

No. 24-297

In the Supreme Court of the United States

TAMER MAHMOUD, ET AL.

Petitioners,

v.

THOMAS W. TAYLOR, ET AL.,

Respondents.

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

**BRIEF FOR *AMICUS CURIAE*
OUR DUTY-USA AND PARTNERS FOR
ETHICAL CARE IN SUPPORT OF
PETITIONERS AND REVERSAL**

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INTRODUCTION AND INTEREST OF *AMICI CURIAE*¹

Our Duty—USA (“Our Duty”) is a secular nonprofit corporation with members comprising of more than 1,000 parents from all fifty states who have varied political backgrounds, ethnicities, and sexual orientations but share the experience of raising former and current trans-identified children. The members’ children adopted transgender identities after being introduced to the concept through school settings, peer groups and on-line. Our Duty appreciates that the distress is genuine, but the adoption of transgender identities is not organic, and the cure is not drugs or surgeries.

Partners for Ethical Care (“PEC”) is a secular, nonpartisan, grassroots, nonprofit organization of people across the globe including members of the LGB communities. PEC’s mission is to raise awareness and support efforts to stop the unethical treatment of children under the banner of “gender identity affirmation.” PEC believes that “no child is born in the wrong body” and that all parents should have the option to protect their children from rejecting their body in the first instance.

The amici believe that the best interest of the children is served when parents can control whether their child is exposed to an ideology that has no basis in reality or evidence-based science. Permanent harm

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

of children occurs when they glom onto an identity that requires them to reject their natural bodies and become tethered forever to the medical industry in a Don Quixote-esque quest to do the impossible. No human can ever change sex.

SUMMARY OF ARGUMENT

The meteoric surge in youth rejecting their sex by adopting a gender identity contrary to their sex is unprecedented and emblematic of a concerted effort to solicit the involvement of children through a social contagion. Children do not adopt transgender identities organically. The existence of a “gendered soul” – some ethereal feeling that can emerge at any time, that is both fluid and static – is a modern creation, tantamount to a new pseudo religion. There is no diagnostical test for gender identity, no science demonstrating the existence of a gender identity and certainly no scientific evidence that sex is determined by “assignment” of a doctor or that there are more than two sexes.² Yet, schools are teaching these beliefs as indisputable truth to impressionable children in every class; not just sex education. Transgender advocacy groups have targeted schools to insert transgenderism into every classroom, in every subject and every grade, even utilizing peer-to-peer influence.³

² Colin Wright Ph.D. *Sex is Not a Spectrum*, REALITY’S LAST STAND. (Feb. 1, 2021), <https://www.realityslaststand.com/p/sex-is-not-a-spectrum>.

³ See *S.E. v. Encinitas Union School District*, No. 24-CV 1611 BEN SBC (S.D. Cal. Sept. 1, 2024) (5th graders forced to read transgender-themed books to kindergartners).

Parents are desperately trying to keep their children safe from the transgender ideology that has permeated every facet of society with lightning speed, influencing medicine, government, commercial enterprises, and education. Schools are the incubators of children and young adults denying their sex. The incredible tsunami of children rejecting their bodies coincides with schools not only teaching about it but celebrating it, while hiding from parents that their student has adopted a identity contrary to their sex. A child who adopts a transgender identity sets a course for invasive and irreversible medical interventions that permanently alter the child's body, disrupt or destroy sexual function, and potentially lead to missing body parts and numerous physical harms. A massive social contagion is under way with schools as the catalyst.

Schools are introducing topics that are well-beyond the ability of children to comprehend and offering reading material that is extremely disruptive to children under the guise of "inclusivity." The schools take pains to conceal this information from parents. This is a grooming tactic with cult-like features⁴ and include (1) identifying the potential target;⁵ (2) persuading them to join; (3) "love-bombing;" (4) selling through relentless celebrations

⁴ Erin Brewer, PhD *et al.* TRANSING OUR CHILDREN, 132 (2021).

⁵ Teny Sahakian, *Abigail Shrier: Audio exposed California teachers' effort to subvert parents and recruit kids to LGBTQ+ clubs*. (Fox News Nov. 19, 2021), <https://www.foxnews.com/us/abigail-shrier-audio-exposes-california-teachers-efforts-to-subvert-parents-and-recruit-kids-to-lgbtq-clubs>.

and advertisements (flags, posters, etc.); (5) renouncing and separating the parent/child bond; (6) instructing core beliefs through simple mantras and new language (e.g., “cis,” “transwomen are women,” “pregnant people” “sex assigned at birth”); and (7) stifling criticism through shameful name calling, e.g., “bigot,” “transphobe,” “hater.” These tactics are illustrated by the Amici stories.



Poster at Wisconsin public school.⁶

⁶ Appendix for Petitioner at 48, *Parents Protecting Our Children v. Eau Claire Area School District*, No. 23-1280 (cert. denied, Dec. 9, 2024).

ARGUMENT

I. Gender Identity is not based on science but stems from Queer Theory.

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.”⁷ Almost every medical society has adopted the idea of “gender identity” as a result of circular reasoning⁸ and incoherency. The tragic histories of lobotomies and removal of women’s ovaries to “cure” hysteria demonstrate that medical societies are fallible.

