It's Happening To Us: (Trans) Children and (Trans) Futures

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Abstract

All futures are trans futures; all trans futures are not the same. What we do now is about what trans future we want. The trans future most aggressively on offer at present is sold to us as a future about kids, a future enabled by some doctors and opposed by others. Looking at the close collaborative relationships between these supposedly distinct medical camps makes visible the trans future they aim for (and the untrans distant future that is their fantasy). Looking at contrasting (recent but obscured) approach to supporting kids in thinking and making decisions about gender shows us the outlines of a very different trans future - one where we can live, rather than just survive. The answers and questions resting within an over-familiar pop song can help us see the differences between these trans futures - and between the visions informed by eugenics and reproductive justice that lie behind them.

Keywords

Trans Kids, Eugenics, Puberty Blockers, 'Reparative Therapy', Innateness

This is not an academic essay. It is a political argument. It aims at practicalities.
This is not about abstractions. It is much less elaborate than it may look.
This is mostly about the U.S. It has echoes elsewhere because of imperialism.

Expect citations, because citation is accountability.[1]
Expect gossip, because that's one way trans women and other non-men protect each other in a society that tries to kill us.
Expect citations and gossip, because they are divisive, and politics is collective contestation.
There are no neutrals here.[2]

A trans future is a future with trans people in it.[3]
All futures are trans futures.
Some trans futures are better than others.

A trans future means what we do now.

What we do now is about which trans future we want.
What we do now is about getting to the trans future we want, sooner rather than later.
What we do now is about preventing other trans futures.
What we do now is about preventing other trans futures from being imposed on us.
What we do now is about choosing which trans future we want to fight for.
What we do now is about learning who is fighting for the same trans future.
What we do now is about learning who we are fighting alongside, and who we are struggling against.

I want a trans future where there are many more of us. Where more and more ways to be in the world, more and more ways to be a body, more and more ways to be understood, are possible for more and more people. Where access to ways of changing our bodies, our social positions, is unquestioned, expansive, expanding. This is an old-fashioned vision. It has been a political program in the U.S. for fifty years or more - for trans folks, for cis feminists, even for some cis faggots.[4]

This old-fashioned vision expresses, anticipates, learns from, rests within Reproductive Justice, the Black feminist/womanist approach to futurity that embraces "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."[5] It knows: expanding possibilities and access must be available at all points in our lives. It knows: trans people must be able to parent the children of our bodies and the children of our hearts. It knows: an attack on reproductive justice is an attack on trans people.

Let's start with Whitney Houston[6] and go on from there.
When we are offered a trans future, let us ask the questions she answers:

Where are we being told to look for beauty?
Where are we being told to find pride?
What are we being told we used to be?
Who are we being told we can depend on to fulfill our needs?
Are we being taught to love ourselves? to live as we believe? to hold our dignity inviolable?

We are being sold a very specific trans future right now. It is a future that is about kids, and about medicine. We are being told that one group of doctors supports us, and another opposes us, and that we can tell them apart by how they deal with kids. We are being told to think of certain kids as our past selves, and of their bodily futures as improved incarnations of our present lives. We are being told that to dispute these things is to betray certain children, certain past selves, certain improved versions of ourselves. We are being told to not ask inconvenient questions, lest we lend aid and comfort to certain genuinely scary people. Lest we dissuade certain sources of supposedly reliable, but apparently tenuous, support. Lest we jeopardize certain kinds of newfound access to certain medical support, for people of certain kinds.

The agent who will bring this trans future that we are being told to commit to is the doctor: the doctor for kids. Specific doctors for kids, as opposed to other doctors for kids. For example, Dr. Peggy Cohen-Kettenis, puberty-blocker pioneer and stalwart of the World Professional Association of Transgender Health, in contrast to Dr. Kenneth Zucker, 'reparative therapy' champion and one of the few doctors ever fired from directing a pediatric gender identity clinic. We are told Cohen-Kettenis and those like her are our champions against the Zuckers of the world[7] (and Zucker is indeed our enemy, in just about every way possible[8]).

