

No. 24-3278

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**UNITED STATES COURT OF APPEALS  
FOR THE THIRD CIRCUIT**

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CHRISTIN HEAPS,  
PLAINTIFF-APPELLANT,

v.

DELAWARE VALLEY REGIONAL  
HIGH SCHOOL BOARD OF EDUCATION, ET AL.,  
DEFENDANTS-APPELLEES.

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On Appeal from the United States District Court  
for the District of New Jersey

Case No. 3:24-cv-00107

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**BRIEF OF *AMICUS CURIAE* OUR DUTY  
IN SUPPORT OF PLAINTIFF-APPELLANT  
AND REVERSAL**

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## CORPORATE DISCLOSURE STATEMENT

Pursuant to Federal Rule of Appellate Procedure 26.1 and Third Circuit Rule 26.1.1, *Amicus Curiae* Our Duty is a non-profit corporation whose 501(c)(3) application is currently pending. Our Duty has no parent companies, subsidiaries, or affiliates and does not issue shares to the public.

Dated: July 7, 2025

s/ Eric N. Kniffin  
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## TABLE OF CONTENTS

	<b>Page</b>
CORPORATE DISCLOSURE STATEMENT.....	i
TABLE OF AUTHORITIES.....	iii
STATEMENT OF INTEREST OF <i>AMICUS CURIAE</i> .....	1
INTRODUCTION AND SUMMARY OF ARGUMENT.....	2
ARGUMENT.....	6
I. Parents’ constitutional right to direct their children’s upbringing and medical care includes the right to determine whether their children will undergo a social transition. ....	6
II. New Jersey, consistent with the U.S. Constitution, requires that school districts let parents direct their children’s medical and mental health care. ....	9
III. Stories from Our Duty’s members illustrate the irreparable harm school districts and government schools cause when they interfere with parents’ right to direct their children’s upbringing and medical care.....	11
CONCLUSION .....	35
CERTIFICATE OF COMPLIANCE .....	36
CERTIFICATE OF FILING AND SERVICE.....	37

## TABLE OF AUTHORITIES

### Cases

*C.N. v. Ridgewood Bd. of Educ.*,  
430 F.3d 159 (3d Cir. 2005) ..... 7

*Doe v. Delaware Valley Reg'l High Sch. Bd. of Educ.*,  
No. CV 24-00107, 2024 WL 5006711 (D.N.J. Nov. 27, 2024)..... 7, 8

*Kadel v. Folwell*,  
100 F.4th 122 (4th Cir. 2024) ..... 8

*Mahmoud v. Taylor*,  
No. 24-297, 2025 WL 1773627 (U.S. June 27, 2025) ..... 8

*May v. Anderson*,  
345 U.S. 528 (1953) ..... 7

*Meyer v. Nebraska*,  
262 U.S. 390 (1923) ..... 7

*Parham v. J.R.*,  
442 U.S. 584 (1979) ..... 8

*Prince v. Commonwealth of Massachusetts*,  
321 U.S. 158 (1944) ..... 7

*Troxel v. Granville*,  
530 U.S. 57 (2000) ..... 7

### Statutes

N.J. Stat. Ann. § 18A:36-34..... 9

N.J. Stat. Ann. § 18A:40-12.13..... 9

N.J. Stat. Ann. § 18A:40-12.5..... 9

N.J. Stat. Ann. § 18A:40-5.6..... 9

**Other Authorities**

Colin Wright, *BREAKING: New Documents Reveal Shocking Surge in Trans-Identified Students in Davis, CA Schools*, Reality’s Last Stand, (Jan. 17, 2023)..... 24

CommuniCare, LGBTQ+ Care, <https://communicarehc.org/lgbtq-care/> ..... 24

Jennifer Murray, et al., *Autism and transgender identity: Implications for depression and anxiety*, 69 *Resch. in Autism Spectrum Disorders* 101466 (Jan. 2020)..... 32

Joanne Sinai, *Rapid onset gender dysphoria as a distinct clinical phenomenon*. *J. of Pediatrics* (March 2022),..... 11

Jordan Silva-Benham, *CommuniCare expands services for LGBTQ+ youth in Yolo County: ElevateYouth works with residents aged 12 to 36*, *Daily Democrat* (March 26, 2021) ..... 25

Kenna Cook, *Be a Better Butt Slut*, *Medium.com* (Sept. 20, 2017) ..... 25

Kenna Cook, *It’s not Weird to Fuck Your Friends*, *Medium.com* (Sept. 13, 2017) ..... 25