Gender ideology requires the individual to reject his or her immutable sex and substitute it with a belief system that humans have a “gendered soul” known only to the individual—a soul that no one can see, locate or measure and which can change daily.⁹

French philosopher Michel Foucault is by most accounts the father of Queer Theory—a theory that

⁷ APA DICTIONARY OF PSYCHOLOGY (Nov. 2023).
<https://dictionary.apa.org>.

⁸ Christina Buttons, *Gender Medicine’s Citation Cartel*. REALITY’S LAST STAND (Apr. 13, 2024)
<https://www.realityslaststand.com/p/gender-medicines-citation-cartel>.

⁹ Jessica Klein, *‘Gender fluidity’: The ever-shifting shape of identity*, (BBC Sept. 14, 2022)
<https://www.bbc.com/worklife/article/20220914-gender-fluidity-the-ever-shifting-shape-of-identity>.

“seeks to explode rigid normalizing categories.”¹⁰ He, along with Judith Butler, theorized that the soul existed outside of the body, and that gender or sex is a mere performance, with the physical body having no meaning as to whether one is man or woman. Anyone can become the other.¹¹ This theory was proven wrong—biology trumps belief—with John Money’s experiment on David Reimer in 1997. Reimer’s penis had been accidentally cauterized off as an infant, and, at the urging of Dr. Money, he was forcibly raised as a stereotypical female. His childhood was filled with abject turmoil as he rejected femininity. David first learned he was male at age 14 and returned to his true sex but took his own life years later.¹²

Despite the failure of the gender experiment, Queer Theory *aka* gender ideology has entered the school systems through activists, non-profits and most frightening of all, school policies and legislation.¹³

Schools should not endorse the fictional construct of the existence of a “gender identity” that can encompass an infinite number of identities, as one influential psychologist, who is part of the NIH-funded study used to promote the efficacy of medical

¹⁰ Logan Lancing *et. al.* THE QUEERING OF THE AMERICAN CHILD, 16 (2024) (Citations omitted.)

¹¹ *Id.*, at 36-37.

¹² Miriam Grossman, MD, LOST IN TRANS NATION 8-12. (2023)

¹³ CAL. EDUC. CODE § 51939 (2025) (California law required teaching in social sciences about LGBTQ persons in 2012.)

interventions,¹⁴ has stated. Dr. Diane Ehrensaft of UCSF pediatric clinic has said 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.”¹⁵ The psychologist also asserted that the so-called “prius” gender – half boy and half girl, is legitimate and real as well as a gender Minotaur.”¹⁶ The World Professional Association for Transgender Health (“WPATH”) validates a “eunuch” identity for children and adolescents.¹⁷ “Gender identities” now include nonbinary (people with neither sex), nullification¹⁸ (people who remove genitals to create a mannequin-

¹⁴ D. Chen et al., *Psychosocial Functioning in Transgender Youth after 2 Years of Hormones*, 388 NEW ENG. J. MED, 240 (2023).

¹⁵ *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/>.

¹⁶ Diane Ehrensaft, *I’m a Prius: A Child Case of a Gender/Ethnic Hybrid*, 46 J. OF GAY & LESBIAN MENTAL HEALTH, 46–57. (2010). <https://doi.org/10.1080/19359705.2011.530571>. Hannah Grossman, *Feminist medical school professor says trans kids identifying as ‘minotaurs’ are part of ‘general revolution.’* (Fox News Aug. 16, 2023). <https://www.foxnews.com/media/feminist-medical-school-professor-says-trans-kids-identifying-minotaurs-part-gender-revolution>

¹⁷ Eli Coleman, et al., *Standards of Care for the Health of Transgender and Gender Diverse People*, Version 8. INTERNATIONAL J. OF TRANSGENDER HEALTH, 23(sup1), S1–S259, at S89 (2022). <https://doi.org/10.1080/26895269.2022.2100644>.

¹⁸ *Queer Doc. Your Smooth Bottom Line: Nulloplasty/Nullification/Nullectomy* (October 24, 2022) <https://queerdoc.com/nullectomy-nullification/>

like genital-area) and surgical hermaphrodites¹⁹ (people who add the opposite sex’s genitalia while keeping their natural genitals.) “Gender identities” are particularly worrisome because of the cafeteria-like irreversible medical offerings available that permanently alter the body’s appearance (while destroying natural function) to reflect any of these infinite and unstable identities.

II. The surge in youth adopting a transgender identity continues unabated.

In February 2025, Gallup published its LGBTQ+ poll stating that the number of U.S. adults who identify as LGBTQ continues to increase. As of 2025, 9.3 percent of adults claim to be LGBTQ+, a near tripling in a decade.²⁰ The massive increase is age-related. **Almost one in four (23.1 percent) of Generation Z adults (born between 1997 and 2012) identify as LGBTQ**, with the other generations’ percentages dropping substantially the older the generation.²¹

Youth age 13 to 18 who adopted a transgender identity nearly doubled between 2016-2017 and 2021, while the number of adults remained steady.²²

¹⁹ Mia Hughes, *The WPATH Files, Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and Vulnerable Adults*, ENV’T PROGRESS, 49 (Mar. 4, 2024) <https://environmentalprogress.org/big-news/wpath-files>.

²⁰ Jeffrey M. Jones, *LGBTQ+ Identification in U.S. Rises to 9.3%*, GALLUP (Feb. 20, 2025.) <https://news.gallup.com/poll/656708/lgbtq-identification-rises.aspx>.