But those who see opposition between Cohen-Kettenis and Zucker (and their respective puberty-blocker and 'conversion-therapy' camps) are oddly inattentive to the paper trails that scientists leave behind them. The two have published together for decades, on matters large and small, in

medical journals and textbooks alike - including pieces intended to be authoritative reference works, like their chapter on "Gender Identity Disorder in Children and Adolescents" for a 2012 *Handbook of Sexual and Gender Identity Disorders*[9]. It's not just the two of them: their co-authors have included other puberty-blocker doctors and other 'conversion-therapy' quacks - notorious figures like Dr. Ray Blanchard among them - in contented collaboration. Citation signals accountability; co-authorship is more than that. It marks clusters of colleagues and collaborators who do not see themselves at odds. It identifies who shares common ground. It is rarely limited to the page - as it is not here. Well-sourced gossip[10] tells me that before Zucker's clinic was finally shut down, he supplied so many patients to puberty-blocker clinics that he was considered one of their biggest referrers and practical supporters.

What do we find when we ask what holds together these not-so-secret sharers, these supposedly estranged bedfellows, these siblings under the skin, in a partnership concealed only by the barriers to accessing academic publications, the limited range of clinic staff dish, and the consequences of blowing the whistle on prominent colleagues' unsavory associations?

A shared dream of a specific trans future.
A shared understanding of how to get to it.
A shared toolkit to implement that understanding.

The tools reveal the understanding, and the dream.
Do you want to know what someone intends to do to the boards in front of them?
Look to see whether they hold a hammer, a saw, or a paintbrush.

The basic tool of both the puberty-blocker clinic and the 'reparative therapy' enterprise is a gatekeeping process that decides whether a person is to be forcibly normalized into their existing gender assignment or put on the track of a particular mode of medical transition. This process seeks to discern an eternal truth about what a person's "brain (or soul) has always been"[11] and always will be, to determine which their true path has always already been and how best to keep them to its straight and narrow. It serves both kinds of doctor, assuring them that they are working with the correct material for their complementary projects.

The second key tool, the one applied to those certified by the gatekeepers as Truly Trans, is the specific form of medical transition pioneered by Cohen-Kettenis and endorsed (through referrals) by Zucker: puberty-blockers, shifted at an appropriate pubescent age to hormone replacement therapy. The specific aim of this is explicit: to achieve "a much more 'normal' and satisfactory appearance"[12] than that presented by trans folks today. In less euphemistic language: to make trans folks look as much like cis folks as possible.

The third tool, most often employed by default rather than acknowledged action (apart from clinical practices like Zucker's that clearly name their endeavors) is brought to bear on those declared by the gatekeepers to not be Truly Trans - those deemed 'externally motivated', ambivalent, or simply homosexual[13]. It is perhaps the simplest of the three, though not one we are accustomed to see as a technology rather than a universal context: social and psychological pressure to conform to the gender a person was initially assigned.

These tools define a trans future - the trans future desired by the doctors.
It is a future in which there are as few trans people as possible.
It is a future in which trans people look as much like cis people as possible.

That is its near-term vision. It is a good old-fashioned future, the kind Harry Benjamin used to make, the kind Christine Jorgenson's generation lived through. Run a gauntlet of dissuasion - now rebranded as 'assessment' - and then go stealth. Convince the right person that your "brain (or soul)" is the right flavor, and be affirmed as long as you are not visibly different. Live in a society that hates you, and hope it cannot recognize you as the thing it hates.

Its longer view is, however, less easy to swallow.
From the tools to the understanding to the dream is not just a difference in degree, but one in kind.

At present, the doctors know their discernment process is imperfect, since no biological marker has been found to separate the Truly Trans from the sadly mistaken. The "brain (or soul)" remains opaque, accessible only by picking through behavior and utterance with a prosecutor's vigilance. The doctors act on a firm belief, however, that such a marker exists, and that their present efforts are merely a stopgap until it is found. This medical consensus asserts that being trans (at least in the form of a diagnosable Gender Identity Disorder) is results from some innate 'neuro-endocrine' cause, generally making this claim without reference to any studies or detailed medical explanations, and despite a willingness to admit when pressed that there is no adequate evidence supporting it.[14]

This kind of biological innateness is, of course, a way of invoking heritability, whether through strict genetics or through the intermediary of the 'uterine context' - otherwise known as your mother. Nearly a century of buck-passing between endocrinologists and neurologists equally certain the mechanism is to be found in the other's bailiwick has not as yet shaken the doctors' faith in this axiom. And, as one would expect, Cohen-Kettenis and Zucker's collaborations have regularly been part of the desperate search for evidence to prop it up, including a 2008 paper on finger-length ratios and a 1996 one on sibling ratio and birth order (the latter also featuring Ray Blanchard and J. Michael Bailey)[15].

