No. 23-477

In the Supreme Court of the United States

UNITED STATES,

Petitioner,

v.

JONATHAN SKRMETTI, ATTORNEY GENERAL AND REPORTER FOR TENNESSEE, ET AL.,

Respondents.

On Writ of Certiorari to
the United States Court of Appeals
for the Sixth Circuit

BRIEF FOR *AMICUS CURIAE* OUR DUTY–USA SUPPORTING RESPONDENTS AND AFFIRMANCE

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INTRODUCTION AND INTEREST OF *AMICUS CURIAE*[1]

Our Duty–USA is a secular nonprofit whose more than 1,000 parent members from all fifty states have varied political backgrounds, ethnicities, and sexual orientations but share the experience of raising former and current trans-identified children. Our Duty thus provides insight that only parents who have raised children with gender confusion can share.

Our Duty approaches this subject with personal knowledge that youth distress is genuine but believes adopting transgender identities is inorganic, the cure is not drugs or surgeries, and the child's best interest is served by returning to comfort in his natural body. In contrast, the gender-affirmative care model places surgery and hormone administration above all else, leading to permanently harming children.

SUMMARY OF ARGUMENT

The meteoric surge in youth adopting a gender identity contrary to their sex is unprecedented and emblematic of social contagion. While gender dysphoria diagnoses have existed for decades, medical interventions were not performed on minors until very recently. Since 2007, when the first pediatric gender clinic in the United States opened,[2] many medical providers have ignored decades of knowledge about

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[1] This brief was not authored in whole or in part by counsel for any party and no person or entity other than *amicus curiae* or its counsel has made a monetary contribution toward the brief's preparation or submission.

[2] *Gender Multispecialty Service (GeMS)*, Bos. Children's Hosp., https://www.childrenshospital.org/programs/gender-multispecialty-service (last visited Oct. 14, 2024).

children's developing brains to place the transition decision in the hands of children with the oft-repeated nostrum, "children know who they are."

Parents of gender-dysphoric children are given false choices: treat your child with off-label use of cancer-drugs, experimental cross-sex hormones, and surgeries—or lose your child to suicide or the state. Parents seeking to avoid unproven treatments do so in fear of being investigated for abuse and losing custody of their children. To avoid these tragedies, Tennessee and Kentucky enacted statutes (collectively, the "Acts") to safeguard children's bodies and futures. See Tenn. Code §§ 68-33-101–110; Ky. Rev. Stat. § 311.372. The Acts are constitutional and should be upheld.

ARGUMENT

I. While Gender Dysphoric Distress Is Genuine, Children Are Ill-Equipped to Choose Sterilization or Other Severe Alterations to Their Bodies.

The American Psychology Association ("APA") defines "gender identity" as "a person's *** sense of self in relation to their gender *** a deeply felt, inherent sense of being a boy, a man or male; a girl, a woman or female; or non-binary gender *** that may or may not correspond to a person's sex assigned at birth."[3] *Feeling* female or male when one is born as one or the other is inconsistent: gender ideology substitutes immutable sex with a belief system that humans have gendered souls known only to the

[3] *Gender Identity*, APA Dictionary (Nov. 25, 2023), https://dictionary.apa.org/gender-identity.

individual—a soul that must arrest natural puberty, alter hormonal systems, and destroy healthy organs.

Our Duty's view is that segments of society have created unsubstantiated theories and fictional children said to be born with a mismatch of their brain and secondary sex characteristics without any scientific basis.[4] These theories are, ironically, based largely on regressive stereotypes such as preferences for clothes, toys, friendships and supposedly "male" or "female" activities.[5] Professionals participate in or endorse these fictional constructs. For example, one influential psychologist, who is part of the NIH-funded study used to promote the efficacy of medical interventions,[6] has stated that "there are an infinite number of ways to combine notions of male and female and others to create a unique gender identity. *** [N]o two *** will be the same."[7] The same psychologist has asserted the "prius" gender (half boy and half girl) as a real identity.[8] Likewise, the World Professional

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[4] See also Br. for Soc'y for Evidence-Based Gender Med. as *Amici Curiae* Supporting No Party 9-10.

[5] Five of the eight attributes of gender dysphoria in children reference antiquated stereotypes. See APA, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5-TR* 512-513 (2022).

[6] Diane Chen et al., *Psychosocial Functioning in Transgender Youth after 2 Years of Hormones*, 388 New Eng. J. Med. 240, 240, 249 (2023).

[7] *An Interview with Diane Ehrensaft, Author of Gender Born, Gender Made*, The Experiment (Jan. 11, 2012), https://theexperimentpublishing.com/2012/01/an-interview-with-diane-ehrensaft-author-of-gender-born-gender-made/.

[8] Diane Ehrensaft, *"I'm a Prius": A Child Case of a Gender/Ethnic Hybrid*, 15 J. of Gay & Lesbian Mental Health 46, 46-57 (2010).

Association of Transgender Health ("WPATH") validates a "eunuch" identity for children and adolescents.[9]

A gender dysphoric child's distress is genuine but requires compassionate treatment that should never include permanent alterations of the body that inhibit reproduction and sexual function. As this Court has recognized, the hallmark features of youth are "immaturity, impetuosity, and failure to appreciate risks and consequences." *Miller* v. *Alabama*, 567 U.S. 460, 477 (2012). Thus, while adolescents may firmly believe that their lives will improve by changing their appearances, "[a]dolescents appear to focus more on the immediate benefits (a socioemotional brain system function [that develops during puberty]) than the future costs of risky behavior (a cognitive-control brain system function [that matures in the mid to late 20s]), a finding that is exacerbated in the presence of peers."[10]

Even WPATH recognizes adolescents' lack of comprehension regarding sterility. Dr. Dan Metzger of WPATH stated, "it's always a good theory that you talk about fertility preservation with a 14-year-old, but I know I'm talking to a blank wall," adding that children "don't yet understand what they are sacrificing."[11] Dr. Marci Bowers, President of WPATH,

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[9] Eli Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People*, Version 8, 23 Int'l J. of Transgender Health S1, S89 (2022).