²¹ *Id.*

²² Jody L. Herman, et al., *How Many Adults and Youth Identify as Transgender in the United States?* (UCLA Sch. of

Although only 0.3 percent of adults ages 65+ and only 0.5 percent of adults ages 25 to 64 identify as transgender, 1.4 percent of children ages 13 to 17 assert a transgender identity—almost three to five times higher than other age groups.²³ Trans-identifying individuals under age 25 represent 43 percent of all transgender identifying persons in the United States.²⁴ The upswing in youth began in 2010, increasing 20- to 40-fold in a decade for minors and those ages 18 to 25.²⁵

Females age 12 to 17 who underwent gender-related mastectomies saw a 13-fold increase between 2013 and 2020.²⁶ A search in July 2024 of YouTube videos for “top surgery” – removal of females’ breasts - resulted in 4,310,000 videos, including advertisements from surgeons with playful music and child-like theatrics. New gender dysphoria diagnoses leaped from 15,172 to 42,167 in children aged 6 to 17 between 2017 and 2022.²⁷ California saw a 3-fold growth alone. Children from 6-

Law. Williams Inst. Jun. 2022)
<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf>.

²³ *Id.*

²⁴ *Id.*

²⁵ 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*, 390-395 (2021).

²⁶ Annie Tang, *et al.*, *Gender-Affirming Mastectomy Trends and Surgical Outcomes in Adolescents*, 88 *ANNALS OF PLASTIC SURGERY*, S325-S331 (2022).

²⁷ Robin Respaut *et al.*, *Putting numbers on the rise in children seeking gender care*, *REUTERS* (October 6, 2022), <https://www.reuters.com/investigates/special-report/usa-transyouth-data/>.

17 being placed on puberty blockers and synthetic hormones over that same period more than doubled (633 to 1,390 new patients, and 1,905 to 4,231 new patients).²⁸ In Utah, five minor girls were prescribed testosterone in 2015. In 2019, the figure increased more than 10,000 percent.²⁹

In 2007, there was only one pediatric gender clinic, now there are upwards of 300 highly profitable clinics.³⁰

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

²⁸ *Id.*

²⁹ Alex Newman, *Utah Sees 10,000% Increase in Girls Getting “Sex Change”* THE NEW AMERICAN (Apr. 24, 2020.) <https://thenewamerican.com/us/education/utah-sees-10-000-increase-in-girls-getting-sex-change/>

³⁰ Laurel Duggan, *Highly Profitable’: Pediatric Gender Clinics Opening All Across The Country*. DAILY CALLER, Oct. 2, 2022. <https://dailycaller.com/2022/10/02/pediatric-gender-clinics-sex-change-hormones-surgery/>

³¹ Ari Hoffman, *EXCLUSIVE: Seattle Public Schools sees 853 Percent Increase in ‘Non-Binary’ Students over 3 years*, POST MILLENNIAL, (October 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*, WASHINGTON EXAMINER (Feb. 13, 2024),

Increased societal acceptance of trans-identities cannot account for the exponential growth since it is only the younger cohort that is consistently increasing.

So, what changed? Social media, ubiquitous smartphones, an internet that can connect people in seconds, and the schools' inclusion of transgender concepts in curriculum all play a significant role.

III. Nonprofits utilized schools as pathways to create gender-confused children, planting seeds that children could have been “born in the wrong body.”

Vladimir Lenin's quote, “Give me one generation of your children and I'll transform the whole world”³³ is playing out in real time.

Planned Parenthood boasts that it is the largest provider of sex education, inclusive of LGBTQ topics.³⁴ It is also the leading provider of cross-sex hormones to youth, seeing a 10-fold growth in patients since 2017.³⁵

<https://www.washingtonexaminer.com/news/2853653/number-students-identifying-transgender-nonbinary-booms-california-campuses/>.

³³ Vladimir Lenin, *THE TASKS OF THE PROLETARIAT IN OUR REVOLUTION*, reprinted in *LENIN, COLLECTED WORKS*, (Issacs Bernard, trans., Progress Publishers, 1964) (1917).

³⁴ Planned Parenthood Action Fund
<https://www.plannedparenthoodaction.org/issues/sex-education/how-planned-parenthood-teaches-sex-education>.

³⁵ Jennifer Block, *How Did Planned Parenthood Become One of the Country's Largest Suppliers of Testosterone?* THE FREE PRESS (Aug. 7, 2024). <https://www.thefp.com/p/how-did-planned-parenthood-become>.

Human Rights Campaign (“HRC”), the United States’ largest LGBTQ-promoting organization, boasts that it has educated over 11 million students.³⁶ GLSEN, another LGBTQ advocacy group, reaches into 30 states, and offers free lesson plans on transgender themes for kindergarten through 12th grade.³⁷ Gender Spectrum also offers free coursework laden with transgender lessons for schools, even games such as Gender Jeopardy.³⁸ Gender Spectrum had a toolkit describing entry points for gender ideology into the schools. Two of those points follow:

“Instructional Entry Point: **Getting gender ideology into every single classroom.**”

“Institutional Entry Point: Putting into place policies that **solidify gender ideology as a permanent fixture in schools.**”³⁹ (Emphasis added.)