Never mind that a heritable cause of being trans is an impossible dream[16].
The doctors believe in it, with a perfect faith.

And that means that they believe their approach is one that will create, down in the distant future, a future without trans people- an untrans future. The mechanism is simple: the one inevitable biological result of going from puberty-blockers to HRT is sterility. For any doctor who believes that being trans is a matter of innate biology, sterilizing trans people is a path to eliminating trans people. No transmission, no next generation.

This eugenic fantasy being impossible does not limit its effects now, on the world we live in.
Let's return to Whitney, to Linda, to Muhammad.

Where are we being told to look for beauty?

In the cis face and body.
Where are we being told to find pride?
In our ability to match the cis face and body, to go unnoticed.
What are we being told we used to be, and are now?
Ugly. Unsatisfactory. Underserving of love and safety.
Who are we being told we can depend on to fulfill our needs?
Doctors who seek an end to those like us.
Are we being taught to love ourselves? to live as we believe? to hold our dignity inviolable?

And, concretely, what does this trans future, dreamed as a road to an untrans future, do to us and our communities as we live now?

It strengthens the line between trans folks who seek and are given access to specific forms of medical transition by passing some kind of Truly Trans test and those who are denied access or don't want those forms of medical transition. The denied are predictable; we know who this country denies medical support to, or prevents from even seeking it. Poor folks. Black and indigenous folks. Immigrants and refugees. Dis/ablized folks. Many nonbinary folks. Many non-fancy sex workers. Bad liars and others unskilled at producing the effective narrative on demand. (And others, always.) The uninterested are also predictable; we know who our communities have been reluctant to embrace. Folks who live as cross-gender lives without medical support. Many nonbinary folks. Intersex folks who want to keep their bodies unaltered. Many folks with culturally-specific gender positions that aren't men or women. (And others, always.)

And that in turn encourages those who **can** get access to this form of medical transition to see value for themselves and folks like them (wealthier, whiter, more seamlessly ableized, secure in their citizenship...) in making that line as visible as possible. If they can more easily be told apart from the rest of us - or made more indistinguishable from cis people - then perhaps they won't have to deal with the ways that our society attacks us.[17]

Which is to say: it creates barriers to different kinds of trans folks supporting each other. It cuts directly at a main project of the past fifty years of trans organizing - at the basic unifying work that makes any effective trans organizing possible, at the reason why our movements have created umbrella terms like 'trans' as tools for unity in the first place. It works against any effort to deal with the things that make trans folks' lives hard in this society, which depend on organizing across the whole wild diversity of the trans world. Employment and housing discrimination; the criminalization of sex work; lack of access to identity documents; lack of access to medical care (including all forms of medical transition for those who want them); state and social violence. And it does so despite the fact that as long as we're targeted in all these ways, even the most indistinguishable-from-cis trans person will live in fear of being outed and targeted, and the vast majority of us will continue to face these harms and hardships every day.

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This particular trans future, accompanied by damage to our communities' ability to organize, is sold to us as being about kids, about new possibilities for kids. But it's not particularly different

from what has been on offer for many decades. The deal is the same: tell the right story and you are promised the ability to look as cis as possible in exchange for your fertility. The gatekeepers have simply expanded their scope to allow them to discern whether ever-younger folks are Truly Trans, and improved their techniques for facilitating a stealth life.

But puberty-blocker clinics aren't the only possible way to support kids as they think about and make decisions about their genders. In the late 1990s, trans-affirmative clinics for kids were created[18] to oppose 'reparative' clinics rather than collaborate with them, growing out of feminist and queer approaches to child-rearing. They focused on defusing parents' toxic responses to their trans kids, on dealing with the stigma and anxiety that a trans-hating society causes, and on supporting kids and parents in navigating hostile institutions. They facilitated access to the full range medical transition techniques (including puberty-blockers as they were incorporated into the available array) when using any of them was clearly part of a specific kid's desires.[19] They rejected the idea that being trans is a physical or mental illness, or inevitably accompanied by pain or distress. They treated hatred of trans folks as the problem to be solved, not our bodies or minds. They aimed at reducing kids' pain and distress by any effective means, while understanding that no change to a trans person can eliminate pain, distress, exposure to harm, without structural social transformation. And they were better at reducing pain and distress than anyone else.[20]

These clinics pushed 'reparative therapy' into disrepute in only a few years. They have themselves now been pushed aside by the new projects built by doctors who collaborate with their defeated enemies, and share their basic premises and visions of the future.

