NAVIGATING THE TRANSGENDER LANDSCAPE

SCHOOL RESOURCE GUIDE

Child & Parental Rights
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ABOUT THIS SCHOOL RESOURCE GUIDE:

One of the most recent emerging developments in schools across the nation is children identifying as transgender or gender non-conforming. This Guide[1] was prepared by a non-partisan team of attorneys and education professionals concerned about a lack of balanced information available to educators to provide a compassionate and effective response to gender non-conforming students.

Issues raised by the trans-identification of children involve significant social and medical decisions with potentially life-long implications for students still in the process of development. The information many educators are receiving, however, is almost entirely from one perspective. This Guide is designed to fill the gap and provide the balance of information critically needed to make wise policy decisions to meet the needs of gender non-conforming students, while continuing to address the needs of the entire student body and fulfill the essential requirement to "do no harm."

[1] This School Resource Guide includes footnotes to a variety of sources. The authors of this Guide believe the content cited is useful, but do not necessarily agree with the views of every organization cited.

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*Found at www.genderresourceguide.com

GUIDING PRINCIPLES:

CHAMPIONING CHILDREN'S NON-CONFORMITY TO STEREOTYPES

Gender non-conforming children are part of many school communities today. This provides schools with opportunities to celebrate the uniqueness of every child and empower children to transcend stereotypes without rejecting their sex.

- Educators can help students understand that some people have developed ideas about how boys and girls should look, act, and dress, what toys they should play with, and what kinds of activities they should enjoy. These are cultural "stereotypes," not accurate definitions of what it means to be a male/boy or a female/girl.

- Nor is a child's sex merely "assigned at birth," like the arbitrary number assigned to a birth certificate -- but rather an innate and immutable human characteristic stamped upon a child's genetic instruction manual directing their healthy physical development over the course of their lifetime with exquisite detail so that they may reach their fullest potential. Biological sex is therefore best presented to children as a gift to be embraced, celebrated, and protected throughout one's life-time.

- This Guide champions children being encouraged to use their imaginations and to explore personal styles and activities that interest them. Educators should help reinforce that these preferences do not mean children are something other than their sex or that they need to alter or harm their bodies to fit a mold.

- The best practice is to create a school climate that welcomes every student by making room for a greater diversity of personalities, preferences, and interests without negating the importance and health necessity of bodily sex. Fostering "a culture of respect for difference"[2] will help kids understand that they can "be themselves" without rejecting their body through social denial, hormones, or surgery.

PROVIDING SCHOOLS WITH BALANCED INFORMATION

Schools cannot develop effective policies without sound data and a balance of information. Virtually all of the materials made available to schools regarding gender non-conforming students to date has been produced by advocacy organizations that promote the affirmation of trans identities in children. These materials, however, omit significant data about the nature, efficacy, and consequences of such affirmation on gender non-conforming children and the school community as a whole, including that:

- Affirming a transgender identity very often involves serious medical decisions with life-long consequences for which there remains no consensus in the scientific or medical community.

[2] Stephanie Davies-Arai, "Supporting gender diverse and trans-identified students in schools" *Transgender Trend* (2019), https://www.transgendertrend.com/wp-content/uploads/2019/08/Transgender-Trend-Resource-Pack-for-Schools3.pdf.

- There is still no consensus as to the causes of and proper responses to a child's assertion that he or she is something other than his or her sex. The science is unsettled. For instance, the United Kingdom just recently reversed its statement concerning the reversibility of puberty blockers, and as this Guide goes to print, the UK announced it is considering changing its guidelines to restrict gender transition treatments in children.[3] Therefore schools should proceed with caution, developing policies only after considered study of a balance of information.

- The issue of trans-identification in children is a complex phenomenon. For some kids it may be a trend, a form of exploration, or a coping mechanism during a challenging period of development. But for some it may involve deeper issues that cause great distress. As a complex phenomenon, trans-identification in children cannot be treated as a social issue that educators can address without being medical professionals. Educators should not be promoting affirmation of an issue they are not competent to treat.

PARTNERING WITH PARENTS

- As the Covid 19 pandemic has demonstrated, parents are the primary educators of their children — and now more than ever, they realize they have options. Though they may choose to enroll their child in public school, parents must be respected as the adults ultimately responsible for their child's education, health, and well-being.

- School communities include families who have competing worldviews. Out of respect for that diversity, educators must consult with parents and review policies frequently to ensure that the policies are values-neutral and provide reasonable accommodations for all points of view.

- Schools should work in partnership with both students and their parents in addressing the transgender issue and maintaining the well-being of all children. Strengthening the partnership between schools and parents is imperative to building the trust of the community and protecting the safety, health, and integrity of all students.

[3] Paul Smeaton, "UK minister says govt may stop supporting 'gender transition' drugs, surgery for children," *LifeSite News*, April 23, 2020, https://www.lifesitenews.com/news/uk-minister-says-govt-may-stop- supporting-gender-transition-drugs-surgery-for-children; Glen Owen, "NHS Quietly U-turns on its Guidelines for Controversial Puberty-Blocking Drugs for Transgender Teens Which Could Have Long-Term Effects on Brains, Bones and Mental Health," *DailyMail*, June 13, 2020, https://www.dailymail.co.uk/news/article-8418463/NHS-U-turns-controversial-puberty-blocking-drugs-transgender-teens.html.

THE IMPORTANCE OF DEVELOPING POLICIES GUIDED BY A BALANCE OF INFORMATION THAT RESPECTS THE PROPER ROLE OF PARENTS AND THAT BALANCES THE NEEDS OF ALL MEMBERS OF THE SCHOOL COMMUNITY IS DEMONSTRATED BY THESE REAL-LIFE EVENTS:

- Without first informing parents, kindergarten students in California were told the story of Jazz Jennings, who claims to have a girl's brain in a boy's body, and then the teacher introduced their male classmate who was now dressed as, and said that he is, a girl. Many parents expressed outrage that this was done without their approval.[4]

- A school superintendent implemented a procedure allowing children to access restrooms based on "gender identity" instead of their sex as his school board directed. They wanted to play down the decision and handle each incident on a case by case basis without notifying parents. Community members were incensed about this decision made without notice to or input of stakeholders. The superintendent reversed this decision after the public outcry and took responsibility, however, he was ultimately forced to resign.[5]

- A school superintendent in Indiana, without notifying parents, implemented a procedure that permitted students to access privacy facilities based on how they identified instead of by sex. Parents learned of this and flooded the school board meeting in opposition. The school board offered a presentation from a trans-affirming organization which told the parents there are innumerable genders which must be accommodated and taught to children. Thirty parents immediately pulled their children out of the school district. The district then faced a $1 million funding shortfall and the loss of an additional 60 students from the district.

- In Georgia, a 5-year-old kindergartener was sexually assaulted in the girls' bathroom by a male classmate who identified as "gender-fluid" and therefore was allowed to access the girls' bathroom under the district policy.[6] A federal lawsuit was filed. The Office of Civil Rights for the U.S. Department of Education conducted an investigation and concluded that the school district violated Title IX.[7]

- Children with learning disabilities, developmental disabilities, autism, pre-existing trauma, or other mental-health issues who express confusion about their sex are immediately placed into "gender-affirming" protocols with no notice to their parents, and in some cases, in direct contravention of parents' instructions. Parents are many times denied information about their children transitioning at school in violation of their fundamental parental rights.

[4] "Transgender reveal in kindergarten class leaves parents feeling betrayed" CBS News (August 22, 2017), https://www.cbsnews.com/news/transgender-reveal-kindergarten-class-rocklin-academy-parents-upset/

[5] Arlinda Smith Broady, "Transgender Bathroom Issue Riles Pickens Parents," Atlanta Journal-Constitution (October 14, 2019), https://www.ajc.com/news/local-education/transgender-bathroom-issue -riles-pickens- parents/DYtvcodA6DG2D3PNz2VnuK/ ; Lonnie Adams, "Superintendent Resigns Amid Last Minute Meetings," FetchYourNews.com (December 19, 2019), https://pickens.fetchyournews.com/2019/12/ 19/ superintendent-resigns-amid-last-minute-meetings/

[6] See video regarding the Georgia case at https://childparentrights.org/.

[7] Ty Tagami, "Decatur Schools Reach Deal with Feds," Atlanta Journal-Constitution, July 8, 2020, https://epaper.ajc.com/html5/reader/production/default.aspx?pubname=&edid=843e1d44-5158-4f4a-b798-80039106523f

INSIDE THIS SCHOOL RESOURCE GUIDE

This Guide provides school boards, administrators, teachers, and counselors with solid data and sound science, research, resources, and information to develop policies and procedures to respond effectively to the transgender issue in schools. It offers practical recommendations for creating a respectful school environment that offers compassionate responses to gender non-conforming and trans-identifying students while considering the needs of all students and respecting the role of parents to facilitate effective educational outcomes for the entire community.

- **Chapter One (Children and the Transgender Trend)** offers information on factors contributing to the increase in children identifying as gender non-conforming or transgender, provides information concerning the "gender-affirmative" treatment model, and offers research and insights on the most frequently asked questions concerning this issue.

- **Chapter Two (School and the Transgender Trend)** provides an overview of how the transgender trend is particularly affecting schools and offers information on trans-activism in schools, equity in sports, Title IX and state laws that affect policy making.

- **Chapter Three (Guidance for School Leaders)** provides specific guidance for district leaders, administrators, teachers, and counselors, and offers policy recommendations for the key issues raised by this emerging trend.

- **Chapter Four (Communication)** provides information and recommendations for effective communication, both within the school environment and with parents and other community stakeholders.

This Guide also includes a **Glossary** of Terms, **Frequently Asked Questions**, and Appendices with information on **studies of desistance** in children and a **draft privacy facilities policy**.

FAST FACTS

FACT 01

SCIENCE

Science demonstrates that there are two sex chromosomes–two X chromosomes in females or an X and a Y in males–in nearly every single cell in our bodies, including in the brain.[8]

FACT 02

INFLUENCE

One study showed that when a teen announces a trans-identity to his or her peer group, the number of friends who also became trans-identified was 3.5 per group.[9]

FACT 03

% INCREASE

In just seven years, there has been a nearly 2,000% increase in children seeking treatment for sexual-identity confusion in the United Kingdom.[10]

FACT 04

ACCEPTANCE

61-98% of children who struggle with their sex as a boy or a girl come to accept their sex by adulthood if not subjected to chemical or surgical interventions, or social transition.[11]

FACT 05

AUTISM

Children with Autism Spectrum Disorders are seven times more likely to identify as transgender or nonbinary than the general population.[12]

FACT 06

SUICIDE

A major long-term study found that ten years after "gender transition surgery", trans-identified people were found to be nearly 20 times more likely to die from suicide than the general population.[13]

FACT 07

STERILITY

Most children who use drugs to block their puberty will go on to use cross-sex hormones, resulting in sterility.[14]

FACT 08

SURGERY

Girls as young as 13[15] are undergoing double mastectomies, and boys as young as 17[16] are undergoing full genital "gender transition" surgeries (castration).

FACT 09

LONG-TERM

The long-term effects of puberty blockers and cross-sex hormones for gender dysphoria have not been studied.[17]

FACT 10

HORMONES

Many trans-identified patients are being prescribed cross-sex hormones on their very first visit to a clinic.[18]

[8] Kalpit Shah, Charles E. McCormack, and Neil A. Bradbury, "Do You Know The Sex Of Your Cells?" American Journal of Physiology 306(1) (January 2014), https://doi.org/10.1152/ajpcell.00281.2013.

[9] Lisa Littman, "Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports," PLOS ONE 13(8) (2018), https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330.

[10] Paul W. Hruz, et al, "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," New Atlantis (Spring 2017), https://www.thenewatlantis.com/publications/growing-pains ("The Gender Identity Development Service in the United Kingdom, which treats only children under the age of 18, reports that it received 94 referrals of children in 2009/2010 and 1,986 referrals of children in 2016/2017 — a relative increase of 2,000%."); "Big increase in hospital visits for children questioning their gender identity," Radio Sweden (October 16, 2015), https://sverigesradio.se/sida/artikel.aspx? programid=2054&artikel=6280843; Kate Legge, "Transgender children: what's behind the spike in numbers?", The Australian (July 18, 2015), https://www.theaustralian.com.au/life/weekend-australian- magazine/transgender-children-whats-behind-the-spike-in-numbers/news-story/10ccc515ef67b73a76e4e01aad92e54a.

[11] Michael K Laidlaw, et al. "Letter to the Editor: "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline," The Journal of Clinical Endocrinology & Metabolism 104(3):686-687 (March, 2019), https://doi.org/10.1210/jc.2018-01925 ("Children with GD will outgrow this condition in 61-98% of cases by adulthood.")

[12] Zhana Vrangalova, "There's Growing Evidence For A Link Between Gender Dysphoria And Autism Spectrum Disorders" Forbes (November 15, 2017), https://www.forbes.com/sites/zhanavrangalova/2017/ 11/15/growing-evidence-for-a-link-between-gender-dysphoria-and-autism-spectrum-disorders/#5e12ab90153e.

[13] Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden" PLOS One 6(2) (2011), https://doi.org/10.1371/journal.pone.0016885.

[14] Norman P. Spack, et al, "Children and Adolescents With Gender Identity Disorder Referred to a Pediatric Medical Center" Pediatrics 129(3) (March, 2012), http://pediatrics.aappublications.org/content/129/3/418.long; de Vries, A. L. C., T. D. Steensma, T. A. H. Doreleijers, and P. T. Cohen-Kettenis, "Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study" The Journal of Sexual Medicine (2011) 8(8): 2276–2283, https://www.jsm.jsexmed.org/article/S1743-6095(15)33617-1/fulltext

[15] Johanna Olson-Kennedy, et al, "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts" JAMA Pediatrics 172(5) (2018), https://www.ncbi.nlm.nih.gov/pubmed/29507933.

[16] Korin Miller, "Jazz Jennings Says She Had A 'Complication' During Her Gender Confirmation Surgery" Women's Health (February 6, 2019), https://www.womenshealthmag.com/health/a23828566/ jazz-jennings-gender-confirmation-surgery-complication/.

[17] Paul W. Hruz, et al, "Growing Pains: Problems with Puberty Suppression," supra n.10 ("Whether puberty suppression is safe and effective when used for gender dysphoria remains unclear and unsupported by rigorous scientific evidence."); Johanna Olson-Kennedy, et al., "Health considerations for gender non-conforming children and transgender adolescents" UCSF Center of Excellence for Transgender Health, http://transhealth.ucsf.edu/tcoe?page=guidelines-youth, ("While clinically becoming increasingly common, the impact of GnRH analogues administered to transgender youth in early puberty and <12 years of age has not been published.").

[18] "Transgender Healthcare" Planned Parenthood of Greater Texas, Inc., https://www.plannedparenthood.org/planned-parenthood-greater-texas/patient-resources/transgender-healthcare ("If you are eligible, Planned Parenthood staff may be able to start hormone therapy as early as the first visit.").

CHAPTER 1:
CHILDREN AND THE TRANSGENDER TREND

The number of people who self-identify as transgender has dramatically increased over the last ten years, across the U.S.[19] and around the western world.[20] Studies show that a large number of young people are following this trend. The U.S. population of trans-identified youth ages 13-17, based on most recent data from 2017, is estimated to be 150,000[21] and a 2018 federal survey of almost 120,000 high school students found that 1.8% identified as transgender.[22] A 2016 survey of Minnesota high-school students found that nearly 3% of 9th- and 11th-graders identified as something other than their sex.[23]

The transgender trend has led to an increase in pediatric medical interventions. Data from gender-identity clinics in England[24] and Australia[25] show that the number of children referred for medical services has skyrocketed over the last decade, and that the number of girls referred in particular is higher than ever.[26] In the U.S., there are over 50 clinics[27] that specifically focus on trans-identified children -- an increase of more than15 clinics since 2014.[28] One of these pediatric gender clinics has seen nearly 700 patients ages 3 to 25 since its founding in 2012.[29]

A number of factors are contributing to the increasing number of children and teens who are struggling with their sex. Evidence suggests that trans identities in children are heavily influenced by social contagion, mental-health issues, popular culture, and current medical trends.[30] This chapter will briefly explore each of these influences and their effects on children's lives.

[19] Virginia P. Quinn, et al., "Cohort profile: Study of Transition, Outcomes and Gender (STRONG) to assess health status of transgender people" BMJ Open 7 (December 2017) (see chart on page 6), https://bmjopen.bmj.com/content/bmjopen/7/12/e018121.full.pdf.

[20] Kate Lyons, "Gender identity clinic services under strain as referral rates soar" Guardian (July 10, 2016), https://www.theguardian.com/society/2016/jul/10/transgender-clinic-waiting-times- patient-numbers-soar-gender-identity-services.

[21] "New Estimates Show that 150,000 Youth Ages 13 to 17 Identify as Transgender in the US" The Williams Institute (January 17, 2017), https://williamsinstitute.law.ucla.edu/research/transgender-issues/ new-estimates-show-that-150000-youth-ages-13-to-17-identify-as-transgender-in-the-us/.

[22] Trevor Project, "Research Brief: Data on Transgender Youth" (February 22, 2019), https://www.thetrevorproject.org/2019/02/22/research-brief-data-on-transgender-youth/.

[23] Mercedes Leguizamon & Brandon Griggs, "More US teens are rejecting 'boy' or 'girl' gender identities, a study finds" CNN (October 3, 2018), https://www.cnn.com/2018/02/06/health/teens-gender-nonconforming-study-trnd/index.html.

[24] Hruz, et al, "Growing Pains," supra n. 10. ("The Gender Identity Development Service in the United Kingdom, which treats only children under the age of 18, reports that it received 94 referrals of children in 2009/2010 and 1,986 referrals of children in 2016/2017 — a relative increase of 2,000%.").

[25] James Hancock, "Childhood demand for gender transition treatment surges to record high" ABC News Breakfast (October 14, 2018), https://mobile.abc.net.au/news/2018-09-20/childhood-demand-for-biological-sex-change-surges-to-record/10240480?pfmredir=sm.

[26] Tony Grew, "Inquiry into surge in gender treatment ordered by Penny Mordaunt" The Times (September 16, 2018), https://www.thetimes.co.uk/article/inquiry-into-surge-in-gender-treatment-ordered-by- penny-mordaunt-b2ftz9hfn.