Gender Spectrum makes in-school presentations available to students without parental notification. They discuss medical interventions available to alter one’s secondary sex characteristics. (See Beth Bourne’s story *infra*). Gender Spectrum advertises presentations to middle schools⁴⁰ that include

³⁶ Kelci Hobson, *A Call to Action: LGBTQ Youth Need Inclusive Sex Education*, SIECUS (May 25, 2021) <https://siecus.org/a-call-to-action-lgbtq-youth-need-inclusive-sex-education/>

³⁷ <https://www.glsen.org/activity-list?program=All&type=92&topic=All&issue=All&grade=All>

³⁸ <https://www.genderspectrum.org/curriculum-resources>.

³⁸ Brewer, *supra* n.4 at 132.

⁴⁰ See e.g., Central Middle School’s Weekly Newsletter (Sept. 11, 2022).

surgeons like Scott Mosser, famous for performing over 2,000 double mastectomies on children and adolescents, with no age requirement. In a video leaked to Chris Rufo, a fellow at the Manhattan Institute, Dr. Mosser admitted he would remove the breasts of 12-year-old girls.⁴¹ The money flows from the schools to the nonprofits. The number of nonprofits feeding and being fed by the schools related to transgenderism, is seemingly endless.

In 2015 *Schools in Transition* was published.⁴² The sponsors were the ACLU, Gender Spectrum, HRC, National Center for Lesbian Rights (“NCLR”) and the National Education Association, the largest professional employee organization with 3.1 million members.⁴³ The lead authors were Asaf Orr, Esq. of NCLR, who was also the legal director of UCSF’s pediatric clinic where Dr. Ehrensaft works. Orr also trains minor’s counsel,⁴⁴ working in tandem with family court judges. The second lead author was Joel Baum,⁴⁵ the senior director at Gender Spectrum and

<https://centralmiddleschoolcreatesend1.com/t/y-e-nydlddl-l-id/>;
<https://2022gsfc.sched.com>

⁴¹ Dr. Scott Mosser advertises top surgery, <https://x.com/realchrisrufo/status/1526667981366992902>. (May 17, 2022)

⁴² Asaf Orr et al., *Schools in Transition - A Guide for Supporting Transgender Students in K-12 Schools* (2015). <https://www.nclrights.org/wp-content/uploads/2015/08/Schools-in-Transition-2015-Online.pdf>.

⁴³ *Id.*

⁴⁴ Susannah Luthi, *California Legal Course Urges Custody Attorneys to Push Puberty Blocker for Kids*, FREE BEACON (Sept. 26, 2023). <https://freebeacon.com/california/california-legal-course-urges-custody-attorneys-to-push-puberty-blockers-for-kids/>

⁴⁵ <https://www.linkedin.com/in/joel-baum-18538824/>

Co-founder/Education Director of the pediatric clinic at UCSF.

Schools in Transition instructs that:

[T]here are many activities and lessons that can effectively scaffold a student's gender transition. . . while some may assume that elementary students are too young to discuss these issues, experience from schools across the country say otherwise. In fact, in most cases younger students are much more flexible in their thinking and capacity for understanding a peer's assertion of their authentic gender.⁴⁶

Translation: schools should be pushing students towards next steps of transition and “get them when they are young.”

The guide also contains a sample Gender Transition Plan⁴⁷ like those Amici's parents describe that are confidential between the school and the student to the exclusion of their parents.

Teachers hide LBGTQ clubs from parents by holding them during lunch to avoid having to get permission slips.⁴⁸

The pipeline is clear. Indoctrinate the children at school when they are young using colorful books and child-enticing tactics—telling lies that they can change sex and that their body is meaningless—away from

⁴⁶ Gentile, *supra* n.32, at 15.

⁴⁷ *Id.*, at 55.

⁴⁸ Abigail Shrier, *California teachers 'deceiving parents by recruiting children into gay clubs'*, (Fox News, Dec. 2, 2021). <https://www.foxnews.com/video/6284940644001>.

watchful eyes of parents. After the indoctrination is complete children are sent into the arms of Planned Parenthood and gender clinics filled with surgeons for medicalization and surgery.

IV. Transgender identities as social contagion.

A. History of social contagions

The American Psychological Association (APA) Dictionary of Psychology defines “Social Contagion” as “the spread of behaviors, attitudes, and affect through crowds and other types of social aggregates from one member to another.”⁴⁹ Peer contagion, a subset of social contagion, is the process by which children and adolescents in a friend group adopt deviant behaviors and emotions from one adolescent to another.⁵⁰ Peer contagions can occur in educational settings.⁵¹

Mass hysteria and other social contagions are well-known in human history, striking female youth first and spreading from there. Examples include: (1) The “dancing plague of the 16th Century” started in France with one woman dancing, and spread to other European countries, resulting in deaths from

⁴⁹ Social Contagion, American, APA Dictionary. (April 19, 2018) <https://dictionary.apa.org/social-contagion>.

⁵⁰ Thomas J. Dishion, et al., *“Peer contagion in child and adolescent social and emotional development”*. 62 ANNUAL REV. OF PSYCHOLOGY. 189–214 (2011). [.doi:10.1146/annurev.psych.093008.100412](https://doi.org/10.1146/annurev.psych.093008.100412).