[10] Douglas S. Diekma, *Adolescent Brain Development and Medical Decision-making*, 146 Pediatrics, S18, S21 (2020).

[11] Mia Hughes, *The WPATH Files, Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and*

previously admitted just two years ago that males placed on puberty blockers and cross-sex hormones at an early age are inorgasmic, stating, "[e]very single child who was or adolescent who was truly blocked at Tanner Stage 2 has never experienced orgasm. I mean, it's really about zero"; though later taking a different view on the advisability of the treatment with no explanation for the shift in position, Dr. Bowers never walked back these comments on the harm.[12] A meaningful conversation with a child about these losses and challenges is practically impossible.

For these reasons, this Court must be mindful that classifying "transgender" persons as a suspect class will disrupt more than medical treatments for minors, as sex and gender identity are incompatible as suspect classes. A hierarchy must exist between the two—otherwise historical protections based on immutable sex disappear. Should subjective belief be allowed to trump physical reality, a cascade of absurdities would follow, such as Caucasians claiming to be Black or senior citizens claiming to be teenagers.

Vulnerable Adults, Env't Progress 12 (Mar. 4, 2024), https://environmentalprogress.org/big-news/wpath-files.

[12] Hanna Grossman, *Influential Trans Care Doctor Once Warned Puberty Blockers Could Cause Permanent Sexual Dysfunction*, Fox News (May 3, 2023), https://www.foxnews.com/media/infleuntial-trans-care-doctor-once-warned-puberty-blockers-could-cause-permanent-sexual-dysfunction; see also Isabelle van der Meulen et al., *The Effect of Puberty Suppression on Sexual Functioning in Transwomen After Gender Affirmative Surgery,* 20 J. Sexual Med. Suppl. 4 (2023) (roughly 20% of transwomen treated with puberty blockers could not achieve orgasm post-transition, and 50-75% "experienced sexual difficulties when having sexual intercourse").

II. Striking Down Bans on Gender Medical Interventions Will Result in Judicially Mandated Body Modifications or Harm to Parents Who Oppose Gender Interventions.

If states cannot prohibit gender interventions to safeguard the most vulnerable of society, these treatments may instead be deemed a constitutional right, in children's best interests, or medically necessary. Should this Court hold the Acts violate the Fourteenth Amendment, parents in custody disputes who refuse medical intervention may not be granted custody of gender dysphoric children, and non-affirming parents could be adjudicated emotionally abusive or medically negligent.

Generally, "[t]he court shall have the widest discretion to order a custody arrangement that is in the best interest of the child." Tenn. Code § 36-6-101(a)(2); see also *Tinsley* v. *Boggs,* 325 S.W.2d 335, 336 (Ky. Ct. App. 1959). If transgender becomes a suspect class, this wide latitude would permit judges to deny custody to cautious parents wanting the child to develop naturally.[13]

Obtaining approval for irreversible gender surgeries on minors is shockingly simple. An Our Duty member contacted several therapists for approval letters to remove her 16-year-old daughter's breasts after a single mental health session—all but one

[13] Some state judges are being trained by transgender activists to favor the affirming parent. See, *e.g.*, Abigail Shrier, *How a Dad Lost Custody After Questioning His Transgender Identity*, The New York Post (Feb. 26, 2022) https://nypost.com/2022/02/26/dad-lost-custody-after-questioning-sons-transgender-identity/. This father is an Our Duty member.

agreed.[14] See also *In Re Leyna A*, No. M2016-01548-COA-R3-JV, 2017 WL 4083644 (Tenn. Ct. App. Sept. 15, 2017) (change to male name from female was in "the best interest of the child" based upon therapist's, pediatrician's and parents' testimonies).

Government agencies have even forced parents to affirm their children's gender identities. See, *e.g.*, *Blair* v. *Appomattox Cnty. Sch. Bd.*, No. 6:23-cv-47 (W.D. Va. Jun. 25, 2024) (Virginia district attorney refused to return sex-trafficked child to parents who did not refer to daughter as male); *Doe* v. *Children's Nat'l Hosp.*, No. 8:24-cv-00754 (D. Md. Mar. 14, 2024) (parents lost custody of their autistic minor son for refusing to transition him). Our Duty member A.L., is fighting California's child protective services ("CPS") to return her 15-year-old gender-confused daughter.

Refusing to affirm gender identity is a real risk for parents. In some states, parental consent is not required before children can obtain permanent body modifications. See, *e.g.*, Wash. Rev. Code § 71.34.530; Or. Rev. Stat. § 109.640. California's transgender sanctuary law places gender interventions on par with abuse, granting temporary emergency jurisdiction to California courts for *any minor in the nation* if the child travels to California seeking gender interventions. See Cal. Civil Code § 56.109. Minnesota passed a similar law in 2023. See Minn. Stat. § 260.925). Once a child is in foster care, gender interventions are available in some states. See, *e.g.*,

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[14] See Anna Slatz, *Health Care Providers Offering 'Gender Affirming' Letters for Surgery, HRT in One Hour*, Reduxx (Apr. 23, 2002), https://reduxx.info/health-care-providers-offering-gender-affirming-letters-for-surgery-hormones-in-one-hour/.

Cal. Welf. & Inst. Code § 16010.2. And under many state child abuse statutes, parents may not "place[] a child in imminent danger of *** mental impairment." Tenn. Code § 39-15-401; see also Tenn. Code § 37-1-102. Engaging mental health providers willing to go beyond the easy solution of medication and explore why a child is distressed is nearly impossible, especially in over half of states with laws forbidding conversion therapy,[15] leaving no other treatment options outside affirmance, puberty blockers, cross-sex hormones, and surgeries.[16] Without protection by the Acts, it doesn't take much to imagine a judge deciding a parent engaged in child abuse by refusing gender intervention for a gender-confused child.