Kenna Cook, *Spanksgiving: Impact Play 101*, *Eventbrite.com* (Nov. 22, 2017) ..... 25

New Jersey Department of Education, Office of Educational Support Services, *School Health Services Guidelines* (July 2001), <https://dspace.njstatelib.org/server/api/core/bitstreams/968613f9-329f-4bf5-9b29-278c225793ee/content>..... 10

The Trevor Project: About Us, <https://www.thetrevorproject.org/strategic-plan/> ..... 31

## STATEMENT OF INTEREST OF *AMICUS CURIAE*<sup>1</sup>

Our Duty—USA (“Our Duty”) is a secular nonprofit organization founded in 2024 to support parents eager to protect their children from the dangers of gender ideology. Its more than 1,000 parent members from all 50 states have varied political views and ethnicities, but have banded together because they have each lived the same nightmare: Every member has a child who has adopted a transgender identity.

Gender ideology has permeated the culture with stunning speed, influencing medical, government, and family decisions and creating an urgent need for clarity, education, and public discourse. Our Duty exists to help parents navigate these difficult issues and understands that its mission fundamentally depends on parents being empowered to know about and make informed decisions regarding their children’s care. Our Duty and its parent-members believe that parents are in the best position to know what is in their children’s best interests. Moreover, they believe that as parents they have the natural duty and

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<sup>1</sup> Pursuant to Fed. R. App. P. 29(a), counsel for *amicus* states that all parties have consent to the filing of this brief. Further, no party’s counsel authored any part of this brief and no person other than *amicus* made a monetary contribution to fund its preparation or submission.

constitutional right to make such decisions and give their children the tools they will need to thrive and live long, healthy, independent lives. As such, Our Duty and its members have a profound interest in the outcome of this case.

## **INTRODUCTION AND SUMMARY OF ARGUMENT**

Plaintiff-Appellant Christin Heaps alleges that Defendants-Appellees—a New Jersey school district, district officials, and other related state official—treated his fourteen-year-old daughter<sup>2</sup> as though she were a boy and affirmatively hid this decision and course of action from him for months.

Mr. Heaps has been doing his best as a single parent since his wife died ten years ago, when his daughter Jane was four. Losing her mom was of course hard on Jane. Mr. Heaps has long been worried about his daughter’s mental health and has taken her to mental health providers, who have diagnosed Jane with autism, Attention Deficit/Hyperactivity Disorder, depression, and anxiety. Mr. Heaps and the mental health professionals treating Jane were aware that Jane

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<sup>2</sup> The parties refer to Heaps’ daughter as “Jane Doe” to protect her privacy. Op.Br. at 6. *Amicus* follows the parties’ practice.

had expressed some gender confusion, but had decided “to take a cautious approach to Jane’s gender confusion given her underlying trauma and psychiatric comorbidities.” Op.Br. at 6 (citation omitted).

But early in Jane’s freshman year of high school, a school counselor—unaware that Mr. Heaps had already ensured that Jane was seeing mental health professionals—invited Jane to start a social transition. The school did not notify Mr. Heaps, let alone seek his content. To the contrary, the school conspired to keep this information from Mr. Heaps. It even developed protocols to keep this social transition from teachers that were close to Mr. Heaps and from Jane’s older sibling, who was also a student at Jane’s high school.

This went on for months before Mr. Heaps in December inadvertently overheard another parent referring to his daughter as if she were a male. Through follow up questions, he learned that the school had socially transitioned his daughter behind his back.

Mr. Heaps confronted the School Board, told them about the mental health care he had been providing for Jane, and asked the School Board to affirm that it would honor the care plan that his daughter’s health care professionals had devised and which he had



approved. But the School Board refused. It insisted that New Jersey state guidance and official school policy *required* it to socially transition his daughter upon her request—without notifying him and without seeking his consent.

Despite these facts, the district court denied Mr. Heaps’ motion for a preliminary injunction, concluding that he was unlikely to succeed on the merits of his claim that the Defendants’ actions violated his constitutional rights as a parent. The district court held that Mr. Heaps’ claims against Defendants—and by extension other parents in his position—are only subject to rational basis review.

*Amicus* Our Duty submits this brief to help the Court better understand why the district court’s decision must be overturned. As shown in Part I, a long line of Supreme Court cases affirms that parents have the constitutional right to direct their children’s upbringing. By any reasonable metric, a public school’s decision to treat a female child as though she were a boy falls within this well-established right.