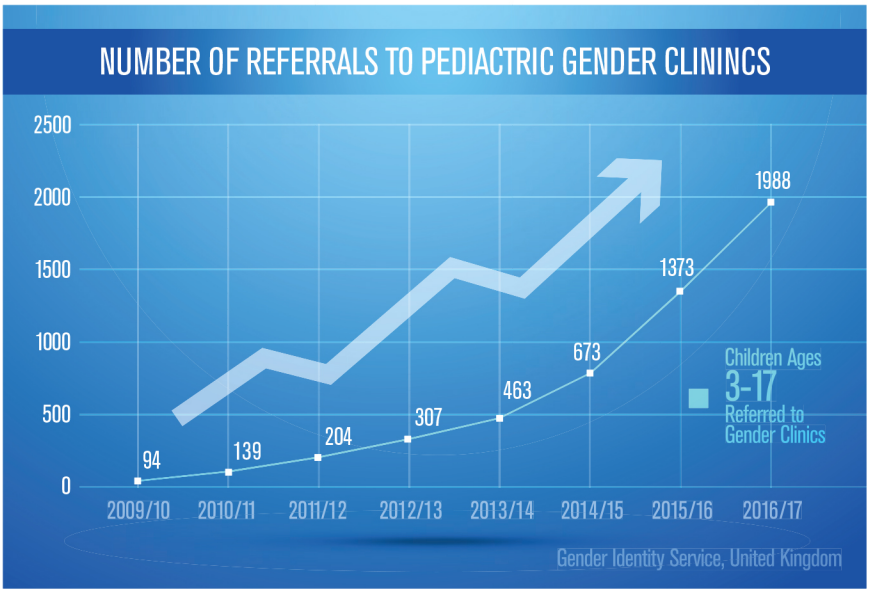
[27] "Interactive Map: Clinical Care Programs for Gender Expansive Children and Adolescents," Human Rights Campaign, https://www.hrc.org/resources/interactive-map-clinical-care-programs-for-gender-nonconforming-childr.

[28] Sam Hsieh, et al., "Resource List: Clinical Care Programs for Gender-Nonconforming Children and Adolescents" Pediatric Annals 43(6) (June, 2014), https://www.healio.com/pediatrics/journals/pedann/2014-6-43-6/%7Bf491520a-f29e-4193-afe9-da441ff757e7%7D/resource-list-clinical-care-programs-for-gender-nonconforming-children-and-adolescents.

[29] Sara Solovitch, "When kids come in saying they are transgender (or no gender), these doctors try to help" The Washington Post (January 21, 2018), https://www.washingtonpost.com/national/health-science/ when-kids-come-in-saying-they-are-transgender-or-no-gender-these-doctors-try-to-help/2018/01/19/f635e5fa-dac0-11e7-a841-2066faf731ef_story.html?utm_term=.c72b30c6c4f7.

[30] 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

IN THE UK, WHERE DATA ON PEDIATRIC PATIENTS OF "GENDER IDENTITY" CLINICS IS AVAILABLE, THERE HAS BEEN AN EXPONENTIAL RISE IN CASES OF CHILDREN SEEKING MEDICAL TRANSITION.[31]



INFLUENCING THE TREND

- Children are often exposed to transgender ideas on social media or websites like YouTube, which feature thousands of very popular videos of teens documenting their hormonal and surgical transformations. Parents of trans-identified children reported in a recent study that YouTube and Tumblr were powerful influences and that their children had increased use of social media just before announcing they were transgender.[32]

- Social contagion is the spread of a behavior throughout a group, and it appears to play an important role in transgender-identification among children, who are known to be vulnerable to peer influence.[33]

- Children with Autism Spectrum Disorder (ASD) and ADHD are overrepresented at gender clinics. It is estimated that roughly 1-2% of the general population meets the criteria for ASDs. Nine large-scale studies, however, have found, "almost without exception, rates of ASD or autism traits range from 5% to 54% among those with gender dysphoria, significantly higher than among the general population."[34] Similarly, studies suggest that children with ADHD are six to seven times more likely to present with gender dysphoria than are children without ADHD.[35]

[31] "GIDS referrals figures for 2016/17" Gender Identity Development Service, http://gids.nhs.uk/sites/default/files/content_uploads/referral-figures-2016-17.pdf.
[32] Lisa Littman, "Rapid-onset gender dysphoria in adolescents and young adults," supra n. 9.
[33] Ibid., Laurence Steinberg & Kathryn C. Monahan, "Age Differences in Resistance to Peer Influence," Developmental Psychology, 43(6):1531-1543 (2007), https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC2779518.
[34] Zhana Vrangalova, "There's Growing Evidence For A Link Between Gender Dysphoria And Autism Spectrum Disorders" supra n. 12, citing A.L. C. de Vries, et. al., "Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents" Journal of Autism Development Disorders, 40:930-936 (2010), https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC2904453/pdf/10803_2010_Article_935.pdf; V. Pasterski, et. al., "Traits of autism spectrum disorders in adults with gender dysphoria" Archives of Sexual Behavior 43(2):387-93 (February 2014), https://www.ncbi. nlm.nih.gov/pubmed/23864402; R.M. Jones, et. al., "Brief report: female-to-male transsexual people and autistic traits" Journal of Autism Development Disorders 42(2):301-06 (February 2012), https://www.ncbi nlm.nih.gov /pubmed/21448752; J.F. Strang, et.al., "Increased gender variance in autism spectrum disorders and attention deficit hyperactivity disorder" Archives of Sexual Behavior 43(8):1525-33 (November 2014), https://www.ncbi.nlm.nih.gov/ pubmed/24619651; D.P. VanderLaan, et. al., "Autism Spectrum Disorder Risk Factors and Autistic Traits in Gender Dysphoric Children" Journal of Autism Development Disorders 45:1742-50 (2015), https://link.springer.com/article/10.1007/s10803-014-2331-3; E. Skagerberg, et.al., "Brief Report: Autistic Features in Children and Adolescents with Gender Dysphoria" Journal of Autism Development Disorders 45:2628-32 (2015), https://link.springer.com/article/10.1007%2Fs10803-015-2413-x; R. Kaltiala-Heino, et. al., "Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development" 9 Child and Adolescent Psychiatry and Mental Health 9(9) (2015), https://capmh.biomedcentral.com/articles/10.1186/s13034-015-0042-y.
[35] John F. Strang, et al., "Increased gender variance in autism spectrum disorders and attention deficit hyperactivity disorder," supra n. 34.

- Many children who identify as transgender have a serious coexisting mental-health diagnosis that may be influencing them to identify as such.[36] One study looked at mental health in 1,347 "transgender and gender-nonconforming youth retrospectively between 2006 and 2014" and found that these youth had "3 to 13 times higher [rates of] mental health conditions" compared to youth who do not identify as transgender or gender nonconforming.[37]

- Many trans-identified children have behaviors and preferences that do not conform to those typical of their sex. Sex stereotypes vary between cultures and historical eras, and pressure to conform to them can create an impetus to trans-identify.

WHEN TEENS IDENTIFY AS TRANS

The growing phenomenon of teens suddenly identifying as transgender after exposure to the concept through peers and social media is described by some researchers as Rapid Onset Gender Dysphoria (ROGD). One study[38] describes a sudden unhappiness with one's sex that presents particularly in female adolescents who showed no signs of discomfort with their sex before puberty. Observational evidence and anecdotal reports show that a similar pattern may be emerging in young male adults.

[36] R. Kaltiala-Heino, et al., "Gender dysphoria in adolescence: current perspectives," supra n. 34.
[37] "Transgender Youth More Often Diagnosed With Mental Health Conditions," Kaiser Permanente (April 15, 2018), https://share.kaiserpermanente.org/article/transgender-youth-more-often-diagnosed-with-mental-health-conditions/.
[38] Lisa Littman, "Rapid-onset gender dysphoria in adolescents and young adults," supra n. 9.

THE FOLLOWING QUOTES COME FROM PARENTS OF TEENS WHOSE CHILDREN ANNOUNCED A TRANSGENDER IDENTITY WITHOUT WARNING.

"My daughter started identifying as transgender two years ago at the age of 11. There are a shocking number of young students at my daughter's school who identify as transgender. In my daughter's 7th grade classroom of 30 students, four girls and one boy identity as transgender. That is nearly 17% of her entire class."[39]

"Our son told us suddenly at age 15 that he was 'non binary.' Within one month he said he was a transgender girl. Our son never expressed any signs of gender dysphoria ever while growing up. We took him to a total of four counselors and a psychiatrist. **Not a single one inquired about his autism, diagnosis, or history of any sort."**[40]

"In my daughter's extra-curricular activity, one of the groups has about 20 kids in it (all teenagers). Seven of those kids are natal females. THREE of those seven females are publicly out as FTM [girls who identify as transgender boys]. This does not include my daughter, who has never come out publicly. So four of seven girls have some issue with "gender identity." Of the three girls who have socially transitioned, one is on testosterone and has had surgery. All are under 18. All of them made this discovery after puberty."[41]

"My quirky, non-conforming, socially awkward, very intelligent daughter decided she was a boy after a summer spent on YouTube & Tumblr. Dysphoria followed. This has eased now, and nearly two years later she is a lot happier in her body... **Schools need sensible advice on how to help children like my daughter."**[42]

[39] Parent testimonial courtesy of Kelsey Coalition, https://www.kelseycoalition.org/.
[40] Ibid.
[41] Lisa Marchiano, "Outbreak: On Transgender Teens and Psychic Epidemics" Psychological Perspectives: A Quarterly Journal of Jungian Thought 60(3) (Oct. 2017), https://www.tandfonline.com/ doi/full/10.1080/00332925.2017.1350804.
[42] Lily Maynard, "ROGD- Rapid Onset Gender Dysphoria" Lily Maynard (July 28, 2018), http://lilymaynard.com/rogd-rapid-onset-gender-dysphoria/.

"I was shocked when my 13 year old daughter told me she was really my transgender son. She had no masculine interests and hated all sports. As a smart quirky teen on the autism spectrum, she'd had a long history of not fitting in with the girls. Where did she get the idea she was transgender? **From a school presentation.** A school where over 5% of the student body called themselves trans or non-binary, where several students were already on hormones, and **one had a mastectomy at the age of 16**. In my daughter's world, real life and online, trans identities are common and hormones and surgeries are no big deal."[43]

"At the age of 17 after immersion on Tumblr, and after two of her oldest and closest friends in high school declared themselves transgender, our daughter told us that she is really a guy. Her therapist diagnosed her as high functioning on the autism spectrum… My daughter is now 20, has been on testosterone for a year and has made an appointment for a consult about a double mastectomy. **All this, even though she can't legally buy an alcoholic drink."**[44]

"When I asked my daughter how she determined she was trans she said by looking at those around her and how they identified, and the internet."[45]

"My daughter decided she is transgender just as soon as she learned of it as a concept, in her senior year of high school. The previous school year she was dealing with a lot of anxiety and stress. She learned of transgender from a small high school group of friends. The university diversity center director took a group of transgender students to a free gender clinic, **where my daughter then returned and received, after a single visit, a prescription for testosterone."**[46]

"My kid, having shown no signs of being transgender as a kid, **announced at age 12 that she was transgender.** She was diagnosed with ASD [Autism Spectrum Disorder] just a month or two before her announcement. She had been heavily involved on Tumblr with a nearly 100% transgender friend group there. She is obsessed with all aspects of identity, but especially with "gender identity" and sexual orientation. At first, her dysphoria wasn't too bad, but now, about 15 months on, it's a daily topic of discussion and an ongoing struggle. She also suffers from depression and anxiety and has been hospitalized in a psych unit twice."[47]

[43] "The Inequality of the Equality Act: Concerns from the Left" Heritage Foundation (January 28, 2019), ps://www.heritage.org/event/the-inequality-the-equality-act-concerns-the-left.
[44] Ibid.
[45] Lily Maynard, "ROGD- Rapid Onset Gender Dysphoria," supra n. 42.
[46] Heritage Foundation, "The Inequality of the Equality Act: Concerns from the Left," supra n. 43
[47] Ibid.

THE "GENDER TRANSITION" INTERVENTIONS MODEL

Parents are being told[48] by certain medical professionals that the best (or only) way to treat their child's transgender feelings is with a "social transition" in early childhood, puberty blockers in early adolescence, and cross-sex hormones in their teens.[49] However, there are no long-term studies showing that these medical interventions are safe and effective for children in distress about their sex.[50] These steps are progressively more difficult to reverse, interfere with a child's healthy development, come with significant medical risks, and can inhibit a child's ability to accept his or her sex.

GENDER TRANSITION MODEL CHART

	EXAMPLES	AGES	RISKS
SOCIAL TRANSITION	Change hairstyle, clothing, name, pronouns; access restrooms and sports teams of the opposite sex	Toddlers to adults	Increases likelihood of persistence, progression to medical interventions.[51]
PUBERTY BLOCKERS	Gonadotropin-releasing hormone analogs such as leuprolide (Lupron) and histrelin	Around 9 to 11	Brittle bones, joint problems[52], arrested sex-steroid dependent development of the brain[53], impaired memory.[54] Puberty-blocked children go on to use cross-sex hormones in nearly 100% of cases, thus suffering permanent sterility.[55]
CROSS-SEX HORMONES	Testosterone for girls, Estrogen plus androgen inhibitor for boys	Around 14 to adult	Sterility, if used after puberty has been blocked. For females: lowered voice, weight gain, balding, possible cardiovascular disease, type 2 diabetes, bone-density loss, increased risk of cancers (breast, cervical, ovarian, and uterine), sexual dysfunction, development or worsening of psychiatric illness. For males: breast growth, gallstones, weight gain, blood clots, sexual dysfunction, possible cardiovascular disease, type 2 diabetes, development or worsening of psychiatric illness, and breast cancer.[56]
SEX REASSIGNMENT SURGERY	"Top" surgery: Double mastectomy or breast implants. "Bottom" surgery: Alterations to, or removal of, genitalia or reproductive organs	Around 14 to adult for top surgery, around 17 to adult for bottom surgery	Loss of healthy body parts, loss of sensation, infections, irreversible sterilization, sexual dysfunction. Post-surgical complications to genital "gender transition" are common in both males and females.[57]
LEGAL DOCUMENT CHANGES	Changing sex recorded on birth certificates, school records, or other official identification	Changing sex recorded on birth certificates, school records, or other official identification	Inaccurate recording of vital statistics; mistaken sex in medical care.

[48] Diane Ehrensaft, "Gender nonconforming youth: current perspectives" Adolescent Health, Medicine and Therapeutics 8:57-67 (May, 2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5448699/.

[49] Jason Rafferty, et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents" American Academy of Pediatrics 142 (October 2018), https://pediatrics.aappublications.org/content/142/4/e20182162; "Guidelines for Psychological Practice With Transgender and Gender Nonconforming People," American Psychological Association 70(9) (2015), https://www.apa.org/practice/guidelines/transgender.pdf.; "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version" WPATH (September 14, 2011), https://www.wpath.org/media/cms/Documents/SOCv7/SOCV7_English.pdf.

[50] Hruz, P. W. (2020). Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria. The Linacre Quarterly, 87(1), 34-42. https://doi.org/10.1177/0024363919873762; Zucker, K. "Debate: Different strokes for different folks" Child and Adolescent Mental Health March 18, 2019) https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/camh.12330 .

[51] Zucker, K. "Debate: Different strokes for different folks," Supra n. 50.

[52] Christina Jewett, "Women Fear Drug They Used To Halt Puberty Led To Health Problems" Kaiser Health News (February 2, 2017), https://khn.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/.

[53] Maiko A Schneider, et al., "Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case" Frontiers in Human Neuroscience (November 14, 2017), https://www.frontiersin.org/articles/10.3389/fnhum.2017.00528/full; Peter Hayes, "Commentary: Cognitive, Emotional, and Psychosocial Functioning of Girls Treated with Pharmacological Puberty Blockage for Idiopathic Central Precocious Puberty" Frontiers in Psychology 8(44) (February 2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5253377/#!po=10.0000.

[54] Hruz, et al., "Growing Pains: Problems with Puberty Suppression," supra n. 10.

[55] Ibid.; de Vries, A., "Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study" Supra n.14

[56] Norman P. Spack, et al., "Children and Adolescents With Gender Identity Disorder Referred to a Pediatric Medical Center" Pediatrics 129(3):418-425 (March 12), https://pediatrics.aappublications.org/content/129/3/418; Michael Laidlaw, Michelle Cretella, Kevin Donovan, The Right to Best Care for Children Does Not Include the Right to Medical Transition, American Journal of Bioethics, 19 (2):75-77 (2019). https://doi.org/10.1080/15265161.2018.1557288.

[57] Combaz N, Kuhn A, "Long-Term Urogynecological Complications after Sex Reassignment Surgery in Transsexual Patients: a Retrospective Study of 44 Patients and Diagnostic Algorithm Proposal," Am J Urol Res. 2017;2(2): 038-043. https://www.scireslit.com/Urology/AJUR-ID21.pdf
Rossi Neto, R., et. al., "Gender reassignment surgery - a 13 year review of surgical outcomes" International Braz J. Urol., 38(1), 97-107 (2012) https://dx.doi.org/10.1590/S1677-55382012000100014

- **"Social transition"** entails children identifying as the opposite sex, adopting clothing, hairstyle, and a new name typical of the opposite sex, and making use of opposite-sex facilities. When children socially transition, studies show that they are less likely to become comfortable with their biological sex and are more likely to move towards hormones and surgery.[58]

- **Puberty-blocking Drugs** - After social transition, children are prescribed puberty-blocking drugs that prevent their body from going through natural puberty. **The use of puberty-blocking drugs in otherwise healthy children to delay normal development for gender dysphoria is not FDA approved and the long-term effects are unknown.** The British National Health Service has retracted their claim that puberty blockers are fully reversible and now acknowledges that they could have long term consequences for children's brains, bones, and mental health.[59] What is known is that they will affect the still-developing brain.[60] Women who had taken puberty blockers for premature puberty in childhood describe adverse effects like brittle bones and joint problems.[61]

"My daughter came out as trans age 12/13. Outgrew it by age 17. I was encouraged by well meaning people to put her on puberty blockers – which could have caused bone damage and cognitive delays... It was agonizing. I was so worried about her. And I felt completely alone. Every other parent of a trans child I saw in the media was "so happy" about their child being transgender. No mention of the risks involved, no expression of fear or loss. It was awful." [62]

[58] T.D. Steensma, et al., "Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study" Clinical Child Psychology and Psychiatry 16(4):499-516 (2011), https://www.docdroid.net/5TJFLxG/steensma2011-desistance.pdf; T.D. Steensma, et al., "Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study" Journal of American Academic Child and Adolescent Psychiatry 52(6):582-590 (June 2013), https://www.ncbi.nlm.nih.gov/pubmed/?term=Factors+Associated+With+Desistence+and +Persistence+of+Childhood+Gender+Dysphoria%3A+A+Quantitative+Follow-Up+Study.

[59] Glen Owen, "NHS quietly U-turns on its guidelines for controversial puberty-blocking drugs for transgender teens which could have long-term effects on brains, bones and mental health" U.K. Daily Mail, June 13, 2020 https://www.dailymail.co.uk/news/article-8418463/ NHS-U-turns-controversial- puberty-blocking-drugs-transgender-teens.html.

[60] Hruz, et al., "Growing Pains: Problems with Puberty Suppression;" supra n. 10; Maiko A Schneider, et al., "Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case," supra n. 53; American College of Pediatricians, "Gender Dysphoria in Children" (November 2018), https://acpeds.org/position-statements/gender-dysphoria-in-children

[61] Christina Jewett, "Women Fear Drug They Used to Halt Puberty Led to Health Problems," supra n.52.