Hence, the Acts are critical responses to increasing government pressure on parents to affirm gender identity or risk being charged with abuse and losing custody. The Acts prevent parents from having to decide between transitioning their children or losing them to the state.

III. The Surge of Trans-identified Youth Is a Social Contagion, Not an Immutable Characteristic.

Exacerbating the legal and medical issues noted above is the reality that adolescents are predisposed to social contagion because they are susceptible to peer influence. The APA defines "Social Contagion" as the

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[15] Movement Advancement Project, *Equality Maps: Conversion Therapy Laws* (updated Oct. 11, 2024), https://www.lgbtmap.org/equality-maps/conversion_therapy.

[16] For this reason, Our Duty maintains a tightly held list of exploratory mental health providers willing to address the underlying causality of a child's distress.

"spread of behaviors, attitudes, and affect through crowds and other types of social aggregates from one member to another."[17] Peer contagion, a subset of social contagion, is the process by which youth friend groups adopt deviant behaviors and emotions from one another.[18] Social contagions are well-known in human history, such as (1) anorexia nervosa;[19] (2) bulimia;[20] (3) non-suicidal self-injury;[21] (4) suicide;[22] and (5) Tourette's-like syndrome.[23]

Youth aged 13 to 17 who adopted transgender identity nearly doubled between 2016 and 2021, while adults remained steady.[24] Although only 0.3% of

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[17] *Social Contagion*, APA Dictionary (Apr. 19, 2018), https://dictionary.apa.org/social-contagion.

[18] Thomas J. Dishion et. al., *Peer Contagion in Child and Adolescent Social and Emotional Development*, 62 Ann. Rev. Psych. 189, 189-214 (2011).

[19] Stephen Allison et al., *Anorexia Nervosa and Social Contagion: Clinical Implications*, 48 Austr. & N.Z. J. Psych. 116, 116-12 (2013).

[20] Kit Chellel, *Second-hand Television Exposure Linked to Eating Disorders*, Harv. Med. Sch. (Jan. 5, 2011), https://hms.harvard.edu/news/second-hand-television-exposure-linked-eating-disorders.

[21] Florian Arendt et al,, *Effects of Exposure to Self-Harm on Social Media: Evidence From a Two-Wave Panel Study Among Young Adults*, 21 New Media & Soc'y 2422, 2422-2442 (2019).

[22] Mary Anne Walling, *Suicide Contagion*, Curr. Trauma Rep. 7, 103-114 (2021).

[23] Jessica Frey et al., *TikTok Tourette's: Are We Witnessing a Rise in Functional Tic-Like Behavior Driven by Adolescent Social Media Use?*, 15 Psych. Rsch. & Behav. & Mgmt. 3575, 3575-3585 (2022).

[24] Jody L. Herman, *et al*., *How Many Adults and Youth Identify as Transgender in the United States*? UCLA Sch. of L. Williams

adults ages 65+ and only 0.5% of adults ages 25 to 64 identify as transgender, 1.4% of children ages 13 to 17 assert a transgender identity—almost three to five times other age groups.[25] Transgender individuals under 25 represent 43% of all the trans-identifying population in the U.S.[26] The upswing began in 2010, increasing 20- to 40-fold in a decade for minors and ages 18 to 25.[27]

Females aged 12 to 17 who undergo gender-related mastectomies saw a 13-fold increase between 2013 and 2020.[28] New gender dysphoria diagnoses leaped from 15,172 to 42,167 in children aged 6 to 17 from just 2017 to 2022.[29] The number of children aged 6 to 17 placed on puberty blockers and synthetic hormones over that same period more than doubled (633 to 1,390, and 1,905 to 4,231, respectively).[30]

Inst. (Jun. 2022), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf.

[25] *Ibid.*

[26] *Ibid.*

[27] Qi Zhang et al., *Changes in Size and Demographic Composition of Transgender and Gender Non-Binary Population Receiving Care at Integrated Health Systems*, 27 Endocrine Practice 390, 390-395 (2021).

[28] Annie Tang et al., *Gender-Affirming Mastectomy Trends and Surgical Outcomes in Adolescents*, 88 Annals of Plastic Surgery, S325, S325-S331 (2022).

[29] Robin Respaut et al., *Putting Numbers on the Rise in Children Seeking Gender Care*, Reuters (Oct. 6, 2022), https://www.reuters.com/investigates/special-report/usa-transyouth-data/.

[30] *Ibid.*

Schools and universities have also seen dramatic increases in trans-identifying students in recent years. A Seattle school district reported an 853% increase in non-binary identities, from 2019 to 2022, including 30 kindergarteners through third graders.[31] University of California campuses experienced a three-fold surge of trans-identifying students in four years (2019-2023).[32]

This phenomenon was explored in Dr. Lisa Littman's 2018 study, where she coined the term "rapid-onset gender dysphoria" ("ROGD") to describe the sudden appearance of gender dysphoria during puberty or thereafter, without pre-pubertal distress.[33] Littman found that 82.8% of ROGD youth were female with a mean age of 16.4 years old.[34] More than one-

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[31] Ari Hoffman, *EXCLUSIVE: Seattle Public Schools Sees 853 Percent Increase in 'Non-Binary' Students Over 3 Years*, Post Millennial (Oct. 20, 2022), https://thepostmillennial.com/exclusive-seattle-public-schools-sees-853-percent-increase-in-non-binary-students-over-3-years.