This now-obscured other road, this other vision of what we do now, offers us trans futures of its own. It works to make many different trans futures possible, by encouraging and supporting being trans, considering being trans, being many different kinds of trans, being trans for a time and then choosing not to be, not being trans for a time and then choosing to be. It does that by calling the destination of those varied paths the same, by naming the causes of our pain as the ways we are treated rather than our own selves (whether body, brain, or soul): by strengthening trans organizing.

The trans futures it points to are many, but related. Many, all sharing a world that does not hate us, that does not consider us diseased, that knows us to be healthy and beautiful, that supports our dignity. Many, in all of which our bodily autonomy is unquestioned, in all of which we can parent the children of our bodies and of our hearts in safe and sustainable communities. Many, in which the words Whitney sang, Linda wrote, Muhammad inspired, can be our own.

Where are we told to look for beauty?
    In our own faces, bodies, minds.
Where are we told to find pride?
    In our ability to face a world that causes us pain, and to thrive.
What are we told we used to be?
    Our beautiful selves, but younger.
Who are we told we can depend on to fulfill our needs?
    Ourselves and each other.

Those who take pride in us and find us beautiful and worthy of love, protection, support. *Are we taught to love ourselves? to live as we believe? to hold our dignity inviolable?*

What we do now will determine which trans futures are easy to achieve.

Past writing by cultural worker / organizer Rosza Daniel Lang/Levitsky on trans / queer politics and culture has appeared through the HowlRound theater commons and Visual AIDS blogs; in the Lammy-winning *Glitter and Grit* anthology, *Monthly Review*, and *Eyshes Chayil*; and on tumblr (@umruik). In process: *Real Life Experience*, a collection recovering trans women's political and cultural writings 1975-2000.

Notes

1 Sara Ahmed, in many different venues, including *Living a Feminist Life*, 1-19, and "Making Feminist Points".

2 Florence Reece, "Which Side Are You On?".

3 I use "trans" as we used t* on Usenet (t*=ts+tg+tv), as we used "transgender" in the early 00s, as we have used every temporary umbrella before and since: to include everyone who lives a life outside their familial/medical gender assignment. Transsexuals, transgenderists, transvestites; post-op, pre-op, non-op; fem queens, studs, AGs; binary, genderqueer, nb, fluid. It is not a category of identity or identification, or anything else about the "I" inside your head ; it is a description of concrete, material social position in relation to a supposedly permanently-defining moment and the social expectations that come from it. (Kessler & McKenna, if you must; Namaste, if you care; Ross & MacKay, *Gendertrash From Hell*, accept no imitations.)

4 Street Transvestite Action Revolutionaries, Transvestite-Transsexual Action Organization and Fems Against Sexism, "Transvestite and Transsexual Liberation." Dworkin, *Woman Hating*. Bob Kohler, personal communication (a/k/a endless dish).

5 Sister Song, "Reproductive Justice."

6 Or, really, Linda Creed. She wrote those words. Or possibly Muhammad Ali, who knew a thing or two about not growing up to be who you were supposed to become, changing your name, and bearing the weight of your politics.

7 Most directly by, for instance, Julia Serano ("Detransition, Desistance, and Disinformation"), who writes "our contemporary trans healthcare system... works in partnership with trans communities, and... increasingly has trans people's best interests at heart," in contrast to the obsolete likes of Zucker.

8 Among other things, former patients of Zucker's have reported on the sexual assaults he made on them as young people. See for instance @girlsrituals.

9 Cohen-Kettenis and Zucker, "Gender Identity Disorder in Children and Adolescents."

10 "While gossip among women is universally ridiculed as low and trivial, gossip among men, especially if it is about women, is called theory, or idea, or fact." (Andrea Dworkin, *Right-Wing Women*, 13). Gossip (with and without named sources) is disparaged partly because it is how the best information travels among women, queers, Jews, immigrants, and other "people with the experience of oppression or subordination"(Kosofsky Sedgwick, *Epistemology of the Closet*, 23) - like trans folks and those without tenure to protect them when they name names.