[62] Lily Maynard, "ROGD- Rapid Onset Gender Dysphoria," supra, n.42.

- **Cross-sex hormones** are administered in older adolescents to cause development of opposite-sex physical characteristics. Cross-sex hormones cause irreversible effects, including sterility if used after puberty has been blocked, the growth of breast tissue in males, and a lowered voice in females. Cross- sex hormones may also cause other serious adverse effects including increased risk of heart attack, cardiovascular disease, gynecological problems, gallstones, blood clots, decreased bone mineral density, decreased insulin sensitivity, cancer, and development or worsening of psychiatric illness.[63]

- **Surgery** is the final step in the "gender affirmative" model and a step that younger and younger teens are undergoing. Girls as young as 13 are now being referred for double mastectomies[64] and teen boys are having their genitals permanently altered by such surgeries.[65]

- **Pre-Existing Conditions** - Many children who identify as transgender have pre-existing mental-health conditions or traumatic experiences that may be contributing to the way they feel about their sex. These children need therapy options that will address their mental-health challenges and enable them to accept their sex. Some cities and states have adopted so-called "conversion therapy bans" which may prohibit talk therapy that seeks to help children live comfortably with their sexed bodies.[66] The City of New York rescinded its ban after being sued by a psychotherapist on First Amendment grounds.[67]

- **The "gender affirmative" model reinforces false beliefs that children have about their body.** Parents and medical professionals do not, for example, encourage an anorexic child to lose weight, even when she insists she is overweight. Similarly, trans-identified children need medical professionals who will help them mature in harmony with their bodies, rather than experimental treatments to try to refashion their bodies.[68]

[63] Eva Moore, et al., "Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects" The Journal of Clinical Endocrinology & Metabolism 88(1):3467-3473 (August, 2003), http://press.endocrine.org/doi/10.1210/jc.2002-021967; D. Getahun, et.al., "Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study" Annals of Internal Medicine169(4):205-13 (August 21, 2018), https://www.ncbi.nlm.nih.gov/pubmed/29987313; M. Irwig, "Cardiovascular health in transgender people," Rev. Endocr. Metab. Disord. 2018 Sep;19(3):243-251, https://link.springer.com/article/10.1007/s11154-018-9454-3; Ana Sandoiu, "Gender transition drugs could be bad for the heart" Medical News Today (February 18, 2019), https://www.medicalnewstoday.com/amp/articles/324482.

[64] Johanna Olson-Kennedy, "Chest Reconstruction," supra n. 15.

[65] Nina Strochlic, "In the Operating Room During Gender Reassignment Surgery" National Geographic (December 29, 2016), https://news.nationalgeographic.com/2016/12/gender-confirmation-surgery-transition/.

[66] "What Happens When Therapy is Banned?" National Task Force for Therapy Equality, http://www.therapyequality.org/factsheet.

[67] https://www.nytimes.com/2019/09/12/nyregion/conversion-therapy-ban-nyc.html

[68] Paul McHugh, M.D., Transgender Surgery Isn't the Solution, A drastic physical change doesn't address underlying psycho-social troubles, Wall Street Journal (June 14, 2014), http://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120; Ryan T. Anderson, When Harry Became Sally (Encounter Books 2018), p. 144.

HOW DO "GENDER TRANSITION" TREATMENTS AFFECT CHILDREN'S FUTURE FERTILITY AND SEXUAL FUNCTION?

Because gender transition medical interventions prevent the natural sexual maturation of a child's reproductive organs, it most often results in permanent sterility and sexual dysfunction for the children to whom it is prescribed. Children cannot possibly consent to, or even understand, all that means. The portion of the brain responsible for risk-taking, balancing inhibition and excitation, and processing long-term consequences does not mature until the mid-20s.[69] Therefore, even older adolescents lack the maturity necessary to appreciate the future implications of such procedures.

- Sex gametes (sperm[70] and ova[71]) require natural puberty to mature to the point that they are viable for reproduction. Administering cross-sex hormones in children concurrently with or immediately following puberty blockers means that these reproductive cells will never mature, and sterility is the result.[72]

- Puberty blockers followed by cross-sex hormones in children and adolescents will also result in loss of sexual function, or the loss of their future ability to experience sexual pleasure.[73] Sexual dysfunction is correlated with reduced well-being and quality of life.[74]

- Puberty blockers followed by testosterone induces early menopause in girls, a condition that carries serious health risks.[75] Early menopause in adult women can take years off her lifespan and increases the risk of cardiovascular disease.[76]

- Studies show that in many cases children diagnosed as gender dysphoric will later experience same-sex attraction.[77] Same-sex attraction should in no way indicate the need for medical interventions on children and teens that could leave them permanently sterilized.

[69] Jay N. Giedd, MD, "The Teen Brain: Insights from Neuroimaging" Journal of Adolescent Health 42:335-343 (April 2008); Elizabeth R. McAnarney, "Adolescent Brain Development: Forging New Links?" Journal of Adolescent Health 42:321-23 (April 2008).

[70] Howard E. Kulin, et al., "The Onset of Sperm Production in Pubertal Boys. Relationship to Gonadotropin Excretion" American Journal of Diseases in Children 143(2):190-193 (March 1989);, https://www.ncbi.nlm.nih.gov/pubmed/2492750.

[71] "Human Egg Cells," CK-12.org, https://www.ck12.org/biology/egg-cells/ lesson/Human-Egg-Cells-MS-LS/.

[72] Joanna Olson-Kennedy, et al., "Management of Gender Nonconformity in Children and Adolescents" UpToDate.com (December 6, 2017), https://www.uptodate.com/contents/management-of-gender -nonconformity-in-children-and-adolescents; L.E. Kuper, "Puberty Blocking Medications: Clinical review" IMPACT LGBT Health and Development Program (2014), https://www.impactprogram.org/wp-content/ uploads/2014/12/Kuper-2014-Puberty-Blockers-Clinical-Research-Review.pdf ("If puberty blockers are taken for a period of time but then discontinued, they do not appear to impact future fertility… However, for transgender individuals who go on to take cross-sex hormones, future fertility may be extremely difficult if not impossible."); Priyanka Boghani, "When Transgender Kids Transition, Medical Risks Are Both Known and Unknown" Frontline (June 30, 2015) https://www.pbs.org/wgbh/frontline/article /when-transgender-kids-transition-medical-risks-are-both-known-and-unknown/ ("if a child goes from taking puberty blockers to taking hormones, they may no longer have viable eggs or sperm at the age when they decide they would like to have children.").

[73] Brie Jontry, "Does prepubertal medical transition impact adult sexual function?" 4th Wave Now (July 8, 2018), https://4thwavenow.com/tag/cross-sex-hormones-and- sexual-function/.

[74] Ahmed AlAwlaqui, et. al, "Role of hormones in hypoactive sexual disorder and current treatment", https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5776161/.

[75] Jacqueline Ruttiman, "Blocking Puberty in Transgender Youth" Endocrine News (January 2013), https://endocrinenews.endocrine.org/blocking-puberty-in-transgender-youth/.

[76] Xiaoyan Wu, et al., "Impact of Premature Ovarian Failure on Mortality and Morbidity among Chinese Women" PLoS ONE 9(3) (2014), https://journals.plos.org/plosone/article?id=10.1371/ journal.pone .0089597; Lynne T. Shuster, et al., "Premature Menopause or Early Menopause: Long-term Health Consequences" Maturitas (February. 2010), https://www.ncbi.nlm.nih.gov/ pmc/articles / PMC2815011/.

[77] Alexander Korte, et al., "Gender Identity Disorders in Childhood Adolescence; Currently Debated Concepts and Treatment Strategies," Deutsches Ärzteblatt International 105(48):834-841 (2008), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697020/; see also: Madeleine S.C. Wallien, et al., "Psychosexual Outcome of Gender-Dysmorphic Children," Journal of the American Academy of Child and Adolescent Psychiatry 47(12):1413-1443 (December, 2008), https://www.ncbi.nlm.nih.gov/pubmed/18981931,

"A pediatric endocrinologist taught my daughter—a minor—to inject herself with testosterone. My daughter then ran away to Oregon where state law allowed her—at the age of seventeen, without my knowledge or consent— to change her name and legal gender in court, and to undergo a double mastectomy and a radical hysterectomy. The level of heartbreak and rage I am experiencing, as a mother, is indescribable. Why are doctors, who took an oath to first do no harm, allowed to sterilize and surgically mutilate mentally ill children?"[78]

STERILIZATION IS NOT JUST AN UNFORTUNATE AND UNINTENDED RESULT OF "GENDER AFFIRMING" PROCEDURES, IT IS A DIRECT VIOLATION OF A CHILD'S HUMAN RIGHT TO ONE DAY CHOOSE TO PROCREATE.

[78] "In Their Own Words: Parents of Kids Who Think They Are Trans Speak Out" Public Discourse (February 26, 2019), https://www.thepublicdiscourse.com/2019/02/49686/

Are "Gender Transition" Interventions Reducing Suicide Risk?

- Some claim that medical transition reduces the risk that trans-identified individuals will commit suicide, but according to a long-term study conducted in the LGBT-affirming country of Sweden, medical "transitioning" does not prevent suicide. This study found that an average of **ten years after gender transition surgery, trans-identified people were nearly 5 times more likely to attempt suicide and 19 times more likely to commit suicide than the general population.** "Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population."[79]

- Short-term studies showing some improvement to mental health after transition have been criticized for methodological errors and political bias.[80] The longest-term studies[81] show little or no benefit at all. The largest dataset on sex-reassignment procedures to date found that over time "gender affirming" hormone interventions did not reduce the need for mental health services.[82] The study authors have since issued a correction also acknowledging that with time surgical transition did not bring mental health improvements.

- According to Swedish child and adolescent psychiatrist Sven Roman: **"There is currently no scientific support for gender-corrective treatment to reduce the risk of suicide."**[83]

Psychologist Dr. Michael Bailey and Sexologist Dr. Ray Blanchard agree: **"[T]he best scientific evidence suggests that gender transition is not necessary to prevent suicide... There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves."**[84]

- The vast majority of people who attempt suicide have an underlying mental-health condition.[85] Children with gender dysphoria often also have depression, anorexia, and other psychological conditions that predispose them to suicide.[86] Transition does not relieve these underlying conditions, but masks them.

- Prevention of suicide for trans-identified youth is the same as for other youth: talk therapy and FDA-approved psychiatric medications.[87] Research shows psychotherapy is effective for treating gender dysphoria in children and adolescents.[88]

- Puberty blockers may actually cause depression and other emotional disturbances related to suicide[89] and cross-sex hormones may disrupt mental health.[90]

- Suicide is susceptible to social contagion -- meaning when given excessive focus, vulnerable kids are more likely to seek to attempt it.[91] Over-emphasis on suicide could thus become a self-fulfilling prophecy.

[79] Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons," supra n. 13.

[80] Mark Regnerus, "New Data Show "Gender-Affirming" Surgery Doesn't Really Improve Mental Health. So Why Are the Study's Authors Saying It Does?" Public Discourse (November 13, 2019) https://www.thepublicdiscourse.com/2019/11/58371/.

[81] Rikke K. Simonsen, et al., "Long-Term Follow-Up of Individuals Undergoing Sex-Reassignment Surgery: Somatic Morbidity and Cause of Death" Sexual Medicine 4(1) (March, 2016), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822482/.

[82] Richard Bränström and John E. Pachankis, "Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries, a total population study," American Journal of Psychiatry (Oct. 4, 2019), https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.19010080; R yan T. Anderson, "Transitioning procedures don't help mental health, largest dataset shows", The Daily Signal (August 3, 2020) https://www.dailysignal.com/2020/08/03/transitioning-procedures-dont-help-mental-health-largest-data-set-shows/; R. Bränström, J.E. Pachankis "Correction to Bränström and Pachankis, Reduction in Mental Health Treatment Utilization After Gender-Affirming Surgeries " Journal of American Psychiatry (August 1, 2020) https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.1778 correction.

[83] Sven Roman, "Utredare forvanskar om konsdysfori" Svenska Dagbladet (Oct. 22, 2019), https://www.svd.se/utredare-forvanskar-om-konsdysfori.

[84] J. Michael Bailey & Ray Blanchard, "Suicide or Transition: The Only Options for Gender Dysphoric Kids?" 4th Wave Now (September 8, 2017), https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/.

[85] J. Cavanagh, et al., "Psychological autopsy studies of suicide: a systematic review" Psychological Medicine 33:395–405 (2003), https://www.cambridge.org/core/journals/psychological-medicine/ article/psychological-autopsy-studies-of-suicide-a-systematic-review/49EEDF1D29B-26C270A2788275995FDEE; M.K. Nock, et. al.. "Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement" JAMA Psychiatry 70(3):300-10 (March 2013), https://jamanetwork.com/journals /jamapsychiatry/fullarticle/1555602.

[86] Melanie Bechard, et al., "Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: A 'Proof of Principle' Study" Journal of Sex & Marital Therapy 43(7)678-688 (2017), https://www.tandfonline.com/doi/abs/10.1080/0092623X.2016.1232325; see citations contained in American College of Pediatricians, "Gender Dysphoria in Children" (November 2018), https://acpeds.org/position-statements/gender-dysphoria-in-children.

[87] Paul McHugh, "Transgenderism: A Pathogenic Meme" Public Discourse (June 10, 2015), https://www.thepublicdiscourse.com/2015/06/15145/.

[88] Anna Churcher Clarke & Anastassis Spiliadis, "'Taking the Lid Off the Box': The Value of Extended Clinical Assessment for Adolescents Presenting with Gender Identity Difficulties" Clinical Child Psychology and Psychiatry 24(2) (2019) https://journals.sagepub.com/doi/abs/10.1177/1359104518825288.

[89] Michale Biggs, "Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence" (July 29, 2019), http://users.ox.ac.uk/~sfos0060/Biggs_ExperimentPubertyBlockers.pdf; Jane Robbins, "Why Puberty Blockers Are A Clear Danger To Children's Health" The Federalist (December 14, 2018), https://thefederalist.com/2018/12/14/puberty-blockers-clear-danger-childrens-health/; Lupron package insert – see ADVERSE REACTIONS

[90] Ryan C.W. Hall, et al., "Psychiatric Complications of Anabolic Steroid Use" Psychosomatics 46(4):285-290 (July-August 2005), https://www.ncbi.nlm.nih.gov/pubmed/16000671; "Estrogen in Psychiatry" PsychEducation.org (December 2014), https://psycheducation.org/hormones-and-mood-introduction/basic-information-about-estrogen-in-psychiatry/.

[91] Bailey & Blanchard, supra n. 84.

LETTING KIDS BE KIDS

LETTING KIDS BE KIDS

- Kids often have non-stereotypical interests or behaviors, e.g., some girls like tough sports and some boys enjoy dancing. These preferences do not indicate they are something other than their sex or need to harm their bodies to fit a mold. To the contrary, encouraging kids in non-stereotypical interests may help them to understand that there are many diverse ways to dress or behave as a boy or a girl.

- If children are being bullied at school because they do not conform to sex stereotypes, or have unusual interests as compared to their same-sex peers, schools should address this through anti-bullying policies. No child should be led to believe that a particular personality is inappropriate for his or her body or sex. Fostering "a culture of respect for difference"[92] will help kids understand that they can "be themselves" without rejecting their body through social denial, hormones, or surgery.

IS REGRET REAL?

Many trans-identified people eventually discover transitioning does not solve the distress they feel about their bodies, and they decide to return to identifying as their biological sex.[93] Describing themselves as "detransitioners," they often explain they were never offered comprehensive psychological care before they were referred for hormonal and medical procedures that could not be reversed when they changed their minds.

[92] Stephanie Davies-Arai, "Supporting gender diverse and trans-identified students in schools" Transgender Trend (2019), https://www.transgendertrend.com/wp-content/uploads/2019/08/Transgender-Trend-Resource-Pack-for-Schools3.pdf.

[93] Dorothy Cummings McLean, "At world's first gender 'detransition' conference, women express regret over drugs, mutilation," LifeSite News, (December 2, 2019), https://www.lifesitenews.com/news/ at-worlds-first-gender-detransition-conference-women-express-regret-over-drugs-mutilation; Pique Resilience Project, https://www.piqueresproject.com/about.html. The Detrasitioner Advocacy Network, https://www.detransadv.com/

"[I]t was apparent that I had developed a dissociative disorder in childhood to escape the trauma of the repeated cross-dressing by my grandmother and the sexual abuse by my uncle. That should have been diagnosed and treated with psychotherapy. Instead, the gender specialist never considered my difficult childhood or even my alcoholism and saw only transgender identity... Coming back to wholeness as a man after undergoing unnecessary gender surgery and living life legally and socially as a woman for years wasn't going to be easy. I had to admit to myself that going to a gender specialist when I first had issues had been a big mistake. I had to live with the reality that body parts were gone. My full genitalia could not be restored—a sad consequence of using surgery to treat psychological illness."[94]

—Walt Heyer, a detransitioned man.

"I thought the only explanation for my gender dysphoria must be that I was actually a man. I was struggling with self-harm and had attempted suicide on a number of occasions. I became convinced that my options were transition or die. I didn't understand that the degree of disconnect from and hatred of my body could be considered a mental health problem. The darkest moment was when I realized that I had actually looked normal for a girl, that I had actually been slim and pretty. That my body hadn't been grotesque in the way I thought it was... I will always have a flat chest and a beard, and there's nothing I can do about that. If I was talking to a gender dysphoric girl who hated her body the way I hated mine, I would tell her to get out into the mud, to climb trees, to find a way of inhabiting her body on her terms."[95]

—Lou, a detransitioned woman.

"I was told that my transgender feelings were permanent, immutable, physically deep seated in my brain and could NEVER change, and that the only way I would ever find peace was to become female. The problem is, I don't have those feelings anymore."[96]

—Dave, a detransitioned man.

Two years ago, I was a healthy, beautiful girl heading toward high school graduation. The doctor said, "I'll call in your prescription for testosterone." I started gaining more and more weight. Before long, I turned into an overweight, pre-diabetic nightmare of a transgender man. My skin started to get more and more puffy and discolored. My blood started to thicken. After four long, exhausting months of being sick every day, I finally got back to a semi-normal life. I'm now more stable, but my body bears the scars of gender therapy. My voice is still deep, and I look very masculine. Nevertheless, I'm just thankful to have gotten off this horrible path alive, and before I had any body parts mutilated."[97]

—Sydney, a detransitioned woman.

"I couldn't fit in with other kids. I really hated myself for a really long time; I think I wanted to become someone else.[98] *I started to investigate online and came across the word 'transgenderism'. It was really scary but the more I read, the more I felt it must be what I was going through. At first, [transition] felt like the answer to my problems, but after a year or so, the old feelings of not fitting in began to plague me again. After around 18 months, I began to realise I'd been changing my gender for all the wrong reasons – it wasn't because I wanted to be a boy, it was because I felt uncomfortable with my female body.*[99] *A lot of people think that transition is something that you get to the end of and then suddenly you're happy. I thought, "Oh, once I'm past a certain stage of transition and I am accepted as a man, then I will fit in." But that never came. It wasn't what I wanted."*[100]

—Cale, a detransitioned woman.