[32] Luke Gentile, *Number of Students Identifying as Transgender or Non-Binary Booms on California Campuses*, Wash. Examiner (Feb. 13, 2024), https://www.washingtonexaminer.com/news/2853653/number-students-identifying-transgender-nonbinary-booms-california-campuses/.

[33] Lisa Littman, *Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria*, 13 Pub. Lib'y Sci. e0202330, at 1 (2018), unrelated correction issued, 14 PLoSONE e0214157 (2019).

[34] *Id.* at 2. See also Samuel Veissiére, *Why is Transgender Identity on the Rise Among Teens*?, Psych. Today (Nov. 28, 2018), https://tinyurl.com/4ctenn3b (expected rate of gender dysphoria is 0.005-.014% for males and 0.002-.003% for females); Hilary Cass, *Independent Review of Gender Identity Services for Children and Young People: Final Report* 86 (Apr. 2024),

third of these youth were in friend groups comprised of 50% trans-identifying youth whose identities emerged in tandem with their friends.[35] Littman reported that "the expected prevalence of transgender young adult individuals is 0.7%" making the uptick "more than 70 times the expected prevalence rate."[36] Parents in the study reported that the following influenced their children to reject their sexed bodies: YouTube videos (63.6%); Tumblr (61.7%); a group of friends (44.5%); a community/persons met online (42.9%); a person they knew in-person (41.7%).[37] Littman's study highlights four young girls who simultaneously adopted a transgender identity following their beloved coach's transgender announcement.[38] A 2023 study provided additional support for Littman's theories. Of 1,655 parents of adolescents between 11 and 21 who adopted a transgender identity, 60.9% of their female children adopted the identity concurrently with at least one friend. Male youth appeared to be more influenced by the internet.[39] Our Duty's stories below substantiate these findings.

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https://cass.independent-review.uk/home/publications/final-report/ (sex-ratio flipped from predominantly males to females now making up 73% of trans-identified youth).

[35] Littman, *supra* note 33, at 1-2.

[36] *Id.* at 48 (footnote omitted).

[37] *Id.* at 20.

[38] *Id.* at 15.

[39] Michael Bailey & Suzanna Diaz, *Rapid-Onset Gender Dysphoria: Parent Reports on 1,655 Possible Cases*, J. Open Inquiry Behav. Stud. (Oct. 2023), https://researchers.one/articles/23.10.00002v1.

Even proponents concede that social influence may affect adolescents' gender identity adoption.[40] WPATH's president, acknowledges that children adopting transgender identities may be influenced by peers and that to fail to recognize "at least peer influence on some of these decisions" is "not recognizing human behavior."[41] Likewise, Dr. Laura Edwards-Leeper, a psychologist who helped open Boston Children's Hospital's pediatric gender clinic, and Erica Anderson, former President of USPATH (the U.S. arm of WPATH) and former psychologist at the pediatric gender clinic at California's Benioff Children's Hospital, cautioned that the peer influence

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[40] Coleman, *supra* note 9, at S45. WPATH's status has been discredited with revelations (1) from the *WPATH Files*, (2) that Health and Human Services' Assistant Secretary Admiral Levine intervened with WPATH's standards of care to remove all age restrictions for gender interventions on children. See Azeen Ghorayshi, *Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show*, N.Y. Times (June 25, 2024). And (3) that WPATH prohibited John Hopkins from publishing its review of the evidence that failed to demonstrate that gender interventions on children are supported by medical evidence. *Research into Trans Medicine Has Been Manipulated Court Document Offer a Window Into How This Happened,* Economist (June 27, 2024), https://tinyurl.com/4872vm28. Recently released emails show that WPATH sought and failed to receive an endorsement for its eighth Standards of Care. @LeorSapir, X (Oct. 9, 2024), https://tinyurl.com/yc37nnc9.

[41] Lauren Duggan, *President of Transgender Medical Org. Says Peer Pressure Can Lead Kids to Transition*, Daily Caller (Jan. 24, 2023), https://tinyurl.com/5cdsd966.

of a trans-identified child must be explored when determining treatments of trans-identifying youth.[42]

One example of this social contagion comes from Sweden. In 2019 a popular female handball player announced that she identified as a man, after which new referrals to Sweden's gender clinic among 13- to 18-year olds increased 23.7%.[43] By contrast, after the Swedish documentary series, "The Trans Train and Teenage Girls," which highlighted the harms of gender interventions and the experience of detransitioners, referrals declined for that youth cohort by 25.4% after the first part of the series and 6.1% after the second.[44]

Increased societal acceptance of trans-identities cannot account for the exponential growth since it is *only* the younger cohort that is soaring. Moreover, if gender interventions are "life-saving" and those youth without access to these treatments are more susceptible to suicide, there should have been a significant number of suicides of gender dysphoric children preceding the opening of the first pediatric gender clinic and a decline thereafter. But that's not the case. Notably, the number of suicides before and

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[42] Laura Edwards-Leeper & Erica Anderson, *The Mental Health Establishment is Failing Trans Kids,* Wash. Post (Nov. 24, 2021), https://tinyurl.com/yc3vwf5r.

[43] Malin Indremo et al., *Association of Media Coverage on Transgender Health with Referrals to Child and Adolescent Gender Identity Clinics in Sweden,* JAMA Network Open (Feb. 2, 2022) at 1, 5, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788580.

[44] *Ibid.*

after the UK's curtailment of puberty blockers remained static.[45]

Hence, because the increase in adoption of gender identities by youth is a social contagion, trans-identified youth do not qualify to be recognized as a suspect class.

IV. Because Gender Identity Is Mutable, Transgender Is Not a Suspect Class.

Trans-identified youth are also not a suspect class, as the existence of detransitioners and Our Duty's desistence stories demonstrate: gender identity is not static, but mutable, and therefore should not be afforded suspect classification status. No human can change sex, which is an immutable characteristic. Tennessee law recognizes this truism. *See* Tenn. Code § 1-3-105 ("'sex' means a person's immutable biological sex as determined by anatomy and genetics existing at the time of birth[.]")