11 Edwards-Leeper and Spack, "Psychological Evaluation...", 322. See also Sadjadi, "Deep In the Brain/Soul", which examines, among other things, this easy slippage between the biomedical and the theological once innateness is accepted as an article of faith.

12 Giordano, “Lives in a Chiaroscuro", 580.

13 It is striking that contemporary puberty-blocker clinics still cling to the definitional opposition between transsexuality and homosexuality enshrined by mid-twentieth-century gatekeeping doctors, despite the fact that according to the best (rather faulty) demographic information we have (James et al, *The Report...*, 59), between two-thirds and four-fifths of trans folks in the U.S. are not heterosexual. That range comes from the following analysis of the survey data: 15% of respondents identified themselves as "straight"; given the ambiguity of the survey question, we can assume that some portion of the 18% who described themselves as "gay, lesbian, or same-gender-loving" answered in reference to their originally assigned gender, and thus are heterosexual in relation to their lived gender; additionally, as we all know, a significant number of trans men who label themselves as "queer" (24% of trans man respondents) exclusively conduct heterosexual relationships with queer-identified cis women.

14 This phrasing of a generally known fact of trans medicine draws on personal communications with physician turned medical anthropologist Sahar Sadjadi.

15 Wallien et al, "2d:4D Finger-length Ratios..." Blanchard et al, "Birth Order..."

16 A biologically innate trans-ness assumes that gender is both universal and uniform - without that, there's nothing material to biologically encode, either as gender or as gender-incongruity. But we (even academics) know that gender as a structuring system isn’t universal among human societies (Oyèwùmí, *The Invention of Women*). And we (even academics) know that where it exists its content varies wildly. For instance, a True Woman in the Eastern European Jewish tradition has most of the psychological traits and social inclinations of a True Man in the Roman/Christian tradition, and vice versa (Boyarin, *Unheroic Conduct*) - and three generations is all that separates an overwhelming prevalence of appropriately gendered people in the former system from their bloodline descendants, overwhelmingly appropriately gendered in the other. We don't need to read Rebecca Jordan-Young or Anne Fausto Sterling to know that biological innateness is sheer fantasy, however helpful they are at explaining it to those who believe that lab science is the sole source of divinely revealed Pure Truth. But it's not accidental that both the scholars I cited in this note write from within specific cultural traditions outside the Roman/Christian European dominant culture of the U.S.; traditions whose ways of knowing are habitually

dismissed by the scholarly traditions of that dominant culture.

17 We know this story. It's the same fantasy of escape from community and history that has driven well-off gay liberals and gay conservatives to prioritize a largely symbolic (until it became clear it would be useful for evading inheritance taxes - the justification for the Supreme Court's intervention) push for 'marriage equality' rather than fighting for protection from discrimination in employment and housing, and to throw trans folks and sex workers (among others) under the bus at every turn.

18 The passive voice here acknowledges a wide efflorescence of organizers, including (in Washington DC, for instance) parent / health worker Catherine Tuerk (motivated at least in part by remorse for her earlier approach with her own child - see Brown, "Supporting Boys or Girls...") and physician Dr. Edgardo Menvielle. See for example Menvielle and Tuerck, "A support group..."

19 Möller et al, "Gender Identity Disorder...", 127.

20 Hill et al, "An Affirmative Intervention..."

References

Ahmed, Sara. *Living a Feminist Life.* Durham: Duke UP, 2017.

Ahmed, Sara. "Making Feminist Points." Accessed October 25, 2018. https://feministkilljoys.com/2013/09/11/making-feminist-points/

Blanchard, R., Zucker, K. J., Cohen-Kettenis, P. T., Gooren, L. J. G., and J. M. Bailey. "Birth order and sibling sex ratio in two samples of Dutch gender-dysphoric homosexual males." *Archives of Sexual Behavior* 25, no. 5 (1996), 495-514. DOI: 10.1007/BF02437544

Boyarin, Daniel. *Unheroic Conduct: The Rise of Heterosexuality and the Invention of the Jewish Man*. Los Angeles: University of California Press, 1997.