⁵¹ Laura G. Burgess, et. al., *The Influence of Social Contagion Within Education: A Motivational Perspective*. 12 MIND, BRAIN AND EDUCATION 4, 163-230 (Dec 2018).

exhaustion and heart failure;⁵² (2) The “Laughing Epidemic” that struck girls in Bukoba District school, spreading to other schools in the 1960s.⁵³ Sixty percent of the original school was infected, and the students were sent home spreading the laughing contagion mostly to other girls in their villages.⁵⁴ (3) Hundreds of Mexican girls at a boarding school who were suddenly not able to walk in 2007;⁵⁵ (4) anorexia nervosa⁵⁶ and bulimia. Just the naming of bulimia and reporting of the novel eating disorder in women’s magazines led to massive outbreaks in young girls. In 1995, bulimia hit Fijian female adolescents after TV shows such as *Beverly Hills, 90210* reached the island, resulting in 45 percent of girls from the main island adopting bulimic behaviors by 2007;⁵⁷ (5) Non-

⁵² Evan Andrew, *What was the Dancing Plague of 1518?* THE HISTORY CHANNEL. <https://www.history.com/news/what-was-the-dancing-plague-of-1518>.

⁵³ A. M. Rankin, et. al, *An epidemic of laughing in Bukodo district of Tanganyika* (2006) <https://psycnet.apa.org/record/1964-10388-001>.

⁵⁴ Jesslyn Shields, *Not So Funny: The Mysterious 1961 Tanganyika Laughter Epidemic* (2023) <https://health.howstuffworks.com/mental-health/human-nature/behavior/1962-tanganyika-laughter-epidemic.htm>.

⁵⁵ Elisabeth Malkin, *At a School for the Poor, a Mysterious Illness*, N.Y. TIMES, April 16, 2007, <https://www.nytimes.com/2007/04/16/world/americas/16mexico.html>.

⁵⁶ Stephen Allison, et al., *Anorexia nervosa and social contagion Clinical implications*, 48 AUST. & N.Z J. PSYCH. 116,116-12 (2013).

⁵⁷ Lee Daniel Kravetz, *The Strange, Contagious History of Bulima*, THE CUT, (July 31, 2017). <https://www.thecut.com/article/how-bulimia-became-a-medical-diagnosis.html>; Kit Chelle, *Second-hand Television Exposure Linked to Eating Disorder*, Harv. Med. Sch. (January 5, 2011).

suicidal self-injury (cutting);⁵⁸ (6) Suicide;⁵⁹ and (7) Tourette’s-like syndrome. A Tourette’s-like outbreak occurred in 18 female students and one male at LeRoy Central School District in 2012.⁶⁰ Increased social media consumption resulted in more youth without any past history of tics to adopt Tourette’s-like behavior.⁶¹

B. Gender Identity as a Social Contagion

The extreme uptick of youth taking on a transgender identity without any history of childhood distress 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 or after puberty.⁶² Littman found that 82.8 percent of the ROGD youth were female with a mean age of 16.4

<https://hms.harvard.edu/news/second-hand-television-exposure-linked-eating-disorders>.

⁵⁸ 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 2422-2442 (2019).

⁵⁹ Mary Anne Walling, *Suicide Contagion*, Curr. Trauma Rep. 7, 103-114 (2021).

⁶⁰ SCITECHDAILY, *Further Investigation into Mystery Tourette-Like Outbreak in a US School* (Feb. 21, 2012)

<https://scitechdaily.com/further-investigation-into-mystery-tourette-like-outbreak-in-a-us-school/>.

⁶¹ 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).

⁶² Lisa Littman, *Rapid-Onset gender dysphoria in adolescents and young adults: A Study of parental reports*. PLOS, 36. (2018), (citation omitted)
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>.

years.⁶³ More than one-third of these youth were in friend groups comprised of 50 percent trans-identifying youth whose identities emerged in tandem with their friends'.⁶⁴ 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."⁶⁵ The parents in the study reported that their children were influenced to reject their sexed bodies by: YouTube videos (63.6 percent); Tumblr (61.7 percent); friends (44.5 percent); online community/persons (42.9 percent); an in-person interaction (41.7 percent).⁶⁶ Littman's study highlighted four young girls who simultaneously adopted a transgender identity following their beloved coach's transgender announcement.⁶⁷

A 2023 study provided additional support for Littman's theories. In this study of adolescents who claimed to have adopted a transgender identity between the ages of 11 and 21, 60.9 percent of the female youth adopted the identity concurrently with

⁶³ According to the DSM-5, the expected rate of gender dysphoria is .005-.014% for males and .002-.003% for females. Samuel Veissière, *Why is Transgender Identity on the Rise Among Teens ?*, PSYCHOLOGY TODAY, November 28, 2018, <https://www.psychologytoday.com/us/blog/culture-mind-and-brain/201811/why-is-transgender-identity-the-rise-among-teens>. The sex-ratio in the new adolescent cohort flipped from predominantly males under the DSM-5 to female children now making up 73 percent of the trans-identified youth.

⁶⁴ Littman, *supra* n.62 at 1-2.

⁶⁵ *Id.* at 48. (footnote excluded.)

⁶⁶ *Id.* at 20.

⁶⁷ *Id.* at 15.

at least one friend. Male youth appeared to be more influenced by the internet.⁶⁸

Even WPATH concedes that social influence may affect adolescents' gender identity adoption.⁶⁹ WPATH's president, Marci Bowers, acknowledges that children adopting transgender identities may be influenced by peers and that failing to acknowledge "at least peer influence on some of these decisions" is not recognizing human behavior.⁷⁰

⁶⁸ Michael Bailey & Suzanna Diaz, *Rapid-Onset Gender Dysphoria: Parent Reports on 1,655 Possible Cases*, RESEARCHERS. ONE ((2023) <https://researchers.one/articles/23.10.00002v1>.