Conversely, gender identity is recognized as being flexible and fluid by law. See, *e.g.*, 15 Cal. Code Regs. § 1302 ("gender identity *** can vary over time. A gender fluid person may at any time identify as male, female, neutrois, any other non-binary identity, *** Their gender can also vary at random[.]"); Cal. Welf. & Inst. Code § 14197.09 (trans-inclusive health care accepts gender fluidity); Wash. Admin. Code §§ 110-148-1305; 110-147-1305; 110-145-1305, 110-300-0005, 246-455-025 ("'Gender fluid' means individuals whose gender identities are flexible, not

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[45] *Puberty Blocker Curb Has Not Led to Suicide Rise–Review*, BBC (July 20, 2024), https://www.bbc.com/news/articles/c9x8j5p0992o.

permanent"); Or. Admin. R. § 416-435-0020 ("Gender-fluid" means "a person who does not adhere to one fixed gender and who may move among genders"). Gender identity's fluidity is also recognized by major medical societies,[46] and large gender clinics, such as Boston Children's Hospital, which notes that "a person *** may switch between genders (gender fluid)."[47]

Further, studies show that children who are not transitioned have upwards of a 97.5% rate of desistence.[48] For instance, a 15-year Netherlands' study demonstrates that close to 75% of youth ages 11-26 outgrow their discomfort with their sex by age 26, with the rate of desisting increasing the longer it has been since one trans-identified.[49]

In short, because trans-identified youth do not as a class exhibit "an immutable characteristic determined solely by the accident of birth," they should not be deemed a suspect class. *Frontiero* v. *Richardson*, 411 U.S. 677, 686 (1973).

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[46] See, *e.g.*, Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 Pediatrics 1, 1-2 (2018), https://pubmed.ncbi.nlm.nih.gov/30224363/.

[47] *Gender Identity and Pronoun Use* 2, Bos. Children's Hosp. (2017), https://tinyurl.com/2cmhwnkk.

[48] See *Early Social Gender Transition in Children Is Associated with High Rates of Transgender Identity in Early Adolescence*, Soc'y for Evid.-Based Gender Med. (May 6, 2022), https://segm.org/early-social-gender-transition-persistence.

[49] Pien Rawee, *Development of Gender Non-Contentedness During Adolescence and Early Adulthood,* 53 Archiv. Sex Behav. 1813, 1813-1825 (May 2025).

V. Our Duty Members' Stories Illustrate the Dangers the Acts Address.

The above discussion of research findings is illustrated by the following personal accounts that show the peer and social media influences on children, the flexibility of a trans-identity, the enormous pressure medical providers and others place on parents to transition their distressed children, and how some governments are forcing parents to either transition their child or lose custody.

A. Parents Investigated by Child Protective Services[50]

1. A., Oregon

A.'s 16-year-old trans-identified daughter W. made false claims of child abuse against A. because of A.'s refusal to affirm her daughter's transgender identity. Oregon's Department of Human Services investigated A. *three times*, finding the abuse claims unfounded. W. is now a runaway and while the State knows of her location, they will not inform A. The police refuse to return W. home, but the State has not taken dependency responsibility for W., who is "couch-surfing" and not attending school. The police came to A.'s home again this October 2024 because W. is making new false claims of abuse. Desperate, A. is considering permitting W. to emancipate to stop the false claims against her.

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[50] Some pseudonyms are used to protect families from the animus often directed at those who resist the push to pursue a "gender transition."

2. Jill Doe, Washington

Jill's daughter L. at age 11 adopted a trans-identity which she then abandoned by age 13. Once again influenced by peers, L. re-adopted a transgender identity at age 15. L. was being encouraged by a local teen center to emancipate or become part of the runaway/foster care system and move into a host home, so that she could transition. This teen center provides "burner" phones to minors to help them leave their families. L.'s peer from the center called the police on Jill, lying that Jill was abusing L. because she was not affirming L.'s male identity. Immediately after the police departed, Jill packed some suitcases and drove all night from Washington State to Florida. Away from the Washington peer influences, L. is again showing signs of desistence.

3. Sue Y., California

When Sue Y.'s daughter G. turned 12, her entire demeanor changed. G. started to dress in dark and oversized clothes, she was agitated, and she became suicidal. Amidst these changes, G. announced she was transgender.

Sue promptly took G. to a Kaiser gender clinic. Outside of her mother's presence, a clinician told G. about hormonal treatments and surgeries "to make her authentic." Afterwards, the clinic told Sue she had to choose whether to have "a dead daughter or a live son." No alternative treatment options were offered. Terrified, Sue followed the clinic's advice and placed her daughter on puberty blockers. Sue directed G.'s school to cooperate with G.'s social transition, which it did. For two and a half years, Sue was committed to

G.'s transition. But G.'s mental health deteriorated. G. began cutting herself, became more suicidal and borderline anorexic, and was in and out of psychiatric hospitals.

After an out-of-state psychiatrist advised that G.'s distress was due to other mental health issues, Sue stopped the puberty blockers and affirming her transgender identity. Sue then contacted G.'s school instructing the staff to stop referring to G. as a boy. The school counselor was furious and called CPS. During the CPS visit, Sue dressed her family in LGBTQ clothing to avoid further investigations, which worked. Sue removed G. from the school and G. is now a well-adjusted adult woman who embraces her female sex.

4. C.M., California

After C.M.'s husband died, C.M.'s then 14-year-old daughter had an uncomfortable sexual encounter, resulting in her proclamation that she was transgender. C.M., a therapist, refused to affirm B.'s new identity and prohibited her from binding her breasts. B. had learned about transgender identities from the internet. These online forums encourage her to run-away or make a claim of abuse. B. chose the latter, claiming that she was suicidal because she could not get her breasts removed. The Department of Children and Family Services ("DCFS") then got involved.