Brown, Patricia Leigh. "Supporting Boys or Girls When the Line Isn't Clear." *New York* Times. December 2, 2006. Accessed October 24, 2018. https://www.nytimes.com/2006/12/02/us/02child.html

Cohen-Kettenis, Peggy T. and Kenneth Zucker. "Gender Identity Disorder in Children and Adolescents." In *Handbook of Sexual and Gender Identity Disorders*, edited by David L. Rowland and Luca Incrocci. Hoboken: Wiley, 2012.

Creed, Linda. "The Greatest Love of All." Lyrics composed 1976.

Dworkin, Andrea. *Right-Wing Women.* New York: Perigee, 1983.

Dworkin, Andrea. *Woman Hating*. New York: Penguin, 1974.

Edwards-Leeper, L and NP Spack. "Psychological evaluation and medical treatment of transgender youth in an interdisciplinary 'Gender Management Service' (GeMS) in a major pediatric center." *Journal of Homosexuality* 59, no. 3 (2012): 321-326. https://www.ncbi.nlm.nih.gov/pubmed/22455323

Giordano, Simona. "Lives in a Chiaroscuro. Should We Suspend the Puberty of Children with Gender Identity Disorder?" *Journal of Medical Ethics* 34, no. 8 (2008): 580.

@girlsrituals. October 18, 2018, 7:12pm.

Hill, DB, Menvielle, E, Sica, K, and A Johnson. "An Affirmative Intervention for Families With Gender Variant Children: Parental Ratings of Child Mental Health and Gender." *Journal of Sex and Marital Therapy* 36, no.1 (2010), 6-23. https://itgl.lu/wp-content/uploads/2015/04/Parents-and-Gender-Variance.pdf

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality, 2016.

Kessler, Suzanne J. and Wendy McKenna. Gender: an ethnomethodological approach. Chicago: University of Chicago Press, 1978.

Kohler, Robert A. Many conversations, 2000-2007.

Kosofsky Sedgwick, Eve. *Epistemology of the Closet.* Los Angeles: University of California Press, 1990.

Menvielle, EJ and C Tuerk. "A support group for parents of gender non-conforming boys." *Journal of the American Academy of Child and Adolescent Psychiatry* 41 (2002), 1010-13.

Möller, Birgit, Schreier, Herbert, Li, Alice and Georg Romer. "Gender Identity Disorder in Children and Adolescents" *Current Problems in Pediatric and Adolescent Health Care*, (May/June 2009).

Namaste, Viviane K. *Invisible Lives: The Erasure of Transsexual and Transgendered People*. Chicago: University of Chicago Press, 2000.

Oyèwùmí, Oyèrónké. *The Invention of Women: Making African Sense of Western Gender Discourses*. Minneapolis: University of Minnesota Press, 1997.

Reece, Florence. "Which Side Are You On?" Lyrics composed 1931.

Ross, Mirha-Soliel and Xanthra Phillippa MacKay, eds. *Gendertrash From Hell*, no.1-4 (1993-1995). http://digitalcollections.clga.ca/exhibits/show/gendertrash/gtintro

Sadjadi, Sahar. "Deep In the Brain/Soul: Identity and Authenticity in Pediatric Gender Transition." Forthcoming as of October 2018.

Serano, Julia. "Detransition, Desistance, and Disinformation: A Guide for Understanding Transgender Children Debates." Accessed October 25, 2018. https://medium.com/@juliaserano/detransition-desistance-and-disinformation-a-guide-for-understanding-transgender-children-993b7342946e

Sister Song Women of Color Reproductive Justice Collective. "Reproductive Justice." Accessed October 25, 2018. https://www.sistersong.net/reproductive-justice/

Street Transvestite Action Revolutionaries, Transvestite-Transsexual Action Organization and Fems Against Sexism. “Transvestite and Transsexual Liberation.” *The Gay Dealer*, October 1970. https://translibleipzig.files.wordpress.com/2016/05/revolutionary_feminism_new.pdf

Wallien, M. S. C., Zucker, K. J., Steensma, T. D., and P. T. Cohen-Kettenis. "2D:4D finger-length ratios in children and adults with gender identity disorder." *Hormones and Behavior*, 54, no. 3 (2008), 450-454. DOI: 10.1016/j.yhbeh.2008.05.002