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[94] Walt Heyer, "I Was a Transgender Woman" Public Discourse (April 1, 2015), https://www.thepublicdiscourse.com/2015/04/14688/.

[95] "Transgender Kids: Who Knows Best" Directed by John Conroy BBC Two (2017) https://vimeo.com/247163584.

[96] Walt Heyer, "Transgender Identities Are Not Always Permanent" Public Discourse (September 27, 2016), http://www.thepublicdiscourse.com/2016/09/17753/.

[97] Sydney Wright, "I Spent a Year as a Trans Man. Doctors Failed Me at Every Turn" Daily Signal (October 7, 2019), https://www.dailysignal.com/2019/10/07/i-spent-a-year-as-a-trans-man-doctors-failed-me-at-every-turn/.

[98] "Trans Kids: It's Time to Talk" Directed by Stella O'Malley Channel 4 Television Corporation (2018), https://archive.org/details/TransKidsItsTimeToTalk#.

[99] Lynsey Hope, "Is changing gender the new anorexia? We investigate if transgenderism has become a coping mechanism for teens" The Sun (September 30,2018), https://www.thesun.co.uk/fabulous/7362652/changing-gender-new-anorexia/.

[100] Trans Kids: It's Time to Talk, supra n. 98.

CHAPTER 2:
SCHOOLS AND THE TRANSGENDER TREND

Schools do not risk losing federal funding under Title IX[101] if they maintain policies that respect the biological differences between the sexes in restrooms, showers, locker rooms, sports teams, and extracurricular activities.

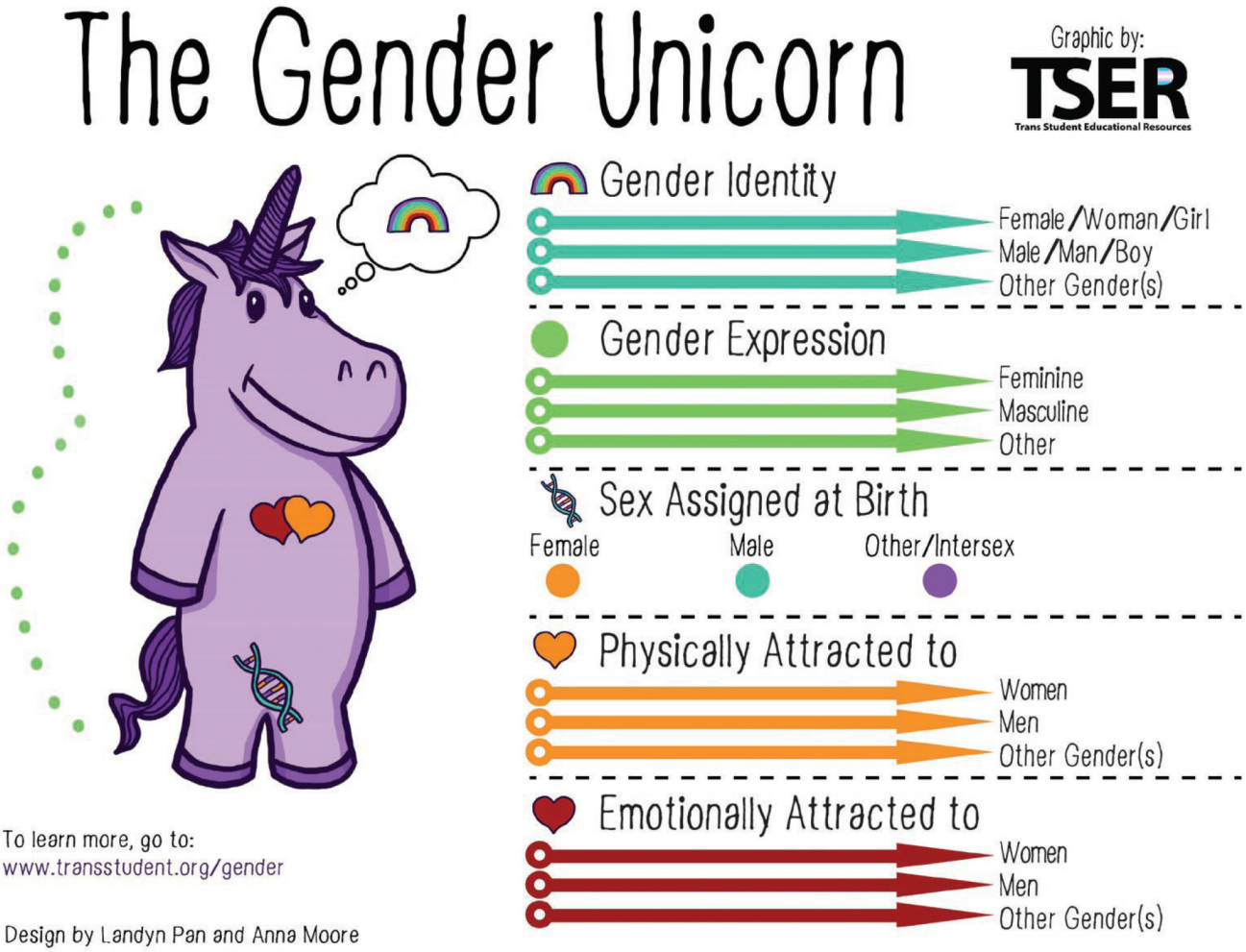
In 2016 federal administrators issued "guidance" requiring schools to provide access to sex-separate facilities on the basis of "gender identity."[102] However, that guidance was rescinded in 2017.[103] Federal regulations implementing Title IX expressly state that schools may provide separate toilet, locker room, and shower facilities on the basis of sex so long as the facilities are comparable.[104]

Some federal courts have stated, and some state laws provide, that under certain conditions children who identify as transgender must be treated as if they are the sex with which they identify, including being permitted to use privacy facilities that correspond to the "identified" sex. Administrators in these jurisdictions should consult a knowledgeable attorney about appropriate policies and not rely on documents or statements from national political interest groups. School administrators should make it clear that students who identify as transgender deserve the same educational opportunities and resources as do their peers and should be treated with respect and compassion. A compassionate response, however, should not mean denying there are real physical differences between the sexes that necessitate different treatment in situations where these differences affect privacy, safety, or fair play in sports.

ACTIVISM IN SCHOOLS

Funding for transgender advocacy groups that target public schools is substantial, with the top organizations being the Human Rights Campaign[105] and GLSEN[106] (the Gay, Lesbian & Straight Education Network), and the GSA Network (Genders & Sexualities Alliance). A large number of activist organizations are introducing transgender ideas into K-12 classrooms via teacher trainings, anti-bullying initiatives, and student clubs. Some examples of this activism are summarized in the following pages:

[101] 20 U.S.C. §§ 1681 et. seq.
[102] Dear Colleague letter, Department of Justice and Department of Education (May 13, 2016), https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201605-title-ix-transgender.pdf.
[103] Dear Colleague Letter, Department of Justice and Department of Education (February 22, 2017), https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201702-title-ix.pdf.
[104] Title 34 Code of Federal Regulations (C.F.R). § 106.33.
[105] "Human Rights Campaign Assets: 2017" Human Rights Campaign, https://assets2.hrc.org/files/assets/ resources/HRC-990-FY18.pdf?_ga=2.204424024.956061971.1541455832-1989363726.1541455832.
[106] "GLSEN, Inc. Financial Statements" GLSEN, 2017 https://www.glsen.org/sites/default/files/GLSEN%20Inc%20FY17%20990.pdf.



- The Gender Unicorn, from Trans Student Educational Resources (TSER), teaches children that their feelings and behaviors are more important indicators of their identity than is their physical body.[107]

- "Welcoming Schools"[108] training materials are used to introduce transgender ideas into anti-bullying programs and include classroom lesson plans that teach grade school students to "understand that there are many ways to be a girl, boy, both or neither."[109]

- A program for schools called "Cultivating Respect: Safe Schools for All"[110] suggests stocking school libraries with transgender-themed children's books.

- Advocates for Youth trains students in their Youth Activist Network (YAN)[111] to petition the school "to change its non-discrimination policy to be inclusive of… gender identity."[112]

- A GLSEN lesson plan for elementary-school teachers includes a game for students called "Pronoun Play,"[113] which teaches students that "everyone gets to choose which pronouns work for them" regardless of biological reality.

[107] "The Gender Unicorn" Trans Student Educational Resources, http://www.transstudent.org/gender.
[108] "Welcoming Schools" Human Rights Campaign Foundation, http://www.welcomingschools.org/.
[109] "Gender Snowperson: Understanding Gender Identity," Welcoming Schools, https://assets2.hrc.org/welcoming-schools/documents/WS_Lesson_Gender_Snowperson.pdf.
[110] "Cultivating Respect: Safe Schools for All," PFLAG, https://pflag.org/sites/default/files/CultivatingRespect2017_PFLAG_Online.pdf.
[111] "About Advocates for Youth" Advocates for Youth, https://advocatesforyouth.org/about/.
[112] Renee Gasch & Julia Reticker-Flynn, "Youth Activist's Toolkit" Advocates For Youth, https://advocatesforyouth.org/wp-content/uploads/2019/04/Youth-Activist-Toolkit.pdf.
[113] "Pronouns: Little Words That Make A Big Difference" GLSEN, https://www.glsen.org/article/pronouns-little-words-make-big-difference.

- Gender Spectrum, an organization that provides training and materials related to "gender inclusivity," promotes materials like ***Stacey's Not a Girl***, a book that teaches children about "gender possibilities." These include "gender smoothies" (mixture of boy and girl), "gender priuses" (half boy and half girl), "gender minotaurs" (one gender on the top, one gender on the bottom), and "gender Tootsie roll pops" (one gender on the outside and one gender on the inside).[114]

- Welcoming Schools[115] organizes nationwide K-5 classroom readings[116] of ***I Am Jazz***, a book based on the trans-identified reality-TV star, Jazz Jennings. In the book, Jazz says, "I have a girl brain, but a boy body. This is called transgender."[117] [See Frequently Asked Questions #4 which addresses the validity of this claim.]

Administrators should be diligent about vetting the resources provided to teachers and staff to ensure that they provide balanced information instead of merely promoting that transgender identities should be affirmed.

> ***Endocrinologist Michael Laidlaw, M.D.*** *has reviewed the book* ***I Am Jazz*** *and reported that it contains significant false information and "very troubling" omissions. "The book is not appropriate for children of any age to read. Children who are experiencing gender dysphoria will likely be harmed by this book, as will children who do not have the condition."*[118] ***Administrators should not recommend this book as a classroom or library resource.***

[114] "Gender Spectrum Story Time: Stacey's Not a Girl" Gender Spectrum, https://www.genderspectrum.org/blog/gender-spectrum-story-time-staceys-not-a-girl/.
[115] "Jazz & Friends National Day of School and Community Readings," Welcoming Schools, http://www.welcomingschools.org/resources/books/welcoming-schools/international-jazz-friends-school-and-community-readings/
[116] "I Am Jazz:Transgender Topics in Elementary School" Welcoming Schools, https://assets2.hrc.org/welcoming-schools/documents/WS_Lesson_I_Am_Jazz_Book_Transgender.pdf.
[117] Human Rights Campaign, "Jazz Jennings Reads 'I Am Jazz'" YouTube, https://www.youtube.com/watch?v=BF5D2IsPfsU.
[118] Michael K. Laidlaw, "Gender Dysphoria and Children: An Endocrinologist's Evaluation of I am Jazz" Public Discourse (April 5, 2018), https://www.thepublicdiscourse.com/2018/04/21220/

Administrators should maintain transparency with parents as gender-identity policies are being contemplated, adopted, and implemented.

Because these policies directly affect the mental health and well-being of their children, parents must be notified when gender-identity issues surface at school.

Gender-Identity Policies Affect All Students

Increasingly, transgender advocacy organizations are providing school districts with sample "gender identity policies." These policies often contain significant omissions about the harms of gender-identity ideology to children's bodies and development, undermine parental rights, and fail to take into account the safety, privacy, Title IX, and free-speech rights of other students and of staff. For example, these sample policies provide that:

- Students must share showers, locker rooms, and restrooms with opposite-sex (trans-identified) students.
- Students are granted access to sports facilities and teams of the opposite sex based on "gender identity," rather than biological sex.
- Students are housed according to "gender identity" instead of biological sex, for overnight school trip accommodations.
- Students, teachers, and staff must use "preferred pronouns" instead of accurate sex-specific pronouns, and new names indicating a transgender identity.
- Teachers should use resources which teach students that they can choose to change their identity as boys (males) or girls (females) without regard to biological reality.
- Misleading and unscientific concepts like "sex is [merely] assigned at birth" and that children can be "born in the wrong body" should be presented as fact in the classroom.
- Students should be allowed to transition at school by changing their name, using opposite-sex restrooms, and undergoing counseling, without their parents' knowledge or consent.
- No information be provided on health risks to children associated with gender-affirmative models.

State laws or court decisions may place some restrictions on what the policies must contain. Administrators should carefully examine proposed diversity and inclusion policies and consult knowledgeable attorneys before presenting policy changes to the school board. While trans-identified students should be accommodated, doing so should not come at their own risk or at the expense of the rights of the rest of the school community.

See Chapter 3 for a detailed discussion of principles and guidelines for proactively drafting effective school policies that uphold scientific accuracy and protect the well-being of all students.

Title IX and Related State Laws

- **Diversity and Inclusion Policies are required to comply with Title IX and similar state anti-discrimination laws.** Title IX of the Education Amendments Act of 1972 is a federal law which states that "[n]o person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."[119] Title IX applies to all educational institutions that receive federal funds. Additionally, the law applies to every aspect of education, including facilities, academics, and extracurricular programs, including athletics.

- **Congress enacted Title IX as a response to concerns that female students did not have the same opportunities as male students** in school classrooms and in athletics, areas where women and girls have been historically vulnerable to unequal treatment.[120]

- **As stated above, Title IX does not require schools to eliminate distinct facilities** for males and females. In fact, Title IX specifically states that schools may "maintain separate living facilities for the different sexes,"[121] and "provide separate toilet, locker room, and shower facilities on the basis of sex"[122] without committing sex discrimination.

- **As discussed above, attempts by officials in the U.S. Departments of Education and Justice to expand "sex" in Title IX to include "gender identity" were rescinded in 2017.** Since then, the Department of Justice has clarified the federal government's position that "sex" under Title IX refers to biological sex as historically and medically defined, and does not refer to "gender identity."[123]

[119] 20 U.S.C. §§ 1681 et seq.
[120] "Dear Colleague Letter" U.S. Department of Education, Office for Civil Rights (June 22, 2007), https://www2.ed.gov/about/offices/list/ocr/letters/colleague-20070622.html.
[121] 20 USC 1686, https://www.law.cornell.edu/uscode/text/20/1686.
[122] 34 CFR 106.33, https://www.law.cornell.edu/cfr/text/34/106.33.
[123] "The Department of Justice Files Statement of Interest in Title IX Womens' Equal Opportunities Case" U.S. Department of Justice Office of Public Affairs (March 24, 2020), opportunities-case https://www.justice.gov/opa/pr/department-justice-files-statement-interest-title-ix-womens-equal-opportunities-case.

- **Most state non-discrimination laws were modeled after the federal law and designed to address the inequality between the sexes in educational facilities and programs.** In some states, however, laws have been revised or interpreted to include "gender identity." Administrators should consult knowledgeable attorneys about their proposed policies to ensure they are complying with state and federal law (particularly where they may appear to be in conflict).

- **Title IX and related state laws also require that schools protect equality in sports.** Protecting equality in sports means that girls/females need sex-specific teams in order to compete safely and excel in athletics. School athletic policies that determine eligibility by "gender identity" instead of sex ignore the genetic disadvantages females face when forced to compete against males. These disadvantages include the following:

    - A male athlete who feels he was born in the wrong body still runs, swims, and lifts weights with a male body even if he has begun hormone interventions.

    - Male and female bodies differ in many ways, but it is the size, strength, and speed of the male body that give males an advantage in most sports. The stark physiological differences between men and women are the reason the sexes rarely compete against each other.[124]

    - Average male levels of testosterone are nearly four times higher than that of women, and bring about increased muscle mass and strength, increased bone size and density, increased heart size, and better oxygen-carrying capacity.[125]

    - Men identifying as women have predictably outperformed women in professional cycling, weightlifting, handball, track and field,[126] and volleyball.[127] In the high-school arena, this has had devastating consequences for elite female athletes who have lost scholarship and other opportunities. Without sex-specific sports teams, girls lose.

- **Even when testosterone levels are artificially lowered, it is impossible to remove the advantages testosterone has had on the male body in the past.**[128] Many high school sports participation policies do not even require artificial lowering of testosterone in males who want to play on female teams.

- **The U.S. Department of Education, Office of Civil Rights has determined that a "gender inclusive" sports participation policy enacted by the Connecticut Interscholastic Athletic Conference (CIAC) and implemented by Connecticut school districts violated Title IX.**[129] That policy, like many enacted by school athletic conferences around the country, provided that boys who identified as girls could compete on girls' athletic teams. The CIAC and its affiliated school districts now face potential loss of federal funding and other sanctions. A lawsuit was also filed challenging the policy.

- **The U.S. Department of Justice similarly stated in court** in support of the Idaho Fairness in Women's Sports act that allowing trans-identified biological males to compete in female sports is unfair.[130]

[124] Andrew Latham, "Physiological Differences Between Male and Female Athletes" Chron (June 28, 2018),https://work.chron.com/physiological-differences-between-male-female-athletes-20627.html.
[125] "Testosterone" Allina Health, https://wellness.allinahealth.org/library/content/1/3707.
[126] "The Impact Of Trans-Inclusion Policies On Female Competitive Sports" Fair Play For Women (December 14, 2018), https://fairplayforwomen.com/sports/.
[127] Shasta Darlington, "Transgender Volleyball Star in Brazil Eyes Olympics and Stirs Debate" NY Times (March 17, 2018), https://www.nytimes.com/2018/03/17/world/americas/brazil-transgender-volleyball-tifanny-abreu.html
[128] "Is it fair to allow transwomen to compete in female sport?" Fair Play For Women (December 20, 2018), https://fairplayforwomen.com/tw_in_sports/
[129] "Letter from U.S. Department of Education, Office of Civil Rights, (May 15, 2020), https://www.adflegal.org/sites/default/files/2020-05/Soule%20v.%20Connecticut%20Association%20of%20Schools%20-%20U.S.%20DOE%20Office%20for%20Civil%20Rights%2C%20Letter%20of%20Impending%20Action.pdf.
[130] https://dailycaller.com/2020/06/19/department-of-justice-allowing-transgender-athletes-compete-females-unfair-idaho/

SPORTS FAST FACTS

FACT 01

STRENGTH

The strongest 10% of females can only beat the bottom 10% of men in hand-grip tests.[131] Hand grip is one of the most widely used markers for strength.