B. made a false claim of physical abuse and C.M. temporarily lost custody. B. was placed in a crowded foster home in a dangerous Los Angeles neighborhood. But B. missed the comfort of home and asked to be returned. DCFS fought to prevent the

reunification, which eventually occurred. DCFS continued to pressure C.M. to accept that B. was her new son. When C.M. refused to drive B. to an LGBT Center, DCFS pursued another emotional abuse claim. The charges were ultimately dropped.

It took years to undo the harms to B., but she is now 22, has never medicalized, and has expressed her regret. B.'s body could have been easily irreversibly harmed by the testosterone supplied to B. as a minor by an unethical therapist. This experience caused C.M. to flee California.

5. Erin Friday, California

Erin's daughter, P., was just eleven when following the sex-ed class at school, P. and her entire friend group each chose a new identity. P. shifted from lesbian to transgender. Her friends' identities likewise morphed.

During lockdowns, P. had secretly spent hours on pornography-filled websites and in communication with trans-identified adults and older minors who advised P. that her depression was because she was a "transboy." P. consumed a steady stream of transgender-themed videos, including those that counseled minors to reject non-affirming parents. P. ran away several times.

When Erin overheard the public high school teachers using a male name for P. in 9th grade, she called the school, incensed. The administration insisted that the school was a "safe space," and then reported Erin to CPS. No charges were filed. The next time P. ran away, Erin did not call the police for fear that she would be accused of abuse for not affirming P. P. was barely getting out of bed; her basic hygiene was

ignored and she was not eating. P. believed that everything about her body was wrong; that as a "trans kid" she would commit suicide; and that her parents hated her because they did not affirm her transgender identity.

Erin removed P. from her public school. After two years P. stopped identifying as a boy with the help of an out-of-state psychiatrist who addressed the underlying depression.

B. Parents with Children Influenced by Social Contagion to Temporarily Adopt a Trans-identity.

1. Brandi Shoemaker, Michigan

Brandi's daughter J. at 13-years-old was struggling with pubertal changes, including her menstrual cycle. J. then announced that she was a boy and wanted to go on puberty blockers, start testosterone, and remove her breasts. J. learned about these interventions from TikTok, Discord, and her trans-identified friends.

Brandi contacted her pediatrician for help with the cramps and for a referral for a therapist to help J. come to terms with becoming a woman. Brandi was shocked when the doctor immediately recommended puberty blockers and the local gender clinic. The doctor refused Brandi's request not to discuss these treatments with J., asserting that J. would be less likely to commit suicide if these interventions were undertaken.

Brandi found a new physician, and as J. matured, she accepted her entrance into womanhood.

2. Ann M., Illinois

Ann, a public-school teacher, lives with her biological son, D. and wife. D. had no childhood signs of gender dysphoria. He was socially awkward and was diagnosed with attention-deficit disorder and anxiety.

In eighth grade, D. told his parents he was transgender. Ann supposed D. was simply exploring various identities. But over the next year, D.'s mental health declined. Covid-19 lockdowns left him cut off from friends. D. stayed in his room, gained significant weight, and was rude and aggressive toward his parents.

Ann refused D.s request to instruct his school to use his female name, so D., circumvented her and asked all his teachers to do so. They complied without informing Ann.

Ann discovered the school's action and that D. was being influenced in online forums. Ann then spent time with D. helping him understand why transgenderism is harmful, showing him the exponential increase in children identifying as transgender, and how a plastic surgeon in Canada had bragged on social media about how much breast tissue he had removed from teenage girls. They watched movies about detransitioners together.

D. walked back his trans-identity. Ann is haunted by the thought that if she had not intervened, D. might not have escaped his trans-identity without bodily harm or worse. One of Anne's friends had a child going through the same issues; that mother affirmed her child's gender identity, and the boy soon thereafter took his own life.

3. Debbie M., California

Debbie is a mother of a 21-year-old son, Z. At age 14, he announced that he was gay. Not surprised, Debbie and her husband told him that they accepted and loved him.

Simultaneously, Z. was struggling socially, as he grew apart from his childhood friends. A few months after his sexual orientation announcement, he proclaimed that he was a girl. When he promptly asked for estrogen, they were stunned.

Debbie's husband examined Z.'s computer usage and found that he was chatting with strangers through online video games, watching gender-bending porn and consuming transgender propaganda. They also discovered that Z. had been meeting with his public middle school counselor who had been meeting with Z. multiple times a day, even during his normal class time. She proudly told Debbie about the transgender materials she shared with him, insisting that Z. was transgender. Debbie directed the school counselor to stop meeting with him and found an out-of-state therapist who explored the sudden adoption of a new identity.

Z.'s mental health declined, and he fixated on medically transitioning. Debbie called Children's Hospital Los Angeles' (CHLA) pediatric gender clinic. After speaking for five minutes about her son, the social worker told Debbie to get Z. in quickly for puberty blockers. During Debbie's next interaction with CHLA, she discovered that the psychologist that approves the medicalization is a "trans-identified" woman who is married to the clinic's lead gender

doctor. These interactions made Debbie question the "gender affirming care" model even more.

Debbie never affirmed Z.'s gender identity, but Z. socially transitioned, using a female name and pronouns and later dressing the part until age 19, but he did not medicalize. As Z. matured, his transgender identity disappeared. He is now a well-adjusted 21-year-old proud gay man.

4. Arienne Adamcikova, California

Arienne is part of the LGB activist community. Arienne is a public school teacher who has witnessed the growth in students taking on a transgender identity. Arienne's son, at age 16, as he was suffering from anxiety and loneliness because of lockdowns, turned to the internet. He spent hours watching videos with transgender themes.