⁶⁹ Coleman, *supra* n.17 at S45 <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>. WPATH's status has been discredited with revelations (1) from the *WPATH Files*, *see supra* note 12, (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 Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show*, N.Y. TIMES, June 25, 2024, <https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html>, 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://www.economist.com/united-states/2024/06/27/research-into-trans-medicine-has-been-manipulated>; <https://t.co/IMjFRdk4bz>. Furthermore, recently released emails show that WPATH sought and failed to receive AAP's endorsement for its 8th Standards of Care. <https://x.com/LeorSapir/status/1844088051175419960>

⁷⁰ Lauren Duggan, *President of Transgender Medical Org. Says Peer Pressure Can Lead Kids to Transition*, DAILY CALLER,

Likewise, Dr. Laura Edwards-Leeper, the 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 UCSF Benioff Children's Hospital, cautioned that the peer influence of a trans-identified child must be explored when determining treatments for trans-identifying youth.⁷¹

One example of this social contagion comes from Sweden, where in 2019 a popular female handball player announced that she identifies as a man, after which new referrals to Sweden's gender clinic in the age category of 13- to 18-year olds increased 23.7 percent.⁷² By contrast, following the Swedish documentary series, "The Trans Train and Teenage Girls," which highlighted the harms of gender interventions and detransitioners, referrals declined for that youth cohort by 25.4 percent after the first part of the series and 6.1 percent after the second.⁷³

Jan. 24, 2023, <https://dailycaller.com/2023/01/24/wpath-peer-influence-transgender-kids-marci-bowers/>.

⁷¹ Laura Edwards-Leeper & Erica Anderson, *The mental health establishment is failing trans kids*, WASHINGTON POST, (Nov. 24, 2021). <https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/>.

⁷² Malin Indremo, *et al.*, *Association of Media Coverage on Transgender Health with Referrals to Child and Adolescent Gender Identity Clinics in Sweden*, JAMA, Feb. 2, 2022. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788580>.

⁷³ *Id.*

If gender interventions are “life-saving” and those youth without access to these treatments are more susceptible to suicide, then 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 is not the case. Notably, the number of suicides before and after the UK’s curtailment of puberty blockers remained static.⁷⁴

V. Transgender medicine is dangerous

Parents do not want their children adopting a transgender identity, not just because they do not believe that their children have a gendered soul, were born in the wrong body, God makes mistakes, or humans can change sex, but because of the potential medical consequences to their children’s bodies should they engage in medical treatments. The harms of gender interventions include shortened life expectancies,⁷⁵ sterilization/infertility,⁷⁶ sexual dysfunction,⁷⁷

⁷⁴ *Puberty blocker curb has not led to suicide rise – review.* BBC, July 20 2024.

<https://www.bbc.com/news/articles/c9x8j5p0992o>

⁷⁵ Robert Hart, *Transgender People Twice as Likely to Die As Cisgender People, Study Finds*, FORBES, May 16, 2022, <https://www.forbes.com/sites/roberthart/2021/09/02/transgender-people-twice-as-likely-to-die-as-cisgender-people-study-finds/>.

⁷⁶ Philip J. Cheng et al. *Fertility concerns of the transgender patient*, TRANSLATIONAL ANDROLOGY AND UROLOGY, June 2019, doi:10.21037/tau.2019.05.09.

⁷⁷ M.E. Kerckhof, et al, *Prevalence of Sexual Dysfunctions in Transgender Persons: Results from the ENIGI Follow-Up Study*, 16 J SEX MED. 12: 2018-2029. (December 2019) doi: 10.1016/j.jsxm.2019.09.003. Epub 2019 Oct 24. Erratum in: J Sex Med. 2020 Apr;17(4):830. doi: 10.1016/j.jsxm.2020.02.003. PMID: 31668732.

increased prevalence of suicides,⁷⁸ lowering of IQ and brain development issues,⁷⁹ heart attacks and stroke,⁸⁰ and osteoporosis.⁸¹

VI. Amici members' stories illustrate the dangers of schools introducing transgender subject matter.

The following personal accounts confirm the research cited above and illustrate the influence of schools on children.

1. Lydia McLaughlin, California

Lydia is mixed-race. Her daughter T. was introduced to transgenderism by a friend. Soon after, T., who had never been uncomfortable in her female body, started self-harming, cut her hair, and changed her clothing to oversized male shirts and cargo pants.

⁷⁸ Gabrielle M. Etzel, *New study finds 12-fold higher risk of suicide attempt for adult transgender patients*, WASHINGTON EXAMINER, May 17, 2024, [New study finds 12-fold higher risk of suicide attempt for adult transgender patients, Washington Examiner](https://www.washingtonexaminer.com/new-study-finds-12-fold-higher-risk-of-suicide-attempt-for-adult-transgender-patients), (Increase of suicide is **post** gender surgeries.)

⁷⁹ Sallie Baxendale, *The impact of suppressing puberty on neuropsychological function: A review*, (Feb, 9, 2024). <https://doi.org/10.1111/apa.17150>.