FACT 02

MUSCLE

On average, males are physically stronger than females.[132] Men have 66% more upper-body muscle than women, and 50% more lower-body muscle.[133]

FACT 03

SIZE

Males have broader shoulders and larger feet and hands, all of which grant an advantage in sports like volleyball, swimming, and basketball.

FACT 04

BODY FAT %

Male marathon runners have lower body-fat percentages than female marathon runners.[134]

FACT 05

EXPLOSIVE

Males have a greater amount of fast twitch muscle fibers, which give males explosive power.[135]

FACT 06

SKELETON

Males have bigger and stronger bones. A larger skeletal structure means their bodies can hold more muscle, and larger bones facilitate leverage.[136]

FACT 07

10% GAP

There is a 10% performance gap between male and female athletes in most sports, and it hasn't narrowed as women train harder.[137]

FACT 08

OXYGEN

Men have higher hemoglobin levels, allowing their body to oxygenate muscles more quickly and efficiently.[138]

FACT 09

SPEED

Men are faster than women. In running, swimming, rowing, kayaking, and short distance and long distance. Women's speed world records are all about 90 percent of men's speed world records.[140] Each year, hundreds of men easily beat the world's best time in the women's marathon.[141]

FACT 10

BLOOD

Males have larger hearts and lungs. A larger heart can pump more blood to the body, and larger lungs allow for the body's tissues to receive more oxygen.

FACT 11

HEIGHT

Males are taller on average, giving them a genetic advantage in sports like basketball or volleyball.

[131] "Biological sex differences: bones & muscles" Fair Play For Women (July 7, 2017), https://fairplayforwomen.com/biological-sex-differences/?fbclid=IwAR0CVB7UYNjlJJO2edQfDnuWWDkqc9nNOuvk5sPW7Wh5AgVojD_hemUEE1o.

[132] Tia Ghose, "Women in Combat: Physical Differences May Mean Uphill Battle" Live Science (December 7, 2015), https://www.livescience.com/52998-women-combat-gender-differences.html.

[133] "Biological sex differences: bones & muscles" Fair Play For Women, supra n. 131.

[134] "The Anatomical and Physiological Reasons for Differences in Performance Between Female and Male Athletes" FemuscleBlog (October 15, 2015), https://femuscleblog.wordpress.com/2015/10/15/the- anatomical-and-physiological-reasons-for-differences-in-performance-between-female-and-male-athletes/

[135] "Harder, better, faster, stronger: why we must protect female sports," FondofBeetles (October 1, 2018), https://fondofbeetles.wordpress.com/2018/10/01/harder-better-faster-stronger-why -we-must-protect-female-sports/.

[136] "The Anatomical and Physiological Reasons for Differences in Performance Between Female and Male Athletes," supra n. 134.

[137] "Harder, better, faster, stronger: why we must protect female sports" FondofBeetles, supra n. 135.

[138] Doriane Lambelet Coleman, supra n. 132.

[140] Doriane Lambelet Coleman, "Sex, Sport, and Why Track and Field's New Rules on Intersex Athletes Are Essential" NY Times (April 30, 2018), https://www.nytimes.com/2018/04/30/sports/track-gender-rules.html.

[141] "Biological sex differences: bones & muscles" Fair Play For Women, supra n. 131.

Schools Must Comply With State Sunshine (Open Meetings) Laws

Many transgender activists are encouraging administrators to implement policies permitting students to access facilities and compete on sports teams based on "gender identity" instead of sex without notice to or input from parents, school board members, or other interested community members. Implementing school practices in this manner violates government transparency laws, principles of good governance, and most importantly, the public trust parents have placed in public schools.

School policies affect all students and their families and should not be developed or adopted in the dark. Instead, they should be subject to public notice and review and then considered and voted upon by the school board in a public meeting at which parents and other interested citizens can offer input and make informed decisions concerning where to educate their children.

CHAPTER 3:
GUIDANCE FOR SCHOOL LEADERS

Especially after the 2020 pandemic, parents realize they have multiple options for educating their children. They may choose public, private, virtual, homeschool, or a hybrid of all the above. If schools want to retain students, they must work with parents to create a respectful school climate that balances the needs of all students through compassionate, common-sense policies. Schools should be proactive in researching and developing policies that address the challenges posed by the transgender agenda holistically, thereby enabling all students to feel respected and safe. Schools must always partner with parents to ensure they are aware of and have a say in those policies. This Guide is meant to provide schools with the information needed to develop balanced, common-sense policies and to work with parents in a positive and constructive way in responding to the transgender trend in schools.

GUIDANCE FOR SCHOOL DISTRICTS, SCHOOL BOARDS, AND SUPERINTENDENTS

PRINCIPLES FOR EFFECTIVE DISTRICT POLICIES

1. **Partnering with Parents** - Parents, not schools, have the primary and ultimate responsibility for guarding the education, health, safety, and well-being of their children and directing their moral instruction. In the absence of documented evidence of abuse or neglect (i.e., the involvement of child-protective services), schools should operate on the assumption that parents have their children's best interests at heart. They should seek to partner with parents about all issues related to sexuality and "gender identity".

A foundational principle for partnering with parents is that **schools should respect parents' decisions about their children's gender-identity issues, so long as they do not violate the rights of other students.** In some states parents have been reported to state child-protection authorities merely for refusing to affirm a child's assumed "gender identity". No school official, faculty or staff member, counselor, or psychologist should ever report a parent to civil authorities for this reason.

2. Protecting Safety, Privacy, and Diverse Beliefs - Schools must help students feel safe at school by fostering a culture of respect for the bodily differences between the sexes and the safety concerns these differences create. With concern about sexual assault and sex trafficking of children at an all-time high, schools must reassure students that their safety and bodily privacy are of utmost importance and will be protected at school.

- **School policies should respect the physical differences between the sexes** instead of resorting to unverifiable "gender identity" to determine who is a boy (male) and who is a girl (female). Sex is a bodily reality that does not change according to how a student dresses or feels.

- **Girls in particular need to know they have a right to set boundaries** regarding their bodily privacy when they attend to bodily needs, change clothes, or shower in a school facility.[141] Many girls and young women have suffered sexual abuse or similar trauma at the hands of men. For these girls, having to share intimate spaces with biological males who self-identify as girls may cause psychological harm.[142] Girls will also be more vulnerable to sexual assault if biological males can enter sex-separate facilities by self-identifying as females. It will be impossible to tell whether a boy asking to use the girls' facilities truly self-identifies as a girl or is stating that in order to gain access for inappropriate purposes. Such policies will increase the chances that girls might be harmed, as has been recorded, for example, in the U.K. that found 90 percent of sexual assaults occurred in changing facilities that were open to both sexes.[143]

  Fostering a culture of respect means that administrators must also consider that for many students their cultural and religious beliefs prohibit them from disrobing or engaging in intimate bodily functions in the presence of members of the opposite biological sex. For example, many Orthodox Jews, Muslims, and Christian denominations prohibit use of such mixed-sex spaces, placing children of those faith traditions in the position of having to deny their faith or face the consequences of being unable to use bathrooms, locker rooms, or showers, or participate in extracurricular activities requiring overnight accommodations.[144]

- **Multiple courts have found that adult employees and even prisoners** have a right not to be seen by the opposite sex in a state of undress.[145] If a convicted felon deserves privacy when undressing, how much more does a young student?

* *See Appendix 2 for a model Student Physical Privacy Policy.*

[141] Alexis Lightcap, "My high school's transgender bathroom policies violate the privacy of the rest of us" USA Today (November 29, 2018), https://www.usatoday.com/story/opinion/voices/ 2018/11/29 / transgender-bathroom-debate-privacy-school-lawsuit-column/2123946002/?fbclid=IwAR2PtbxaD-n1t5SMSBek2MEZTBUSsBEfKkuqfIg_B6DCyiXbl6NemRk6d2F4.

[142] Helen Joyce, "The New Patriarchy: How Trans Radicalism Hurts Women, Children—and Trans people Themselves," Quilette, December 4, 2018. https://quillette.com/2018/12/04/the-new-patriarchy-how-trans-radicalism-hurts-women-children-and-trans-people-themselves/

[143] Id.

[144] Id.; Andrew Gilligan, "Unisex changing rooms put women in danger" The Times (September 2, 2018), https://www.thetimes.co.uk/article/unisex-changing-rooms-put-women-in-danger-8lwbp-8kgk

[145] Arey v. Robinson, 819 F. Supp. 478, 487 (D. Md. 1992); Miles v. Bell, 621 F. Supp. 51, 67 (D. Conn. 1985); Sommers v. Budget Mktg, Inc., 667 F2d 748, 750 (8th Cir. 1982); Rosario v. U.S., 538 F. Supp. 2d 480, 497-98 (D.P.R. 2008); Brooks v. ACF Indus., Inc., 537 F. Supp. 1122, 1132 (S.D. W.Va. 1982)

3. Recognizing Child and Adolescent Developmental Realities -- All policies should take into account the cognitive, psycho-social, and emotional developmental stages of children and adolescents. Medical knowledge about normal brain development makes clear that students should not be treated as merely "little adults," as if they are able to maturely process complex information and make significant long-term decisions.

- Studies of brain and language development in young children demonstrate that from birth, children are hardwired for imitation, i.e., they learn through mimicry and movement. Young children learn words, motor skills, and expressions by observing those they interact with.[146] This stresses the importance of developing policies that focus on physical reality and truth-telling instead of feelings and subjective beliefs, particularly in elementary schools.

- During adolescence the brain is undergoing dramatic changes that are greatly affected by experiences and environment.[147] The frontal lobe of the brain, the "judgment center" that allows individuals "to contemplate and plan actions, to evaluate consequences of behaviors, to assess risk, and to think strategically," and which discourages impulsivity, does not fully mature until the early to mid-twenties.[148] Thus, when crafting policies related to gender-identity issues, schools should keep in mind the cognitive immaturity of students and not allow emotional demands, no matter how heartfelt, to override sound judgment about protecting the best interests of all students.

4. Respecting Parents' and Students' Rights

Administrators should ensure that policies not only meet the needs of the school community, but also respect parents' and students' rights.

Parents' Rights

- The Supreme Court has found that parents have a fundamental right to control the upbringing and education of their children.[149] Courts have decided that public schools have considerable discretion over the content of curriculum and composition of the learning environment.[150] However, schools cannot usurp the parents' role in guiding children's beliefs and emotional development and in guarding their children's health and well-being.[151]

- In recognition of the parents' role in guiding the beliefs and protecting the health and well-being of their children, state laws generally give parents the right to prior review of materials addressing human sexuality and to opt their children out of the instruction. School policies addressing instruction about transgenderism should incorporate such rights in accordance with state law. School policies should also respect the parents' role in guiding the beliefs and protecting the health and well-being of their children by requiring that staff notify parents if their child expresses that he or she wants to identify as transgender, change his or her name, or use different pronouns at school.

[146] Constance Holden, "The Origin of Speech" Science, 303:1316 (February 27, 2004).
[147] Jane Anderson, "The Teenage Brain: Under Construction" American College of Pediatricians (May 2016), https://acpeds.org/position-statements/the-teenage-brain-under-construction.
[148] Ibid.; National Institutes of Mental Health, "Teenage Brain: A Work in Progress" NIH Publication No. 01-4929 (January 2001), https://www.psychceu.com/Brain_Basics/teenbrain.pdf.
[149] Pierce v. Society of Sisters, 268 U.S. 510 (1925);Troxel v. Granville, 530 U.S.57, 66 (2000) ("As our case law has developed, the custodial parent has a constitutional right to determine, without undue interference by the State, how to best raise, nurture, and educate the child."); see also Wisconsin v. Yoder, 406 U.S. 205, 233 (1972).
[150] Runyon v. McCrary, 427 U.S. 160 (1976); Brown v. Hot, Sexy & Safer Prods., Inc., 68 F.3d 525 (1st Cir. 1995).
[151] Parham v. J.R., 442 U.S. 584 (1979); Wisconsin v. Yoder, 406 U.S. 205 (1972); Arnold v. Escambia Co. Bd. of Ed., 880 F.2d 305 (11th Cir.1989); Gruenke v. Seip, 225 F.3d 290 (3d Cir. 2000)

Students' Rights

- **Students have a right to scientifically accurate information** about human biology. They have the right to know their sex is not a disease, there is nothing to fear about going through puberty, and there is nothing to hate about their body.

- **Students have a right to religious freedom** and cannot be forced to engage in activities that violate their conscience. Public schools are places that should respect the rich cultural diversity of the student community. Eradicating widely held privacy protections in intimate spaces does exactly the opposite by excluding students who adhere to religious traditions that do not allow males and females (regardless of how they self-identify) to use the same areas for washing, toileting, and changing clothes. No students should be forced to trade their rights of conscience or cultural traditions for an education.

- **Students have a right to free speech.**[152] Schools may be violating students' First Amendment rights if they require them to use words or express agreement with statements that are not scientifically provable or to punish students who express their disagreement.

5. Complying With Open Meeting Laws

- As discussed in Chapter 4, district leaders should provide prior notice to parents and other stakeholders before establishing district-wide policies related to "gender identity." This should ensure parental and community input and awareness at the school-district and school-board level. Policies should be deliberated and voted on at public meetings open to public comment from community stakeholders.

With these understandings in mind, policies at the district level can be crafted to protect the privacy, safety, and well-being of all children in the schools' care.

[152] Tinker v. Des Moines Independent Community School District, 393 U.S. 503 (1969).

GUIDANCE FOR ADMINISTRATORS

Schools should adopt clear, uniform policies concerning transgender issues that address the unique circumstances of the educational environment. This includes the need to provide a safe and effective educational environment for all students, as mentioned above, appropriate to their levels of cognitive, psycho-social, and emotional development.

Administrators must communicate these policies to staff, students, and parents, and indicate that they are open to discussion about their effectiveness. Staff must be instructed and trained to implement these policies consistently and to report problems to administrators. Specific school policies (discussed in more detail below) should advance the goals of creating a respectful school climate, maintaining the trust of the community, and accommodating the needs of trans-identifying students via existing frameworks without violating the rights of other students.

CREATING A RESPECTFUL SCHOOL ENVIRONMENT

EVERY SCHOOL HAS THE RESPONSIBILITY TO CREATE A SCHOOL CLIMATE THAT BALANCES THE NEEDS OF THE MANY STUDENTS IT SERVES WHILE FULFILLING ITS DUTIES TO EDUCATE AND PROTECT. SOME OF THE ASPECTS OF A RESPECTFUL SCHOOL ENVIRONMENT INCLUDE:

Respect for the Wonders of the Human Body

Schools help children grow to accept and respect their bodies by teaching them accurate, scientifically-proven information about the amazing intrinsic characteristics and abilities of each biological sex.

Respect for Unique Expression

Children are naturally imaginative and inquisitive. There is no one way to feel or behave as a male, and similarly, no one way to feel or behave as a female. Nonconformity to sex stereotypes reflects children using their imagination and should not be seen as a sign that they are "born in the wrong body" or transgender.

Using Existing Frameworks to Provide Reasonable Accommodations

Administrators should apply existing school procedures to provide reasonable accommodations for gender non-conforming and trans-identified students' needs as would be provided for any student with special needs. Existing standards should be applied to determine reasonable accommodation for such needs without compromising the needs and rights of other students.

Confidentiality

School personnel should be trained to never promise unconditional confidentiality to any child. School personnel should never be co-opted by students or staff to keep confidences from a student's parents. Furthermore, beyond complying with the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA), the school must guard every student's privacy from unwarranted disclosures within the school setting, such as a child's assumed "gender identity," but **never** from a child's parents.

Respect for All Viewpoints

A respectful school is a place for open debate and free speech, for disparate political or ideological views, and for students of all faiths or no faith at all to feel welcome.

PRINCIPLES FOR EFFECTIVE SCHOOL POLICIES

- **Administrative Support**

  An administrator or counselor should be designated to speak with students, in tandem with parents, if students have questions or concerns about issues pertaining to "gender identity." The designated administrator or counselor should be trained to compassionately explain and uphold school policies and procedures in communicating with students and parents.

- **Anti-bullying, Anti-harassment**

  Schools already have established policies prohibiting bullying and harassment. Instead of creating new policies to address every possible bullying scenario, teachers and staff should be equipped to address consistently ALL bullying, including bullying that may be directed at a student because of his or her nonconformity to sex stereotypes.

- **Attendance**

  Schools should follow established attendance policies for all students, including trans-identified students. Parents should be quickly notified of all absences.

- **Curriculum and Classroom/Library Materials**

  Districts should require that all instructional materials be based on objective, scientifically proven facts, not unproven theories, subjective perceptions, or political ideologies, such as gender-identity ideology.

  Districts should maintain vetting procedures for classroom and library resources to ensure that digital and print holdings are age-appropriate, scientifically proven, and not sexually explicit. Districts should have protocols in place for reviewing existing school and classroom library holdings for concerns raised by parents, students, or staff. These review protocols should provide for participation by representatives of parents, teachers, librarians, and administrators, preferably not those who made original decisions concerning the materials. The protocols should provide for temporary limitations on use of the materials pending the review. Time limits should be set for the reviews, which should result in written reports provided to the superintendent and school-board members. These reports should also be provided to parents with an opportunity for public comment before the school board votes to accept or reject the recommendation.

  Districts should also ensure that teachers who use personal or donated resources follow the same vetting process applicable to library holdings.

- **Comprehesive Sex Education Materials**

  Districts should pay particular attention to materials offered related to "comprehensive sex education." Often these materials will be used to introduce concepts such as "gender identity" and "gender spectrum" to children. While schools may be required to provide "sex education" under state law, such materials are required to be medically accurate and evidence based. Many of the materials concerning gender identity in children include information that is medically inaccurate or woefully incomplete and is supported by poor quality evidence. As a result, district leadership should not include such materials in their sex ed curruculum, or if already included, give consideration to removing it.

- **Dress Codes/Uniforms**

  Dress codes and uniform policies should emphasize modesty and cleanliness with the goal of eliminating distractions or attention-seeking behavior regardless of sex. The goal is to maintain a respectful environment in which all students can focus on learning. If possible, dress codes and uniform policies should offer gender-neutral options such as pants and shirts for both girls and boys.

- **Extracurricular Activities**

  Extracurricular activities should address identified needs at the school. Both single-sex clubs and co-educational clubs can and should be supported. Participation in a single-sex club should be determined by biological sex, and similar or equal opportunities should be provided to the other sex. Parents should be notified of the clubs and activities their students have joined and should be allowed to indicate clubs their child is not permitted to join.

- **Facilities Use (Privacy Facilities)**

  Communal restrooms, locker rooms, and showers are places where bodily needs are attended to and students may be together in a state of undress. These facilities should therefore be designated for use by male persons only or female persons only. As is provided under Title IX, respecting the biological differences between of the two sexes should be the guiding principle. A model privacy facilities use policy is offered in Appendix 2.