Arienne affirmed her son's new trans-identity. However, this action worsened his anxiety and depression. Arienne researched, concluding that a new social contagion was underfoot. Arienne reversed her affirmation slowly, knowing that her son's distress was genuine.

After about a year and a half, Arienne's son ceased identifying as a girl, and fully embraced his male body.

As a teacher, Arienne is told that she is mandated to accept a child's pronouncement of any iterations of identity at face value and to keep it a secret from the parents. The secrecy edict applies to all students based upon the assumption that *all* parents are unsafe whereas *only* teachers are safe.

5. Gabrielle Clark, Nevada

In 2021, Gabrielle Clark's 12-year-old daughter J. suddenly became obsessed with TikTok. J. and her three friends, the only black students in their class, had simultaneously adopted transgender identities after learning about identities at school. Already feeling "othered," J. adopted the identity to distinguish herself and obtain accolades from her teachers.

J. demanded that Gabrielle schedule her for breast removal. J.'s mental health plummeted, as evidenced by her cutting, scratching and biting herself. Once Gabrielle learned that the school would treat J. as a male despite Gabrielle's contrary directive, she moved her family to Texas. Removal from the peer group, affirming school and the internet, in addition to much love and compassion over an extended time frame, resulted in J. returning to comfort in her sexed body.

6. Rob Viola, New York

Rob Viola has a 17-year-old daughter T. who, for more than three years, identified as a transgender boy. T.'s struggles began in early grade school, as she had issues with emotional regulation and anger management, lacked social skills, and subsequently, was very isolated socially with few friends. T. was diagnosed with attention-deficit disorder and disruptive mood dysregulation disorder.

T. expressed no discomfort with her sex until she began engaging with "LGBT" materials online through Tumblr. Rob supported her LGBT exploration by taking her to the local LGBT community center and PRIDE events. T.'s identity was fluid, switching back and forth among male, lesbian and others. Her friends

were also adopting transgender identities. The Child Mind Institute clinicians who had been treating T. for years immediately instructed the parents to embrace T.'s gender identity, or T. would likely commit suicide. Desperate, the parents socially transitioned her and supplied a breast binder. They even scolded people who "misgendered" her.

T. fully embraced a trans boy identity in public. But T.'s meltdowns became more severe and frequent. She was violent, engaged in cutting, and developed suicidal ideations with multiple trips to the psychiatric wards, in-patient hospitalizations, and a suicide attempt. Rob's wife suggested that they start to medically transition T., but Rob was skeptical. He spent two months reading studies which led them to stop affirming.

It was nearly impossible to find a non-affirming therapist because the "anti-conversion" law in their state, but Rob eventually located one who addressed T.'s autism. T. abandoned her transgender identity two years ago, has stabilized mentally, and has her natural body intact.

7. Noelle Lamberton, Oregon

Noelle's then 14-year-old daughter D. decided that she was a boy. This astonishing pronouncement followed hours of online usage during Covid lockdown. D. asked for hormones and the removal of her breasts.

Noelle assumed physicians would help find the best psychological support for D., but she was wrong. She was immediately referred to the Oregon Health and Science University ("OHSU") pediatric transgender clinic by D.'s pediatric psychiatrist, with

specific instructions to put D. on testosterone immediately because "not giving her testosterone is like ignoring cancer." The psychiatrist also secretly told D. where to get a breast binder.

The psychiatrist furthered coerced Noelle to medicalize her distressed daughter, telling her that "trans kids" have a 41% chance of committing suicide, without being able to name the source. Noelle found the often-quoted statistic but discovered the clear flaws of the study – namely that the data came from a survey of adults, not children; and was based upon one question ("Have you ever attempted suicide?") without regard to seriousness of attempt, timing in life, stage of identity, and without detangling co-morbid mental health issues.

None of the doctors recommending testosterone could tell Noelle what the side- or long-term effects of testosterone are on a female. Noelle resorted to using back channels at OHSU to prevent the endocrinologist from prescribing testosterone. Noelle also engaged her father, a medical doctor, who was a transgender medicine pioneer decades ago, to help her.

Noelle ultimately located a psychologist who understood the social contagion. She addressed D.'s other mental health issues, and D. discarded her transgender identity after two years.

Noelle's confidence in the medical establishment has been shaken to its core. OHSU's transgender clinical program manager, told Noelle, "They have a tsunami of trans-identified kids 'coming out' post-Covid and aren't sure why," but sadly the lack of knowledge does not seem to stop them from

affirming and medicalizing adolescents claiming a gender identity.

8. B.G., Washington

B.G's daughter A. had always done well in school, participated in sports and had many hobbies. When the pandemic closed her school, she was nearing age 12. The isolation resulted in A. spending a lot of time online.

Shortly after A.'s 13th birthday, she left a note stating that she always felt that she was a boy and wanted to transition. She requested surgery and that her parents stop using her birth name.

When 8th grade started, with help from a public school counselor, A. filled out forms to change her name. Teachers and classmates then started using A.'s chosen male name and pronouns without parental knowledge.

Shortly thereafter, A.'s behavior substantially changed. A. vandalized school property, talked back to teachers, stole, and self-harmed. She sabotaged all her prior friendships, quit sports and other hobbies, and cleared out her room.

Alarmed, B. limited her online usage, deleted TikTok, insisted on daily outdoor activities, worked to re-socialize her, and spent a lot of quality time with her. B. found a therapist willing to explore the root cause of A.'s distress – depression. B. requested the school stop transitioning A., but the school refused. B. removed her from the school. Slowly, after eight months of being trans-identified, A. returned to pride in her female body and her true personality returned.

Several years have passed, and A. looks back with embarrassment.