⁸⁰ Darios Getahun, M.D. *et al.*, *Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study*, ANNUALS OF INTERNAL MEDICINE (July 10, 2018) <https://www.acpjournals.org/doi/10.7326/M17-2785>.

⁸¹ Michael Biggs, "Revisiting the effect of GnRH analogue treatment on bone mineral density in young adolescents with gender dysphoria" 34 J. OF PEDIATRIC ENDOCRINOLOGY AND METABOLISM, 7:937-939 (2021). <https://doi.org/10.1515/jpem-2021-0180>.

T.'s public high school solidified her transgender identity with lessons about transgender beliefs, while repetitively requesting and using T.'s desired male name and pronouns. By happenstance, Lydia found out that the school was socially transitioning T.

Lydia demanded that the teachers stop referring to her daughter as a male. The teachers assured Lydia that they would, but they lied. The principal told T. that her transgender identity would be their secret.

As T. fell deeper into the new identity, she started wearing a breast compression binder and developed an explosive temper that made Lydia afraid of her. T. started accusing her parents of abuse and developed an eating disorder. Lydia would not affirm T.'s denial of her sex, knowing the danger of surrendering to her daughter's maladaptive identity.

Lydia engaged legal counsel, confronted the school, and used FERPA⁸² and public records requests to discover that the school continued to secretly undermine her. Shockingly, the superintendent and assistant superintendent were conspiring together on how they would hide the school's social transition of T.

Despite the horrible vitriol T. spewed at Lydia, Lydia reminded T. that she would always love her. Lydia credits the removal of outside influences as the step that returned T. to her authentic self.

⁸² The Family Educational Rights and Privacy Act, 20 U.S.C. § 12326.

T., now a senior, has completely dropped her trans-identity, stopped wearing a binder, grown out her hair, and wears feminine clothing, and make-up. T.'s sweet demeanor returned.

2. Lisa Mullins, California

Lisa is a former art teacher. Her daughter M. struggled in middle school as she gained significant weight due to a medical condition. M. is artsy and bemoaned sports, pushing her out of the “cool” group. Her confidence waned as she entered high school, which she started during the COVID-19 lockdowns. M. lost all interactions with peers.

M. turned to the internet, falling readily into the transgender world, watching Anime (which has gender bending themes), YouTube and TikTok. M. changed markedly, wearing cartoon-like make-up, shaving her eyebrows, and changing her bedroom décor to witchcraft imagery. She also started to cut herself. Worried, Lisa listened in on some classes and was alarmed with the overt sexual perversion she heard, well beyond what her 14-year-old needed to know about sex. Health class included questions about whether her daughter would be comfortable masturbating in a room with another person or engaging in anal sex. M. had never been kissed. Lisa also heard classes espousing gender ideology.

M. decompensated and cut herself so deeply it required an emergency room visit. M. was treated by a psychiatrist, diagnosed with depression and anxiety, and medicated.

Lisa then discovered that M. had changed her name and pronouns at school, using the plural, “they/them,” flipping her name between male and female, even using a mythical Greek god’s name. The school adopted every name change and pronouns without question as M. and her entire friend group circulated through non-binary and transgender identities.

Lisa met with the principal and teachers and spoke at the school board, demanding that the school stop treating her daughter as a boy. The school never followed Lisa’s directives. The school informed Lisa that M., a minor, controlled her name and pronouns at school. But when M. asked her teachers to use her real name, teachers still used M.’s “trans” names as did the school counselor. Lisa believes that the school’s obstinance was purposeful to demonstrate its power over “bigots and transphobes” like Lisa.

Lisa toured the school, photographing how the Wellness Center enticed students with an “Explore Me” box filled with “trans” tape that is used to crush females’ breast, create a fake penis bulge, or tape a males’ penis up to create a smooth crotch area. Free breast binders were also available.

M. is now an adult in college, having shed her transgender identities. She stopped cutting, dressing as a man and wearing cartoonish make-up, but the strain of the public school’s aberrant behavior was too much for Lisa to bear. She moved her family out of California.

3. Sue Y.,⁸³ 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. In fear, Sue dressed

⁸³ Some pseudonyms are used to protect the families from the animus often directed at those who resist the push to pursue "gender interventions."

her family in LGBTQ clothing during the CPS visit to avoid further investigations.

It worked. Sue removed G. from the school and G. is now a well-adjusted adult young woman who embraces her female sex.

4. 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 became rude and aggressive toward his parents.

Ann refused D.'s request to instruct his school to use a 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 sexual confusion without bodily harm or worse. One of Anne’s friends had a child going through the same issues; that mother affirmed her child’s sex denial, and the boy soon thereafter took his own life.

5. Erin Lee⁸⁴ – 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 rather the Gender Sexualities Alliances (“GSA”) club. An adult 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 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 embracing their female body and sex.

6. Beth Bourne, California

Beth is the mother of S., an 18-year-old female who began identifying as a transgender 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

⁸⁴ See *Lee v. Poudre School District*, No. 24-1254 (10th Cir.)

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.⁸⁵

Beth believes that Davis has such a high trans-identifying student population because the school's counseling services are provided through CommuniCare. Kenna Cook, the CommuniCare project coordinator for S.'s school, wants CommuniCare to serve as a “*chosen family*,” where trans-identifying “7th through 12th graders” can find a “safe place to ‘be themselves’ and talk to *trusted adults*.”⁸⁶ Ms. Cook promoted herself as one of those “trusted adults,” despite authoring “sex-positive” blogs such as “Be a Better Butt Slut.”