  No person should be allowed to enter a facility that is designated for one sex unless he or she is biologically a member of that sex. Schools should also protect student privacy, dignity, and safety by ensuring that school faculty and staff only be assigned to supervise restrooms, locker rooms, and showers with students of the same sex.

  Protecting the privacy, dignity, and safety of all students means that schools should provide accessible single-occupancy restrooms and changing facilities for any student who for any reason (not just trans-identity) feels uncomfortable changing clothes or attending to bodily needs in communal facilities designated for his or her sex. Single-occupancy facilities should be placed in various locations to be available for use by all students. Schools should make it abundantly clear that such facilities are available for use by any student, helping to remove any stigma that may attach to using them.

- **Outside Agencies Providing Student Services**

  Districts should carefully review proposals from third-party organizations seeking to provide student physical and mental-health services or any instruction about human sexuality. Many of these organizations are ideologically driven rather than scientifically based and may push children toward "gender-affirming" interventions. Districts should undertake due diligence before entering into an agreement for student physical and mental-health services or human-sexuality instruction to ensure that the organization uses scientifically based protocols that acknowledge the primacy of biological sex in medical decision-making and are medically proven to be safe and effective, as opposed to adopting agenda-driven "one size fits all" standards.

  Districts should ensure that any organization providing physical or mental-health services to students, either on-site or off-site, under an agreement with the district, communicates with parents and always obtains **parental consent** before administering care related to trans-identification or any other issues. Districts should regularly review the actual practices of the organizations and confer with parents to ensure they are being consulted. If the organizations do not consult with and obtain consent from parents, then the district should terminate the agreement.

- **Overnight Accommodations**

  When mixed-sex teams or classes engage in overnight travel for competitions or field trips, accommodations should be based on biological sex. Any student who, because of a documented special need (not just trans-identity), feels uncomfortable rooming with a student of the same sex should be given the option of a private room.

- **Parental Notification**

  - **About Their Child's Behavior**

    Schools should notify parents immediately when their child desires to express a different identity at school. School staff, administrators, social workers, and psychologists serve students best and appropriately honor parental rights when they make parents aware of a student's discomfort with his or her sex, and should never keep such information from parents.

  - **About Curriculum and Other Instruction**

    Schools should notify parents *in advance* of any program, assembly, lesson, book, or class that covers sex education, sexual activities or orientation, "gender identity", or other reproductive or family-life issues. This will demonstrate respect for the primacy of parents to teach the material in accord with their family's values and to protect their children's physical and mental health and well-being.

With respect to programs or assemblies, schools should provide information on the content, who will be presenting the materials, and who will be in attendance. When appropriate, parents should be invited to attend or to get a preview. Parents should be given the opportunity, with appropriate forms provided in advance, to excuse their children from attending. In those cases the student should be given an alternative assignment.

Similarly, with respect to sex-ed courses or instruction in other courses, such as science or health education, schools should notify parents in advance of any content related to gender, sexuality, and family life and should be given the forms to excuse their children from attending. Schools should be transparent about the scope and sequence of the materials used in any sex-ed course and explain in what grade(s) sex ed is introduced and exactly what will be taught.

ºAbout a Classmate's Request to Publicly Announce a Transgender Identity

Students, especially young students, are understandably confused and perhaps troubled by the concept of "changing gender identity" and are potentially influenced by a fellow student's announcement. Schools (elementary schools in particular) should therefore notify parents when the school receives a request that a classmate's trans-identification be made public in the classroom without identifying the trans-identified child. Parental notification gives families the opportunity to have this important conversation at home.

- **Pronouns, Names, and Free Speech**

Pronoun usage has become one of the battlegrounds for "gender identity" ideology in schools. Activists claim that schools must require all staff and students to implement trans-identified students' requests to be referred to by an opposite-sex pronoun, such as "she" for a boy or "he" for a girl, or a novel pronoun, such as "ze" or "zir."

Although schools may allow students to refer to themselves with their preferred pronouns, demanding that other students and staff do the same can violate those individuals' rights to freedom of speech or to freedom to practice their sincerely held beliefs. The Supreme Court has determined that the government cannot compel individuals to say something that violates their beliefs.[153]

Not only do such mandates violate freedom of speech and of religion, they conflict with the schools' responsibility to uphold factual accuracy in the educational environment. Requiring students or staff to speak what is biologically inaccurate fosters confusion and engenders anxiety about the possible consequences of "mistakes."

For these reasons, in the absence of specific state or local law to the contrary,[154] pronouns should be based on biological reality. Schools should respectfully reject demands that students be referred to by others with pronouns inconsistent with their biological sex. Furthermore, for accuracy and clarity of communication, schools should not refer to individuals with plural pronouns such as "they" or "them."

If conflict arises over pronoun usage, schools should encourage use of legal names or nicknames rather than third-party pronouns whenever possible. The policy should provide, however, that when such

[153] West Virginia Board of Education v. Barnette, 319 U.S. 624 (1943); Wooley v. Maynard, 430 U.S. 705 (1977).
[154] Such laws are arguably unconstitutional and may be subject to litigation. Schools should consult a knowledgeable attorney for counsel about compliance.

pronouns are used, they will be based on biological reality. The policies should emphasize that everyone's free-speech rights will be respected and that no one will be disciplined for using a particular pronoun.

Unless state law provides otherwise, if a student or his or her parents requests that the student be called by a name indicating a transgender identity, staff may politely respond they cannot do so unless and until the name is legally changed by court order and in the school's records.

Staff should know that their right to freedom of speech is protected in policy and will be backed up by the administration. Staff who are threatened for not using transgender-affirming names or pronouns should contact a knowledgeable attorney.

- **Sports**

  As discussed in detail in Chapter 2, Title IX requires that schools provide equal athletic opportunities for both sexes. Schools are permitted to have single-sex teams so long as they provide equal opportunities for males and females. Sex separated teams are permitted when players are selected based on competitive skill or when the activity involved is a contact sport.[155]

  In particular, schools should protect girls' sports opportunities by adopting policies that determine team eligibility by biological sex, not "gender identity." If a state law or state athletic association's rules prohibit distinctions in sports based on "gender identity,"[156] schools should consult knowledgeable attorneys about athletic team participation.

  Parents should be notified if a student of the opposite sex will be competing on a team with or against their child. When teen girls and boys play on teams together or against each other, the risk of physical injury increases and the girls' chance of athletic success decreases. Parents should be aware that their child might face these risks so that they can respond appropriately.

  When mixed-sex teams engage in overnight travel for competitions, accommodations should be based on biological sex, as described above. Schools should provide single-stall locker, changing, and shower facilities for any team members who are uncomfortable using communal facilities for their sex.

- **Staff Training**

  Administrators should exercise due diligence when arranging for staff training. Administrators should vet third parties who want to provide training related to gender identity. They should research the background of organizations they invite in for staff training and review the information to be presented to ensure that all information is scientifically accurate, free of political or social ideology, including gender-identity ideology, and presented with a balance of information.

- **Technology Use and Internet Access**

  Administrators should maintain, regularly review, and update technology policies. Policies should regulate the use of school-owned technology and personal devices brought to school. They should provide for monitoring and limiting internet access to instructional purposes on all devices used at school.

  Social media is a particular concern related to the transgender issue. Social media can become part of a social contagion which spreads transgender beliefs throughout entire schools. Social media can also be a source of bullying. Restricting social media use during instructional time will diminish these effects as well as lessen distractions.

[155] 34 C.F.R.§160.41

[156] Such laws or rules arguably violate Title IX and in some cases are currently being challenged in court. A knowledgeable attorney can give counsel about the legality of compliance.

GUIDANCE FOR TEACHERS

- **Model Professionalism and Equitable Treatment With All Students**

  Like all staff, teachers must model equitable treatment of all children regardless of personal feelings and ideology. Teachers should respect professional boundaries and not become personal friends with students, whether in person or through social media. Nor should teachers ever become confidants to students or make a promise of keeping a student's "gender identity" confidential from his or her parents or guardians.

KEEP FOCUSED ON ACADEMIC LEARNING, NOT PERSONAL PLATFORMS

- Teachers should not allow students to inappropriately advance their own personal or political agendas in the classroom. If a student attempts to promote personal topics, such as his or her transgender identity, that is not relevant to the academic subject matter being taught, the teacher should redirect the conversation to the academic subject. Teachers should recognize there is a proper "time, place, and manner" for this and redirect the discussion to the lesson, and then follow up with the student one-on-one if needed.

- Similarly, teachers should never use the classroom to promote their personal political or social views or belief system. When such issues are implicated in the academic subject being taught, teachers should ensure that there is a balanced discussion that respects all viewpoints and does not put the school's imprimatur on any particular ideology, including gender identity ideology.

• Avoid Stereotypes

Teachers should avoid incorporating stereotypes into lessons or activities, but instead emphasize the uniqueness of each individual (i.e., there is no "right way" to feel or behave as a boy or a girl). Teachers should help students understand that everyone has questions when encountering new situations, and should never cause students to question whether they are something other than their sex if their unique personality and preferences do not fit in easily with those of their same-sex peers.

• Use Accurate and Clear Language

Teachers should understand the meanings of "sex" and "gender" and not conflate the terms. Teachers should be clear in their discussions by referring to "sex" as the biological reality of being male or female. Teachers should not use "gender" (as is now commonly used in gender-identity ideology) as a synonym for sex.

• Respect Everyone's Privacy and Boundaries

Respecting everyone's privacy and confidentiality means that personal matters should not be shared with other students or unauthorized school staff without permission. Even with permission, such personal information should be shared only if necessary to protect safety.

Teachers should offer a scientifically accurate response if students ask about a particular situation. As is true for any personal challenge (autism, special medical needs, learning disability, etc.), transgender identity should be dealt with respectfully and matter-of-factly.

Especially with older children and adolescents, when more serious issues begin to emerge, teachers must always remember that parents are responsible for the child. Teachers should explain to students that helping them involves working with their parents/guardians. In the event a student begins to question his or her gender or sexual identity at school, teachers should direct students to their parents/guardians for further discussion and assistance.

GUIDANCE FOR SCHOOL COUNSELORS

SCHOOL COUNSELORS HAVE A UNIQUE OPPORTUNITY TO INFLUENCE THE LIVES OF STUDENTS. THIS RELATIONSHIP CARRIES ENORMOUS RESPONSIBILITY AND ACCOUNTABILITY.

In this capacity, counselors must keep in mind their role of assisting students in reaching their educational and career aspirations. Interactions with students should be based on the educational goals and interests of the students, but must also be informed by sound understanding of the cognitive, psycho-social, and emotional development of children and adolescents.

Counselors must remember that students are not developmentally capable of exercising fully mature judgment. The problem-solving region of their brain is not mature until their mid-20s. Even if a student is age 18 and legally an adult, it is prudent to encourage him or her to continue seeking the advice of their parents/guardians, particularly on significant decisions that will have long-term effects, like gender transition.

Unless a counselor has documented evidence of abuse or neglect (i.e., involving child-protective services), he or she should assume that parents have their child's best interests at heart. Students and their parents should be regarded as a team. Counselors should work with the student-parent team to resolve issues that affect the student's future, including issues of "gender identity." This will best contribute to healthy and mature decision-making.

Counselors should recognize that they are not medical professionals and are limited in how they can address gender dysphoria. As detailed in Chapter 1 of this Guide, other diagnoses such as autism, trauma, and clinical depression are frequently associated with gender dysphoria and require attention from trained psychiatrists and psychotherapists. School counselors are not qualified to assess the consequences of social transitioning and medical interventions that gender-dysphoric students may desire or demand. As discussed, socially "affirming" the trans-identification of a child can become a self-fulfilling prophecy that sets him or her on a lifelong path of medicalization, sterility, and long-term psychological distress.

As with other significant psychological challenges students experience at school, such as anorexia or depression, counselors should never attempt to address a student's gender dysphoria without involving the parents immediately, and recommending the assistance of objective medical professionals. Counselors should avoid "affirming" a trans-identification in light of the potential harms and long-term consequences of such decisions to children and the potential existence of other comorbidities and contributing social factors. Should any student experiencing gender dysphoria threaten suicide or self-harm, their parents should immediately be contacted, and appropriate psychiatric intervention encouraged.

When a student expresses confusion or distress with his or her sex or "gender identity," a counselor should respectfully acknowledge the very real distress he or she may be suffering without affirming a distressed student's false identity or reality. As is true of all students who seek help from a counselor, students in distress with their body should be reassured that the counselor takes them seriously. The counselor should emphasize that he or she will do everything possible to assist the student to be successful at school, short of affirming a biological impossibility, with the help of the student's parents and medical professionals.

CHAPTER 4:
Effective Communication in a Respectful School Environment

THIS SECTION WILL OFFER GUIDANCE FOR SCHOOL PERSONNEL AS THEY COMMUNICATE WITH A VARIETY OF AUDIENCES WITHIN THE SCHOOL COMMUNITY.

GUIDING PRINCIPLES

A KEY COMPONENT IN BUILDING A RESPECTFUL SCHOOL ENVIRONMENT FOR ALL STUDENTS, INCLUDING THOSE WHO ARE TRANS-IDENTIFYING, IS AN EFFECTIVE COMMUNICATION PLAN THAT EMPHASIZES RESPECT, ACCURACY, AND TRANSPARENCY. COMMUNICATION PLANS SHOULD:

- Be based on a commitment to consistently communicate only scientifically and factually accurate information about biology and gender identity.
- Include clear guidelines that enable staff members to communicate a unified message that respects the rights of all students and staff, preserves truth-telling, and promotes transparency in decision-making.
- Emphasize that teachers and administrators are public officials. Because their messages carry the imprimatur of the school, they are not permitted to transmit their personal or political beliefs or ideologies, including gender identity ideology, to students.
- Be implemented by administrators who can clearly communicate expectations, equip staff to meet them, and have systems in place to ensure effective implementation. Staff should stick to the plan and report any difficulties to designated administrative staff.

GUIDANCE FOR ALL SCHOOL PERSONNEL:

EVERY STAFF PERSON CONTRIBUTES TO THE ORGANIZATIONAL HEALTH AND CLIMATE OF THE SCHOOL ENVIRONMENT. LEADERS SHOULD MODEL AND EVERYONE IN THE SCHOOL COMMUNITY SHOULD EXPECT RESPECTFUL, HONORING, AND TRANSPARENT COMMUNICATION. ALL STAFF SHOULD UNDERSTAND AND EXECUTE THE PRINCIPLES ARTICULATED BELOW.

1. Trans-identified students should be treated with the same respect that is shown to all students. This includes making accommodations whenever possible regarding uniforms, single-occupancy facilities use, and overall privacy, without sacrificing the rights of others.

2. Staff should enforce anti-bullying/anti-harassment policies on behalf of every child even-handedly to stop any labeling or name-calling.

3. As discussed in Chapter 3, staff should emphasize to all students the importance of respecting everyone's privacy and confidentiality and that the right to free speech and religion, as well as biological reality and grammatical accuracy, will be respected.

COMMUNICATING WITH A TRANS-IDENTIFIED STUDENT:

Staff should encourage students who express discomfort with or confusion about their identity to talk to their parents or guardians. Until the child's parents or guardians can be reached, the student should be directed to the designated administrative staff member.

If a trans-identified student or his or her parents request to use a transgender-affirming name or pronouns, staff should refer to the school policies outlined in Chapter 3.

COMMUNICATING ABOUT GENDER-IDENTITY ISSUES WITH VARIOUS STUDENT AUDIENCES:

Elementary school - Elementary-age children are intellectually and emotionally immature. Therefore, staff should view any child's "declaration" that he or she is something other than his or her biological sex with a measure of concern. Staff should reassure children and parents that it is normal for all children to play with toys associated with the opposite sex and to try out different roles. Elementary students are using their gift of imagination and imitation to learn, explore, and create, and teachers and parents should view this as a normal part of their development without the need to assume a trans-identity.

- Schools should only use truthful, biologically accurate statements about the nature of being a boy (male) or a girl (female). Statements should be straightforward and factual.

- Schools should communicate respect for differences in how people look, what they wear, and how they act, and should reinforce anti-bullying messages for all students.

- Schools should encourage students to express their views in a respectful manner and to listen to others' views quietly and respectfully. Teachers should redirect any conversations that become a distraction from the lesson.

- Questions about trans-identified classmates should be responded to truthfully and simply, without advocacy or unnecessary commentary. If parents have approved of a change in dress or have obtained a legal name change for a child, then staff should say something along the lines of "your classmate is dressing differently" or "is using a new name" and then refocus on the academic lesson. Staff should tell children that further questions such as "why" are personal in nature and should be directed to their parents. Staff should follow up by notifying parents about such questions.

Middle school - Schools and parents should acknowledge and understand that middle-school-age children are significantly influenced by their peers and should work together to ensure that peer influence does not undermine students' healthy development and academic focus.

- Schools should communicate to students the importance of critical thinking and of coming to factually based conclusions after reviewing accurate information, instead of merely repeating what they have heard from peers or online.

- Schools should lessen the effects of peer pressure by reinforcing that people have and are entitled to express different views as long as they do so respectfully.

- Staff should maintain strict boundaries against gossiping, mocking, or bullying and apply consequences fairly and even-handedly.

• Responses to questions should be straightforward and truthful. Disagreements about gender identity issues should be referred to the administration and to parents to prevent distractions.

• Lessons must focus on scientifically accurate, factual information about human development. Teachers should be admonished not to employ "gender-affirming" advocacy in the classroom. Schools in states which require that lessons include presentation of issues related to sexual orientation and "gender identity" should work to provide the required information factually without promoting a particular viewpoint or conclusion.

• School administrators should emphasize frequent and open communication between parents and teachers to facilitate mutual sharing of observations about changes in a student's personality and identity. The middle-school group can be highly influenced by the social-contagion phenomenon, and teachers and parents must communicate openly and frequently to remain informed about what may be influencing students to adopt a different identity.

Secondary school - All of the messages presented for use with middle-school students should continue when working with the high-school population. Educators should reinforce the importance of critical thinking and coming to sound, factually based conclusions. Secondary-school students are especially vulnerable to social and peer pressure to participate in the transgender phenomenon, particularly as a means of asserting independence from and even rebellion against their parents.

Open and frequent communication with parents is particularly important at this stage, since students are nearing the age of majority and will be tempted to circumvent their parents. Administrators should consult with knowledgeable attorneys about their state laws regarding age of majority and parental consent for medical treatment and to seek guidance on policies related to students' accessing medical or mental-health treatments at school-based clinics.

COMMUNICATING ABOUT GENDER-IDENTITY ISSUES WITH PARENTS:

As discussed in Chapter 3, parents have a number of options for educating their children. Parents are ultimately responsible for the health, well-being, and development of their children, and they can choose to remove their children from any school that fails to treat them as valued partners in their children's education. It is therefore imperative that parents are kept informed about what is happening at school concerning their child.