B. learned later that A.'s trans-identity coincided with two of her female friends adopting transgender identities, and hundreds of hours spent watching transgender videos on TikTok. B. also discovered that A. was being enticed to run-away. Since Washington law permits children ages 13 and older to control their own medical decisions, even gender interventions, B. knows how close A. was to making irreversible medical decisions that she would have regretted. *See* Wash. Rev. Code § 71.34.530.

9. Beth Bourne, California

Beth is the mother of S., an 18-year-old female who began identifying as a transgender boy at age 13. Beth surmises that S. wanted to present as a boy to shield herself from the type of terrible sexual assault suffered by her best friend. S. also has long-standing mental health issues. A significant contributing factor to S.'s adoption of a transgender identity was her school, that has one in twenty-five students identifying as transgender, 2.8 times the national average.[51]

S. requested puberty blockers, testosterone, and a double mastectomy. In an extraordinary act of selflessness, Beth gave up custody of S. to her ex-husband in exchange for a prohibition of gender interventions while S. was still a minor, giving her time to mature. Now an adult, S. has not medicalized

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[51] Colin Wright, *BREAKING: New Documents Reveal Shocking Surge in Trans-Identified Students in Davis, CA Schools*, Reality's Last Stand (Jan. 17, 2023), https://www.realityslaststand.com/p/breaking-new-documents-reveal-shocking.

and is showing signs of desistence, moving from trans to non-binary, wearing normal bras instead of breast binders, and wearing dresses and typical female make up.

10. Diana L., Washington

When Diana L.'s daughter T. was age 13, Diana discovered that T.'s school had been socially transitioning her, using pronouns and a name that did not align with her sex. The school counselor had lunches with T. and her other trans-identified friends during which the counselor solidified T.'s rejection of her biological sex. T. expressed fear that if her parents learned of her identity, she risked rejection and harm. Diana disenrolled her from the school, knowing that she risked being reported to the Department of Children, Youth and Family services for not affirming T., who not only was suffering from gender dysphoria but also obsessive-compulsive disorder.

T. was also being coached online that running away would be a solution to non-affirming parents. Diana learned that at least two of T.'s female friends were also adopting male identities. Diana blocked T.'s internet access after seeing T.'s obsession with all things transgender.

T. re-identified with her sex (as did one of T.'s friends whose parents also removed her from the school). Diana, fearing the aggressive transgenderism push in Washington, has been exploring moving.

11. Kristina S., Washington.

Kristina S. and her family lived in Washington until 2022. Her minor daughter, Z., had been introduced to gender identity through the internet,

her friends, and anime. Initially, Z. kept her identity a secret from her parents while convincing them to medically arrest her menstruation. Thereafter, Z. demanded that her parents use male pronouns and a male name, which they did for a short while. Z. also asked for a breast binder.

A suicide of one of Z.'s friends in the school's Rainbow Club caused Kristina to delve deeper. She discovered that Z. had been spending hours watching YouTube videos extoling the virtues of being "transgender," using exclusively a male name and pronouns at school, and avoiding using any bathroom at school, being afraid to use either the girls' or boys' facilities. Away from her Washington peer group, Z., now almost 16, has slowly shed her false male persona.

12. Erin Lee, Colorado

Erin's then-12-year-old daughter, C.L., announced she was transgender. C.L.'s favorite teacher invited her to "Art Club." However, it was not art club but Genders Sexualities Alliances club. A third party came to the club with a variety of LGBTQ flags, bracelets, and other "swag" for students who claimed a transgender identity. These tactics led C.L. to adopt a transgender identity. Afterward, C.L. became despondent and suicidal, as did other 12-year-old students in the club and in similar clubs at other schools where this instructor spoke.

Erin, along with another set of parents whose daughter attempted suicide, filed a lawsuit. Both young girls, after removal from the club, returned to identifying as their sex.

13. Brette Smith, Illinois

Brette's then-14-year-old daughter Anna struggled during the pandemic. To escape the loneliness of lockdowns she found community in online chat groups and social media, where she quickly discovered transgender identities. She then adopted a transgender identity, which her public high school affirmed. Anna's entire social group was also trans-identified or non-binary. Having been coached by her teachers to believe that her non-affirming mother was transphobic and that teens whose parents will not affirm them often commit suicide, Anna attempted suicide. Thankfully, Anna survived.

Anna's care team determined that her trans-identity was due to her depression and autism traits. When Anna abandoned her transgender identity, Anna's peer group rejected and ruthlessly ridiculed her. This peer group is likely the source of the death threats Anna received.

14. Wendell Perez, Florida

Wendell is father to female A.P. When A.P. was twelve years old, Wendell learned that she had attempted suicide for the second time that school year. The school had *not told him* about A.P.'s first attempt. A school counselor had been secretly meeting with A.P. weekly for months, influencing her to socially transition and instructing A.P.'s teachers to use her "chosen" male name in class, but not tell the parents. A.P. thought that male hormones would protect her from boys. The "cool" LGBTQ posters and materials in the school counselor's office had also convinced her that her interest in sports and video games indicated that she was a boy trapped in a girl's body.

A.P.'s parents removed her from school and with parental love and compassion, A.P. re-identified with her sex but not without continuing mental health issues.

* * *

Each of these youth desired to socially and medically transition their bodies to appear as the opposite sex. Each changed their minds or are in the midst of doing so, avoiding the most severe irreversible changes to their bodies. Without laws like Acts, more children would be irreversibly harmed and live a life of deep regret.

CONCLUSION

The Acts protect children from decisions they are not yet ready to make, and parents from courts and state agencies that deem the unwillingness to affirm a gender identity as abuse. Additionally, trans-identifying adolescents do not qualify as a suspect class given the mutability of their trait. For the foregoing reasons, the judgment of the Court of Appeals should be affirmed.

Respectfully submitted,

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