Flyers were distributed to students in the junior high inviting them to a talk by Gender Spectrum discussing the book “The Transgender Child” which includes information about medical procedures for so-called “sex changes.” Students under 18 only needed to bring a “trusted adult” with

⁸⁵ 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>.

⁸⁶ Jordan Silva-Benham, *CommuniCare expands services for LGBTQ+ youth in Yolo County: ElevateYouth works with residents aged 12 to 26*, DAILY DEMOCRAT (March 26, 2021) <https://www.dailydemocrat.com/2021/03/25/communicare-expands-services-for-lgbtq-youth-in-yolo-county/>.

them. Parental knowledge or consent was not required.

S.’s Advanced Placement biology textbook stated that newborns are “assigned” sex, indicating that humans make the arbitrary decision, as opposed to the biological effect of chromosomes in utero.

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, as an adult, S. has not medicalized 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.

7. January Littlejohn,⁸⁷ Florida

January’s daughter, A.G. suffers from ADHD. At the age of 13, the height of her puberty, A.G. sank into a deep depression during COVID-19 lockdowns. Online instruction was arduous for her. During that spring of 2020, a few of A.G.’s close friends announced that they were non-binary. A.G. then asked her parents to call her just the first letter of her name and said that she was a “they/them.”

Being a therapist herself, January confided in a teacher about A.G.’s sexual struggles and allowing her to take the lead on using a nickname at school.

⁸⁷ See *Littlejohn v. School Board of Leon County*, No. 23-10385 (11th Cir.).

The parents did not support denying their child’s sex. Instead, without parental consent, the school met privately with A.G. and created a secret social transition plan for A.G.

A.G.’s mental health collapsed, as the school caused A.G. to distrust her own parents. January removed A.G. from the school and provided the appropriate therapy to address the underlying issues that led A.G. to reject her biology. Today, A.G. is a confident female with no identity issues.

8. Michele Blair,⁸⁸ Virginia

Michele’s daughter S.’s life started out difficultly as her father died and her mother was unable to care for her. She was ultimately adopted by her paternal grandmother Michele and her husband. Due to the trauma S.’s mental health suffered, which worsened at the onset of puberty. S. adopted an eating disorder and began cutting herself. She was hospitalized for depression.

On the second day of her freshman year of high school in 2021, S. told a fellow student that she wanted to be referred to as a boy. A teacher overheard and told school counselor who started “gender-affirming” sessions with S. without her parents’ knowledge or having read her mental health history, and the counselor directed the diminutive S. to use the male bathrooms. Predictably, S. was sexually harassed by the boys in the bathroom and on the school bus. The school kept this all a secret from the parents. S. was

⁸⁸ See *Blair v. Appomattox County School Board*, No 24-1682 (4th Cir.).

also threatened by the school when she reported the incidents.

S., fearing that her parents would be harmed because of the school threats, ran off with a stranger she met online. At age 14, she was sex-trafficked for weeks until the police found her, but she was not returned to her parents. Instead, a transgender advocate public defender convinced the judge to place the broken S. in a **male's** group home facility because S.'s parents refer to her as a female. Unsurprisingly, assaults occurred again. Feeling hopeless after the public defender falsely told her that her parents did not want her, S. ran away again and was trafficked a second time.

S. is now back with her loving parents trying to heal from unspeakable trauma that could have been prevented had the school involved the parents and not placed transgenderism above parents' rights. S. does not identify as a boy.

9. Jessica Konen,⁸⁹ California

Jessica is the mother of M., a female. When M. was 11, in 2019, a friend invited her to the GSA club. She quit but rejoined when a teacher personally invited her back. When the Club teachers asked her for her sexuality, wanting to conform, M. said she was bisexual, even though she did not understand what that meant. The teachers convinced her that she was actually a transgender boy and instructed her to choose a

⁸⁹ See, *Konen v. Caldeira*, No. 5:22-cv-05195-EJD (N.D. CA), (stipulated dismissal entered Aug. 3, 2023).

male name. The school then called her the male name and created a secret gender support plan that noted that M.'s parent should not be told. M.'s mental health began to plummet.

M's club teachers were caught on tape at a California Teachers Association meeting admitting how they circumvent parents and look at student's Google searches to find members for their club. They also instructed teachers to use creative names to mask the true purpose of the GSA clubs.⁹⁰

Jessica disenrolled M. from the offending school, and M.'s mental health steadily improved. She has ceased identifying as transgender.

10. 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 make her stronger like a boy. The "cool" LGBTQ posters and materials in the school counselor's office also convinced her that her interest in sports and video games indicated that she was a "boy trapped in a girl's body."

⁹⁰ See Note 5.

A.P.'s parents removed her from school and with parental love and compassion, A.P. re-identified with her sex but only after significant trauma catalyzed by the school's actions.

* * *

Each of these youth who adopted transgender identities desired to socially and medically alter their bodies to appear as the opposite sex. Each were secretively recruited or influenced by their schools. Each came to terms with their sex or are in the midst of doing so, avoiding the most severe irreversible changes to their bodies.

CONCLUSION

All parents, regardless of religious belief or lack thereof should be able to safeguard their children from exposure to all instruction and indoctrination related to the predacious transgenderism movement. For the foregoing reasons, the judgment of the Court of Appeals should be reversed.

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