"Gender identity" issues are new to many parents and are issues most parents do not expect to be discussed at school, especially at the elementary and middle-school levels. It is therefore all the more important that schools ensure that parents are fully informed about any such issues that are presented or arise at school.

KEEPING PARENTS INFORMED

THE FOLLOWING KEY MESSAGES SHOULD BE CONVEYED TO PARENTS:

- Teachers, administrators, and staff will not promise students that school officials will keep secrets.
- Teachers, administrators, and staff will not tell students that the students may speak or behave at school in a way that would deceive or defy their parents.
- Teachers, administrators, and staff will immediately notify parents about any changes in their child's behavior or attitude affecting their well-being, including expressed confusion about or desire to change his or her "gender identity."
- Teachers, administrators, and staff will notify parents of any changes in school or classroom policies that affect their child's mental or physical health, safety, or privacy.

- Teachers, administrators, and staff will notify parents when a request has been made for a classmate's trans-identity to be made public in their child's classroom (without giving identifying information). Parental notification gives families the opportunity to have this important conversation at home.

- School district leaders will notify parents of any changes in school policies under consideration concerning transgender issues, including at any upcoming school board meetings, and shall solicit their input.

COMMUNICATING WITH PARENTS OF TRANS-IDENTIFIED STUDENTS

- Some parents of trans-identified children may be fully supportive of or even advocate for their child's decision to "transition." Other parents may be alarmed by their child's choice and have grave concerns about whether their child really understands what he or she is doing.

- Administrators should have communication plans that give staff the tools they need to support both types of parents and meet the ultimate goal of ensuring that their students are safe to learn and grow at school. By observing these guidelines, schools and parents can overcome conflict and misunderstandings.

- School administrators should LISTEN and then respond to parent concerns quickly and genuinely. They should hear what the parents have to say or give attention to information the parents may provide for the school's consideration, without dismissing or marginalizing them.

- When a controversy develops, administrators should respond as quickly as possible. Administrators should engage with parents personally rather than merely sending an email or responding via social media. While meeting with parents face to face, leaders should look for points of agreement to demonstrate they are listening and engaging in dialogue. They should focus on the parents' actual concern/issue instead of assuming they know what the concern/issue is.

- Leaders should explain the school's policy and its rationale. Often simply explaining the "why" can help alleviate some of the frustration.

- Leaders should explore solutions with parents, arriving at a resolution, if possible, that can work for both parties and for the entire student body. At a minimum, leaders should agree to maintain open lines of communication while exploring an acceptable resolution.

ENGAGING THE COMMUNITY

As well as communicating effectively with students and parents, it is critical that administrators engage with community stakeholders regarding how to respond to the trans-identification of students in school. In many ways, school environments are a reflection of the values, customs, and commitments of the communities they serve. Therefore, addressing the transgender issue effectively requires insight from community stakeholders, which is best accomplished through constructive conversations.

Creating safe and respectful cultures at school will require productive collaboration with input from various community sectors: business, professional, non-governmental organizations, faith-based organizations, and most of all, parents. Soliciting community input will help prevent unintended consequences of limited perspective. It will also foster an atmosphere of mutual trust and respect.

GLOSSARY OF TERMS

Gender:

Tectonic shifts in culture often begin with a co-opting of language. Historically, "gender" was used in the context of grammar, with respect to languages that designate nouns and their modifiers as either masculine or feminine. "Gender" has also been used as a synonym for sex. "Gender" is now widely used: 1) as a synonym for sex stereotypes, 2) to describe the socio-cultural and behavioral aspects of sex, and 3) as the name of an ideology that claims bodily sex is irrelevant to human identity.

"Gender" is described by proponents of gender identity ideology as an "inner sense of one's identity," which is not limited to the categories of male and female. It proposes a conception of human identity that is subjectively chosen, fluid, and not objectively verifiable. Under this theory gender can be consistent with sex or can directly contradict sex, the innate and unchangeable biological status of being either male or female.

Gender–transition Interventions (also called "Gender–affirming Treatments"):

Describe medical interventions designed to change an individual's body to mimic that of the opposite sex. The full range of interventions would include puberty-blocking drugs that inhibit a child's natural development, followed by cross-sex hormones (estrogen for males, testosterone for females) to feminize or masculinize the appearance of the body, and perhaps followed by feminizing or masculinizing surgery (castration, mastectomy, hysterectomy, and plastic surgery).

Gender Dysphoria:

Refers to the distress induced by a strong desire to identify as something other than one's sex, preferring the typical dress and appearance of the opposite sex, or having a desire to change one's body to appear to be the opposite sex ("transition").[157] A diagnosis of gender dysphoria does not justify the use of irreversible hormonal and surgical interventions in developing children, which promote a negative view of the body, risk sterilization, and often ignore other mental-health needs.

Gender Fluidity:

Describes the nature of "gender identity" as a subjective state of mind that can fluctuate on a spectrum in the same way mental perceptions can. It is important to note that mental perceptions are particularly dynamic and subject to change in children, who are significantly influenced by adults, peers, and their social environment.

Gender Identity:

Referred to as an individual's self-perceived or desired status as male, female, both or neither, irrespective of physical sex. "Gender identity" is self-asserted and subject to change over time. Because "gender identity" is based entirely on subjective mental perception that does not depend on physical reality or medical examination, proponents of gender ideology assert there are an unlimited number of possible gender identities, such as "agender," "non-binary," and "genderqueer." The concept of "gender identity" is nevertheless used to justify as "medically necessary" the often irreversible body modifications known as "gender transition" or "sex reassignment" medical interventions.

Gender–inclusion Policies:

Institutional practices, which have been adopted by some schools, that do not recognize sex distinctions. Typical school gender-inclusion policies include allowing students to access facilities like restrooms, locker rooms, shower areas, and overnight accommodations of the opposite sex; play on sports teams of the opposite sex; and wear uniforms of the opposite sex. These policies also commonly require faculty and staff to address trans-identifying students with so-called "preferred pronouns" or new names indicating a trans-identity and may require students to do so as well for their classmates. As such, they run the risk of violating the rights of other students, of parents, and of faculty.

[157] William Malone, "Gender Dysphoria Resource for Providers 3rd Edition," https://www.scribd.com/document/421298610/Gender-Dysphoria-Resource-for-Providers-3rd-Edition; "If Your Child Says S/he's Transgender," Arlington Parent Coalition, https://arlingtonparentcoa.wixsite.com/arlingtonparentcoa/if-your-child-says-s-he-s-transgend.

Gender Nonconforming:

A term that describes self-expression that differs from the stereotypical norms for the sexes.

Nonbinary:

Refers to persons who identify themselves as transgender and who reject the terms "boy" or "girl" and "man" or "woman" for themselves.

Intersex Conditions, a/k/a Disorders of Sexual Development (DSDs):

Exceedingly rare and medically identifiable anomalies in which the sexual anatomy either is not clearly male or female or is inconsistent with the chromosomal sex (XX or XY). See Frequently Asked Questions for a more detailed discussion of DSDs.

Sex:

Refers to the biological categories of male and female created by the physiological differences between the sexes, including chromosomes, sex organs, and endogenous hormonal profiles.[158] Sex is determined by the presence of XX (female) or XY (male) chromosomes at conception, and then recognized via external genitalia at or before birth, and remains constant throughout one's lifetime. Because there are only two types of gamete - sperm or ova - human sex is an objective, binary trait, and does not exist on a spectrum. Sex is innate and immutable, unlike "gender identity," which has no physiological basis and which can be different across cultures and subject to change. Sex is, thus, not merely "assigned at birth" but is a fundamental human characteristic of an individual (like race and age) that cannot be changed.

Sex–reassignment Surgery:

Cosmetic medical procedures meant to remove or alter the appearance of sex-specific organs so as to mimic the appearance of the opposite sex. Such procedures result in the loss of healthy body parts and functionality. "Sex-reassignment" is a misnomer, in that although medical technology has developed the means to remove or reshape sexual characteristics via hormones and surgery, these procedures cannot actually change a person's sex because they cannot change the chromosomal makeup of cells and all the myriad physiological attributes present throughout the body determined by one's sex. Nor can these procedures confer the full functionality of the other sex, and thus very often result in sexual dysfunction and other side effects.

Social Transition vs Medical Transition:

"Social transition" refers to a change of appearance that can include things such as haircut, clothing, grooming, and perhaps most significantly, a change of name and "preferred pronouns" in order to identify as something other than one's sex. **"Medical Transition"** can refer to the use of puberty blockers, cross-sex hormones, and/or surgery to imitate the appearance of the opposite sex.

Transgender or Trans–identified:

Refers to people who wish to determine their identity based on their self-perceived gender identity instead of their sex. People who identify as transgender may or may not be formally diagnosed with gender dysphoria, and they may or may not choose to undergo medical interventions. Transgender status is grounded entirely on self-declaration and mental perception and is not medically diagnosable, having no basis in observable medical or physiological fact. Individuals who identify as transgender do not represent a new sex category.

Transition:

Describes the process by which a person makes various efforts to be viewed as the opposite sex or another "gender identity" via social, legal, and/or medical means.

[158] National Institutes of Health, Office of Research on Women's Health, https/orwh.od.nih.gov/sex-gender

FREQUENTLY ASKED QUESTIONS

1. Is sex assigned at birth?

No. Sex is determined at conception, when the sperm carrying an X or Y chromosome unites with the egg which has an X chromosome, creating either a male (XY) or a female (XX).[159] Sex is then recognized at birth (or during prenatal testing) via observation of external genitalia and remains fixed throughout life. The National Institutes of Health defines "sex" as "the biological state of being female or male, based on sex organs, chromosomes, and endogenous hormone profiles."[160]

2. Are there more than two sexes?

No. There are only two sexes. Human sex is determined at conception by the sex chromosomes and their contents, which direct the development of either male or female anatomy. In 99.98% of births, a baby's sex is clearly male or female. However, in fewer than 2 out of every 10,000 births, a baby is born with ambiguous genitalia.[161] This is a disorder of sexual development (DSD), sometimes referred to as an intersex condition.[162] Individuals with DSDs are individuals with conditions (often resulting from atypical chromosomes or hormonal irregularities) that prevent the normal development of either male or female reproductive structures.[163] In the same way that those born with six fingers do not disprove the norm of five-fingered hands, DSDs do not disprove the norm of two sexes. Congenital disorders are not additional sexes.[164]

Finally, "most people with a DSD do not identify as transgender, and most people who do identify as transgender do not have a DSD."[165] Trans-identified persons identify as something other than their sex, while typically possessing normal sex chromosomes and sexual anatomy.

3. Do "sex" and "gender identity" mean the same thing?

No. Sex is unchangeable and has natural limitations, biological characteristics, and physical differences linked to one's physiological state of being a male or female. Conversely, "gender identity" refers to a state of mind and is thus inherently subjective and can change over time.

4. Is it possible to have a female brain in a male body, or vice versa?

No.[166] Sex is not defined by the brain, but by the body's genetic instructions (i.e., chromosomes). There are two sex chromosomes - two X chromosomes in females or an X and a Y in males - in nearly every cell in our bodies. The brain is composed of cells that have the very same male or female chromosomes as the rest of the body and thus cannot possibly direct the development of a body that is the opposite sex.

5. Do school gender–identity policies only affect students who identify as transgender?

No. Everyone is affected by gender-inclusion policies which negate sex-based protections by prioritizing mental perceptions over biological reality. Such policies have implications for how the entire student body views the fundamental nature of sex and can facilitate social contagion of gender confusion. Gender-identity policies affect 100% of the student body.

6. Is denying kids access to the restroom of their choice a form of discrimination?

No. Discrimination is treating people who are the same, differently. Boys and girls are not physically the same. Bodily sex does not change according to how we psychologically identify, and our anatomy clearly demonstrates that males and females are biologically different from one another. Sex-specific restrooms simply recognize these unchangeable anatomical differences and do not treat anyone as inferior. It is not bigotry to acknowledge the biological differences between boys (males) and girls (females).

[159] Scott F. Gilbert, Developmental Biology. 6th ed (Sinauer Assoc., 2000), https://www.ncbi.nlm.nih.gov/books/NBK9967/.

[160] NIH, Office of Research on Women's Health, https://orwh.od.nih.gov/sex-gender

[161] Leonard Sax, "How Common Is Intersex? A Response to Anne Fausto-Sterling," The Journal of Sex Research 3(3):174-178 (August, 2002), https://www.leonardsax.com/how-common-is-intersex-a-response-to-anne-fausto-sterling/.

[162] DSDs may take the form of a mismatch between chromosomes and anatomy, such as an XX female with male-appearing anatomy and genitalia, or an XY male with female-appearing anatomy and genitalia. There are also very rare DSDs in which an individual has both male and female reproductive tissue, or in which different cells in the body have different sex chromosomes.

[163] A L Ogilvy-Stuart, C E Brain, "Early assessment of ambiguous genitalia," Archives of Disease in Childhood 89:401-407 (2004) (See table 2), https://adc.bmj.com/content/89/5/40.

[164] "Petition to Uphold the Scientific Definition of Sex in Federal Law and Policy," iPetitions, https://www.ipetitions.com/petition/uphold-the-scientific-defintion-of-sex? fbclid=IwAR2MIWDXou8MetumAFq4jvvxJdbiNMS1ku6sxnOApOlhZOeNtW5fxQxPPYk.

[165] A L Ogilvy-Stuart et al.,"Early assessment of ambiguous genitalia." supra n. 163; Ryan T. Anderson, When Harry Became Sally, supra n. 68, at 92.

[166] Michael K. Laidlaw, MD, "Gender Dysphoria and Children: An Endocrinologist's Evaluation of I am Jazz," Public Discourse (April 5, 2018), https://www.thepublicdiscourse.com/2018/04/21220/.

7. Do mixed–sex changing rooms increase the likelihood of sexual offenses?

Yes. Anyone can take advantage of mixed-sex facilities. A 2018 study showed that there were three times more voyeurism offenses in Target retail stores after the public announcement of their mixed-sex restroom and fitting-room policy.[167] Furthermore, a UK investigative report found that "almost 90% of reported sexual assaults, harassment and voyeurism in swimming pool and sports-centre changing rooms" take place in mixed-sex facilities.[168]

Sex-separated changing rooms exist to protect women and girls from assault and sexual crime, but women and girls (and men and boys) also deserve the dignity of privacy from the opposite sex when changing clothes or using a restroom. Moreover, eradicating common-sense boundaries between the sexes will shape students' perception of reality -- it will subtly persuade them to accept the transgender ideology that biological sex is entirely subordinate to mental perception.

8. How are transgender identities diagnosed?

Transgender status is self-declared; there is no test or scan that a medical professional can administer which can diagnose, examine, or observe a "gender identity."[169]

9. Is trans–identification being used to justify medical interventions in some children?

Yes. There are no objective biological criteria for diagnosing a trans-identity, and the vast majority of children identifying as transgender accept their sex by adulthood if not subjected to social transition and/or chemical or surgical interventions (see Appendix 1). Because there are no long-term studies of these interventions, they are experimental. There are known significant risks associated with such interventions, and the full extent of the long-term risks is unknown.

10. Are puberty blockers and hormones totally reversible?

No. There is much evidence that puberty blockers are not reversible. First, there are virtually no reports of adolescents' withdrawing from puberty-suppressing drugs and resuming normal development for their sex, meaning there are no data on whether puberty will proceed as normal if blockers are stopped. There are data, however, showing that as many as 100% of children who use puberty blockers go on to use cross-sex hormones.[170] Children who use cross-sex hormones after their natural puberty has been blocked will be sterilized. Surgery to remove the testicles or ovaries will render them permanently sterile and will not be reversible.

Second, blocking puberty may reinforce persistent transgender feelings instead of acting as a "pause button."[171] Undergoing natural puberty appears to offer children who experience gender dysphoria a unique opportunity to become comfortable with their bodies.[172] The consequences for children whose puberty has been suppressed and who later come to embrace their biological sex are unknown.

Third, puberty blockers are associated with significant neurological and other physiological harms. They interfere with brain development and psycho-social health (have been observed to increase depression symptoms[173], and may increase suicidality[174] and affect IQ[175]) and to harm bone development.[176]

[167] "New Study Shows Gender-Inclusion Policy at Target Stores Associated with Increased Sexual Violence," Woman Means Something, http://womanmeanssomething.com/target-study-press-release/.
[168] Andrew Gilligan, "Unisex changing rooms put women in danger" The Times (September 2, 2018), https://www.thetimes.co.uk/article/unisex-changing-rooms-put-women-in-danger-8lwbp8kgk.
[169] Michael K Laidlaw MD, Quentin L Van Meter MD, Paul W Hruz MD; Andre Van Mol MD; William J Malone MD, "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline" The Journal of Clinical Endocrinology & Metabolism, Volume 104, Issue 3, 1 March 2019, Pages 686–687, https://doi.org/10.1210/jc.2018-01925, Online, November 23, 2018.
[170] AL de Vries, et al., "Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study" The Journal of Sexual Medicine, 8(8) (August 2011) , https://www.jsm.jsexmed.org/article/S1743-6095(15)33617-1/fulltext ("None opted to discontinue pubertal suppression and all eventually began cross-sex hormone treatment."); Polly Carmichael, et al, "Gender Dysphoria in Younger Children: Support and Care in an Evolving Context," 2016 WPATH Symposium Amsterdam, World Professional Association for Transgender Health, June 19, 2016, http://wpath2016. conferencespot.org/62620-wpathv2-1.3138789/t001-1.3140111/f009a-1.3140266/0706-000523-1.3140268, ("Persistence was strongly correlated with the commencement of physical interventions such as the hypothalamic blocker ...and no patient within the sample desisted after having started on the hypothalamic blocker. 90.3% of young people who did not commence the blocker desisted.").
[171] Michael Laidlaw, MD, "The Gender Identity Phantom," Pediatric and Adolescent Gender Dysphoria Working Group (October 24, 2018), http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/.
[172] "'They Look Normal"– The Case For Puberty Blockers," Transgender Trend, https://www.transgendertrend.com/puberty-blockers-safe/.
[173] J. Macoveanu, "Sex-Steroid Hormone Manipulation Reduces Brain Response to Reward," supra n. 56.
[174] Deborah Cohen & Hannah Barnes, "Transgender treatment: Puberty blockers study under investigation" BBC.com (July 22, 2019), https://www.bbc.com/news/health-49036145.
[175] Maiko A Schneider, et al.,supra n. 53; American College of Pediatricians, "Gender Dysphoria in Children, supra n. 60; Paul W. Hruz, et al., "Growing Pains," supra n. 10.
[176] Christina Jewett, "Women Fear Drug They Used To Halt Puberty Led To Health Problem," supra n. 52.

