, though we’ll never know for sure; once a child begins social transition, as Jazz did at six, it’s very difficult to change course.

But for most of today’s preteens and adolescents, a different explanation is in order. The gender-identity revolution has given many adolescents growing up during a time of global uncertainty and disaffected from both their peers and their own transforming bodies a seeming way out of their pain. Social media offers them sympathetic comrades and step-by-step instructions to relief: change your name and pronouns, cut (or grow) your hair, toss the girlie (or boyish) clothes, come out to your parents, make an appointment at a gender clinic, and so on. This explanation is not condescending. Humans, particularly adolescents, naturally shape their understanding of internal distress to the vocabulary and symptomology of their time. “[C]ulture shapes the scripts that expressions of distress will follow,” writes Rachel Aviv, author of the recent exploration of the phenomenon, [Strangers to Ourselves](#).

So, what is the future of the trans children’s crusade? Recently, its supporters have been on the defensive. Critics like the Manhattan Institute’s Leor Sapir are raising troubling [questions about the quality of research](#) on gender-affirming care. “Detransitioners” are taking to social media to accuse once-trusted physicians of lies and betrayal and to vent their anger about disfiguring mastectomies, lingering pain, and infertility. More evidence is emerging that puberty blockers have damaging side effects, while showing [negligible effects](#) on dysphoria. Finland and Sweden, countries with sterling progressive reputations, are backing away from their previous support for affirmative care; Sweden’s premier gender clinic, at Karolinska University Hospital, has [stopped prescribing puberty blockers](#) and cross-sex hormones for kids

under 16 while requiring judicial approval for 16- to 18-year-olds. The U.K., France, and [New Zealand](#) are also revisiting their gender-affirming protocols.

Still, the outcome of this particular culture war is far from assured. A number of U.S. states have introduced laws [banning](#) the use of hormonal interventions, but the bills' overreach, detailed in [these pages](#), invites lawsuits. In reaction to these efforts, other places have [introduced laws](#) mandating public and private insurance coverage for a wide range of gender-“affirming” medical and surgical interventions, regardless of a patient's age or mental-health status. In Canada, Bill C-6 would even criminalize (as “conversion therapy”) psychological treatment for gender dysphoria, the only noninvasive alternative to medical interventions. In a curious display of American exceptionalism, cultural institutions, universities, and prestigious medical organizations—the [American Academy of Pediatrics](#), the American Medical Association, the [American Psychological Association](#), and [many others](#)—have ignored European skepticism and are staying loyal to the quasi-mystical idea of gender identity.

Meantime, as the trans culture war seethes, kids continue to demonstrate how ill-suited they are to making the decisions that gender affirmers assure us only they know how to make. On social media, natal boys wonder whether they can have periods because they are taking estrogen. Natal girls [ask](#), “When am I going to grow a penis?” When young people are told that their medical protocol means risking their future fertility, they often reply that they have [no interest in having children](#). Though any adult knows otherwise, they're certain that they know what they will feel like at 30. “As a teenager, I was repelled by the thought of having biological children,” a veteran of trans surgery wrote in the [Washington Post](#). “Years later, I was surprised by the pangs I felt as my friends and younger sister started families of their own. The sacrifices I made seemed irrelevant to the teenager I was.”

Her regret is heartrending, but not surprising. After all, she was just a kid.

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**Top Photo: Children have always been prone to magical thinking and fantasy—but now, pediatric gender experts argue that they are capable of insight and self-knowledge that many adults don't have. (CULTURA CREATIVE RF/ALAMY STOCK PHOTO)**

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