11. Are kids having transgender surgery?

Yes. Minors are being approved for "sex reassignment" or "gender transition" surgeries.[177] Girls as young as 13 have undergone double mastectomies in their attempt to appear male,[178] and popular media like TLC's 'I Am Jazz'[179], National Geographic[180], and the BBC[181] have all highlighted boys under the age of 18 who have gone through full genital "sex reassignment" surgeries (castration). There are "gender clinics" that will perform certain of these procedures on minor patients.[182]

12. Are doctors ignoring mental–health issues in children who want to transition?

A significant number of youth who identify as transgender have a pre-existing psychiatric disorder. Full psychological assessments and therapy are needed to ensure these conditions are not contributing to the desire to transition.[183] Trans activists have exerted pressure on the medical community[184] to enable medical interventions without questioning[185] a child's motivation for doing so. Thus, children are being medicalized based on a self-diagnosis. As a result, some individuals[186] are reporting[187] that they were offered prescriptions for cross-sex hormones and referrals for surgery immediately, instead of appropriate psychological treatment.[188]

13. Are mental–health problems of trans–identified young people mainly the result of stigma?

The standards of care promoted by transgender activists and the politicized leadership of a number of professional medical associations[189] claim that mental-health problems in this population are a result of stigma and are best solved by "affirming" a chosen "gender identity."[190] However, research does not support this claim. The primary study supposedly linking mental-health problems to societal discrimination was so thoroughly debunked, that the authors retracted their findings as "erroneous."[191] Dr. Lawrence Mayer and Dr. Paul McHugh, both psychiatrists, have concluded that "it is impossible to prove through [current] studies that stigma [against trans-identified persons] leads to poor mental health..."[192]

14. Do children who want to be the opposite sex grow out of it?

According to all eleven (11) published studies on this question, most children who are diagnosed with gender dysphoria will not have that desire as adults if they are not socially transitioned and they are allowed to go through natural puberty. These studies and their outcomes are listed in **Appendix 1**. Guidelines that support "gender affirmation" and medical procedures on children simply ignore the scientific consensus that left untreated most children will naturally grow out of it.

It is important to note that we are witnessing a new demographic of adolescents and young adults not captured in earlier studies who are suddenly identifying as transgender.[193] There is increasing evidence of regret among teens who underwent medical transition.[194] In fact, a detransitioned woman in the United Kingdom is suing the Tavistock GIDS Clinic for rushing her into "gender affirming" interventions while she was a teenager.[195]

[177] Peter Rowe, "How a girl born at 2 pounds became a happy boy" The San Diego Union-Tribune (April 7, 2016), https://www.sandiegouniontribune.com/lifestyle/people/sdut-transgender-teens -new-life-2016apr07-story.html.

[178] Johanna Olson-Kennedy, "Chest Reconstruction," supra n. 15, at 431–436.

[179] Natalie Stone, "Jazz Jennings Says She's 'Doing Great' After Undergoing Gender Confirmation Surgery," People (June 28, 2018), https://people.com/tv/jazz-jennings-doing-great-after-gender-confirmation-surgery-photo/.

[180] Nina Strochlic, "In the Operating Room," supra n. 65.

[181] Transgender Kids: Who Knows Best, Directed by John Conroy, London: BBC Two, 2017, https://vimeo.com/247163584.

[182] See https://www.childrenshospital.org/centers-and-services/programs/a--e/center-for-gender- surgery-program#.

[183] Riittakerttu Kaltiala-Heino, et al., "Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development," Child and Adolescent Psychiatry and Mental Health 9(9) (April, 2015), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4396787/; TA Becerra-Culqui, et al., "Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers," Pediatrics141(5) (2018), http://pediatrics.aappublications.org/content/141/5/e20173845.

[184] Jamie Doward, "Politicised trans groups put children at risk, says expert" The Observer (July 27, 2019),https://www.theguardian.com/society/ 2019/jul/27/ trans-lobby-pressure-pushing-young-people-to-transition

[185] Bob Withers, "In 20 years we'll look back on the rush to change our children's sex as one of the darkest chapters in medicine, says psychotherapist" Daily Mail (November 18, 2018), https://www.dailymail.co.uk/ debate/article-6402003/amp/Well-look-rush-change-childrens- sex-one-darkest-chapters-medicine.html?__twitter_impression=true.

[186] Olivia Loveridge-Greene, "'My biggest mistake' Transgender man regrets sex op 15 years ago," Daily Star (November 4, 2018), https://www.dailystar.co.uk/real-life/transgender-regret-sex-operation-heartache-16815377.amp.

[187] "Female detransition and reidentification: Survey results and interpretation" Guide on Raging Stars, http://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey.

[188] Ryan Flanagan, "Ontario transgender care doctor no longer allowed to practise medicine" CTVNews (October 10, 2018), https://www.ctvnews.ca/health/ont-transgender-care-doctor-no-longer-allowed-to-practise-medicine-1.4128071.

[189] "Medical Organization Statements," Transcend Legal, https://transcendlegal.org/ medical-organization-statements.

[190] Jason Rafferty, et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents" American Academy of Pediatrics 142(4) (October 2018), http://pediatrics.aappublications.org/content/142/4/e20182162; "Guidelines for Psychological Practice With Transgender and Gender Nonconforming People," American Psychological Association 70(9) (2015), https://www.apa.org/practice/guidelines/transgender.pdf.

[191] Mark L.Hatzenbuehler, et al, "RETRACTED: Structural stigma and all-cause mortality in sexual minority populations" Social Science & Medicine, https://doi.org/10.1016/j.socscimed.2013.06.005.

[192] Lawrence Mayer & Paul McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences" The New Atlantis 79-81 (Fall 2016), https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender.

[193] Lisa Littman, ""Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports," PLOS ONE 13(8) (2018), https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330.

[194] "About," Pique Resilience Project, https://www.piqueresproject.com/about.html. Detransitioners: Stories of Medical Abuse, https://www.youtube.com/watch?v=NSR1oEEyack&feature=youtu.be; The Detrasitioner Advocacy Network, https://www.detransadv.com/; Sex Change Regret, https://sexchangeregret.com/

[195] Alison Holt, "NHS Gender Clinic should have challenged me more over transition," BBC News (March 1, 2020), https://www.bbc.com/news/health-51676020.

15. Do most doctors and health professionals truly support "gender affirming interventions" as safe and effective for children?

Some medical associations have yielded to activist groups[196] and issued statements in support of "gender affirming" interventions, but none of these organizations polled their members to determine their views. For example, the American Academy of Pediatrics (AAP) issued a pro-affirmation statement written by only seven AAP committee members and approved by a maximum of 36 AAP Fellows -- out of approximately 50,000 AAP Fellows nationwide.[197] Significantly, according to a (gay) psychologist with extensive experience in transgender therapy, "the references that AAP cited as the basis of their policy statement instead outright contradicted that policy."[198]

The Endocrine Society's guidelines are similarly poorly supported. Based on its own internal rating systems, none of its 22 guidelines are based on "strong scientific evidence," and almost all are based on "very low-quality" or "low-quality" scientific evidence."[199] These associations claim to be following the standards of the World Professional Association for Transgender Health (WPATH), however, WPATH is an advocacy organization that does not require medical credentials for membership.[200]

Other medical associations and leading practitioners, both in the U.S. and abroad, vigorously oppose medical interventions on trans-identifying children. These include the American College of Pediatricians, which has polled its members and warns that "conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse."[201] The Executive Director of the Association of American Physicians and Surgeons has declared that "the use of [puberty blockers] in gender-confused children constitutes unethical experimentation."[202]

Over 200 members of the Australian College of Physicians have called for an urgent national inquiry into unproven hormone drugs being given to "gender-confused children."[203] The Royal College of General Practitioners in the U.K. has warned about the "significant lack of robust, comprehensive evidence around the outcomes, side effects, and unintended consequences" of these interventions.[204] A world-renowned Swedish child psychiatrist described the acceptance of "gender-affirming" interventions as "possibly one of the greatest scandals in medical history."[205]

16. Doesn't medical transition help trans–identified children?

Short-term studies show that many trans-identified young people experience a "honeymoon" period of satisfaction after transitioning, but this result often doesn't last. Long-term studies paint a different picture of the effects of transitioning, demonstrating that, in many cases, quality of life deteriorates significantly and suicide rates rise. A recent large cohort study[206], which tracked nearly 4,000 trans-identifying adults receiving hormone therapy for an average of eight years, found that women's risk of heart attack tripled while men's risk of developing venous thromboembolism (blood clots) became five times greater. The full extent of the medical harms of hormonal treatments – prescribed for lifetime usage – will not be realized for many years.[207] The only long-term follow-up study found adults who took such hormones or underwent "sex reassignment surgery" had actually substantially higher rates of mortality, suicide, suicide attempts, and psychiatric hospitalizations.[208] The best-quality studies show that with the passage of time transitioning correlates with negative outcomes.[209] In fact, the largest dataset on sex-reassignment procedures to date issued a correction acknowledging that these procedures— both hormonal and surgical— do not bring promised mental health benefits.[210]

[196] American Academy of Pediatrics, "HRC Joins with Nation's Leading Pediatric Organizations on New Guide Supporting Transgender Youth," https://www.aap.org/en-us /about-the-aap/aap-press-room/pages/HRC-Joins-With-Nation's-Leading-Pediatric-Organizations-on-New-Guide-Supporting-Transgender-Youth.aspx.

[197] Laurie Higgins, "Do 66,000 Pediatricians Really Support the AAP's 'Trans'-Affirming Policy?" Illinois Family (April 15, 2017), https://illinoisfamily.org/homosexuality/66000-pediatricians- really-support-aaps-trans-affirmative-policy/.

[198] Cantor, J. M. (2020). Transgender and gender diverse children and adolescents: Fact-checking of AAP policy. Journal of Sex & Marital Therapy, 46, 307–313, https://www.tandfonline.com/doi/full/10.1080/009262 3X.2019.1698481.

[199] Monique Robles, "Observations in a Gender Diversity Clinic" Ethics & Medics 44(2) (February 2019), https://acpeds.org/assets/perspectives/Observations-in-a-Gender-Clinic-by-Robles.pdf.

[200] See https://wpath.org/MembershipInfo.

[201] American College of Pediatricians, "Gender Ideology Harms Children," (September 2017), https://acpeds.org/assets/imported/9.14.17-Gender-Ideology-Harms-Children_updated-MC.pdf.

[202] Susan Berry, "No 'Credible Scientific Evidence to Support' Puberty Blockers for 'Transgender' Children," Breitbart (October 25, 2019), https://www.breitbart.com/politics /2019/10/25/no-credible-scientific-evidence-support-puberty-blockers-transgender-children//.

[203] "Australians Demand Inquiry into Child Puberty Blockers," Binary Australia (August 12, 2019), https://www.binary.org.au/australians_demand_inquiry_into_child_puberty_blockers.

[204] Royal College of General Practitioners, "The Role of the General Practitioner in Caring for Gender-.Questioning and Transgender Patients" (June 2019), https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en.

[205] Jonathon Van Maren, "World-Renowned Child Psychiatrist Calls Trans Treatments 'Possibly One of the Greatest Scandals in Medical History" The Bridgehead (September 25, 2019), https://thebridgehead.ca/2019/09/25/world-renowned-child-psychiatrist-calls-trans-treatments-possibly-one-of-the-greatest-scandals-in-medical-history/.

[206] Nienke M. Nota, et al., "Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy: Results From a Large Cohort Study," Circulation (February 18, 2019), https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.038584.

[207] Kelsey Coalition, "Urgent Request to the US Surgeon General: Protect Young People from Irreversible Medical Harm," iPetitions, https://www.ipetitions.com/petition/urgent-request-to-the-us-surgeon-general.

[208] Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons," supra n. 13.

[209] Paul Dirks, "Transition as Treatment: The Best Studies Show the Worst Outcomes" Woman Means Something, http://womanmeanssomething.com/transition-as-treatment-the-best-studies-show-the-worst-outcomes/.

[210] Ryan T. Anderson, "Transitioning procedures don't help mental health, largest dataset shows", Supra n. 82; R. Bränström, J.E. Pachankis, "Correction to Bränström and Pachankis, Reduction in Mental Health Treatment Utilization After Gender-Affirming Surgeries," Supra n. 82; Andre Van Mol, Michael Laidlaw, Miriam Grossman, Paul McHugh, "Correction: Transgender Surgery Provides No Mental Health Benefit," Public Discourse (Sept. 13, 2020) https://www.thepublicdiscourse.com/2020/09/71296/

APPENDIX 1

Table of studies showing the majority of children desist from their gender dysphoria (accept their sex) by adulthood if not submitted to gender transition treatments.

Study	Year	Number in study	Stopped identifying as trans-gender	Transgender-identifying/ Cross-dressing	Uncertain	% Desisting min-max
Lebovitz, P. S. (1972). Feminine behavior in boys: Aspects of its outcome. American Journal of Psychiatry, 128, 1283–1289.	1972	16	12	4	0	75%
Zuger, B. (1978). Effeminate behavior present in boys from childhood: Ten additional years of follow-up. Comprehensive Psychiatry, 19, 363–369.	1978	16	12	2	2	75%-88%
Money, J., & Russo, A. J. (1979). Homosexual outcome of discordant gender identity/role: Longitudinal follow-up. Journal of Pediatric Psychology, 4, 29–41.	1979	9	9	0	0	100%
Zuger, B. (1984). Early effeminate behavior in boys: Outcome and significance for homosexuality. Journal of Nervous and Mental Disease, 172, 90–97.	1984	45	33	2	10	73%-96%
Davenport, C. W. (1986). A follow-up study of 10 feminine boys. Archives of Sexual Behavior, 15, 511–517.	1986	10	6	1	3	60%-90%
Green, R. (1987). The "sissy boy syndrome" and the development of homosexuality. New Haven, CT: Yale University Press.	1987	44	43	1	0	98%
Kosky, R. J. (1987). Gender-disordered children: Does inpatient treatment help? Medical Journal of Australia, 146, 565–569.	1987	8	8	0	0	100%
Wallien, M. S. C., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children.Journal of the American Academy of Child and Adolescent Psychiatry, 47, 1413–1423.	2008	54	33	21	0	61%
Drummond, K. D., Bradley, S. J., Badali-Peterson, M., & Zucker, K. J. (2008). A follow-up study of girls with gender identity disorder. Developmental Psychology, 44, 34–45.	2008	25	22	3	0	88%
Singh, D. (2012). A follow-up study of boys with gender identity disorder. Unpublished doctoral dissertation, University of Toronto.	2012	139	122	17	0	88%
Steensma, T. D., McGuire, J. K., Kreukels, B. P. C., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: A quantitative follow-up study. Journal of the American Academy of Child and Adolescent Psychiatry, 52, 582–590.	2013	127	80	47	0	63%

APPENDIX 2

PRIVACY FACILITIES USE POLICY

I. PURPOSE

This Policy is enacted to establish districtwide standards for the use of privacy facilities. The Policy is enacted in the interest of ensuring the safety and physical privacy rights of all students and staff and for maintaining school discipline.

II. DEFINITIONS

- "Privacy Facilities" are spaces in which students and/or staff may be in a state of full or partial undress in the presence of others. Examples include restrooms, locker rooms, and showers.
- "Sex" is the objective biological trait of being male or female. "Sex" is defined as the biological differences between females and males, including chromosomes, sex organs, and endogenous hormonal profiles. Sex is determined by the presence of XX (female) or XY (male) chromosomes at conception and then recognized via external genitalia at, or before, birth. An individual's birth certificate may be relied on as evidence of the individual's sex.

III. PRIVACY FACILITIES POLICY

- Every school privacy facility accessible by multiple people at the same time shall be designated for use by males only or females only.
- In all schools in the District, privacy facilities that are designated for one sex shall be used only by members of that sex. Except as set forth below, no person shall enter a privacy facility that is designated for one sex unless he or she is a member of that sex.
- This policy shall not apply to a person who enters a privacy facility designated for the opposite sex:
    - For custodial or maintenance purposes, when the facility is not occupied by a member of the opposite sex;
    - To render medical assistance; or
    - During a natural disaster, emergency, or when necessary to prevent a serious threat to student safety.
- Nothing in this Policy shall be construed to prohibit schools from adopting policies necessary to accommodate disabled people or young children in need of physical assistance when using privacy facilities.

IV. ACCOMMODATIONS FOR INDIVIDUALS WHO DESIRE GREATER PRIVACY

- Individuals who, for any reason, want greater privacy than what is provided by privacy facilities accessible to multiple people at one time will be permitted to use alternate facilities which are accessible to only one person at a time.
- School administrators shall ensure that there are multiple alternate facilities available and unlocked on each floor of a school building and in every building on multi-building school campuses.
- Alternate facilities should include space that includes sufficient room to change clothes and take a shower.
- School administrators shall post signs directing individuals to the alternate facilities as well as to multi-person privacy facilities.
- School administrators shall not require any person to seek permission to use alternate facilities or place any conditions on their use except for those required for safety, such as limiting use to one person at a time.

Due to regional differences in the law, it is advisable to consult with a knowledgeable attorney before adoption.

ENDORSEMENTS FROM MEDICAL AND MENTAL HEALTH PROFESSIONALS

The following medical and mental health professionals have reviewed the School Resource Guide and are of the opinion that it provides accurate scientific, medical, and mental health information about the transgender phenomenon in children that is relevant to educators, parents, and school administrators.

Susan Bradley, MD, FRCP(C), Licensed Child and Adolescent Psychiatrist, Ontario, Canada,
Professor Emerita, University of Toronto, Founder of the Toronto Gender Identity Clinic for Children and Adolescents

Miriam Grossman, M.D., Board Certified Child, Adolescent, and Adult Psychiatry

Laura Haynes, Ph.D., California Licensed Psychologist

C. Alan Hopewell, Ph.D., MP, ABPP, Board Certified in Neuropsychology, Assistant Professor of Psychiatry, American Board of Clinical Neuropsychology; Fellow, American Psychological Association; Past President, Texas Psychological Association

Bernard Hudson, M.D., Board Certified in Adult, Child & Adolescent Psychiatry

Patricia Lee June, M.D., Board Certified in Pediatrics and Internal Medicine

Michael Laidlaw, M.D., Board Certified in Endocrinology, Diabetes, and Metabolism and Internal Medicine

Patrick W. Lappert, MD, Board Certified in General Surgery and Plastic/ Reconstructive Surgery, former Specialty Adviser to the Surgeon General (USN)

Stephen Levine, M.D., Psychiatrist, Clinical Professor of Psychiatry, Case Western Reserve University School of Medicine

Sonia Miles, M.D., Board Certified in Child, Adolescent and Adult Psychiatry

Theresa Petros, M.D., Board Certified Pediatrician

Quentin Van Meter, M.D., F.C.P. Board Certified Pediatric Endocrinologist,
Adjunct Clinical Associate Professor of Pediatrics, Emory University School of Medicine and Morehouse College of Medicine

Andre Van Mol, MD, Board Certified Family Physician

Joseph Zanga, MD, FAAP, FCPeds, Board Certified Pediatric Primary Care Specialist
Past President, American Academy of Pediatrics; Founding and Past President, American College of Pediatricians

This document is provided for educational use only and is not intended to be a substitute for consultation with a physician concerning the issues presented.

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Child & Parental Rights
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