Part II highlights the radical nature of the School Board’s decision to implement a social transition without notifying Mr. Heaps, without asking him about his child’s medical history, without inquiring about

any ongoing mental health care and plan of care, and without seeking Mr. Heaps' consent. The School Board should know better because New Jersey knows better.

New Jersey law and state-issued guidance for school health services, consistent with parents' constitutional rights, requires school districts to inform parents and seek their consent before assessing children's physical or mental health. It also requires schools to notify parents of their findings and involve parents in any treatment plans. The policy at issue is wildly at odds with New Jersey's deference to parental rights in comparable circumstances. New Jersey's laws and guidance reflect common sense and the Constitution's recognition of parents' rights to make decisions regarding their children's medical care and wellbeing.

Part III offers personal testimony from *Amicus Our Duty's* members to show why it is critical that the Court use this opportunity to affirm parents' rights to control their minor children's upbringing, including any decisions about how to treat issues related to their children's gender identity. These compelling stories illustrate the harm that can come from even well-meaning school officials excluding parents

from important medical and mental health decisions. They show the heroic lengths parents have gone through to understand, love, and protect their children. These accounts also show that school officials can get diagnoses terribly wrong, ignoring critical mental health issues in favor of a trendy diagnosis that, unless corrected, could permanently sterilize and disfigure minor children.

Caselaw, New Jersey law, and testimony from Our Duty's members all affirm the same truths that should be common sense: Excluding abusive behavior, parents have the fundamental right to raise their children in the manner that they see fit. For the reasons set out in Plaintiff-Appellant's opening brief, and for the additional reasons set out below, this Court should reverse the decision below and affirm parents' fundamental rights to raise and protect their children.

## **ARGUMENT**

### **I. Parents' constitutional right to direct their children's upbringing and medical care includes the right to determine whether their children will undergo a social transition.**

As the district court recognized, "it is well-established that the 'liberty' interest protected by the Fourteenth Amendment's substantive due process clause includes the 'interest of parents in the care, custody,

and control of their children.” *Doe v. Delaware Valley Reg'l High Sch. Bd. of Educ.*, No. CV 24-00107, 2024 WL 5006711, at \*11 (D.N.J. Nov. 27, 2024) (citing *Troxel v. Granville*, 530 U.S. 57, 65-66 (2000)).<sup>3</sup>

It is cardinal with us that the custody, care and nurture of the child reside first in the parents, whose primary function and freedom include preparation for obligations the state can neither supply nor hinder. It is in recognition of this that these decisions have respected the private realm of family life which the state cannot enter.

*Prince v. Commonwealth of Massachusetts*, 321 U.S. 158, 166 (1944) (cleaned up).

However, the court below noted that this Court has held that “despite the Supreme Court’s ‘near-absolutist pronouncements’ concerning the right to familial privacy, the right is necessarily qualified in a school setting.” *Doe*, 2024 WL 5006711, at \*12 (quoting *C.N. v. Ridgewood Bd. of Educ.*, 430 F.3d 159, 182 (3d Cir. 2005)). According to the district court, schools do not violate the Constitution unless they are “requiring or prohibiting some activity.” *Id.* Under this

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<sup>3</sup> See also *Meyer v. Nebraska*, 262 U.S. 390, 399 (1923) (the right to “establish and bring up children” is among the privileges “long recognized at common law as essential to the orderly pursuit of happiness by free men”); *May v. Anderson*, 345 U.S. 528, 533 (1953) (the right to the “care, custody, management and companionship” of one’s minor children is “far more precious ... than property rights”).

standard, the district court held, the constitutional threshold is *coercion. Id.*

But this is incorrect. Less than two weeks ago the Supreme Court rejected the claim that “parents who send their children to public school must endure any instruction that falls short of direct compulsion or coercion.” *Mahmoud v. Taylor*, No. 24-297, 2025 WL 1773627, at \*21 (U.S. June 27, 2025). As Plaintiff notes in his opening brief, the Constitution protects parents’ right to make judgments about their children’s “need for medical care or treatment.” Op.Br. at 24 (quoting *Parham v. J.R.*, 442 U.S. 584, 603 (1979)). As other courts have recognized, the social transition the school district approved and implemented for Mr. Heaps’ fourteen-year-old daughter is a treatment protocol for a “medical condition.” *Kadel v. Folwell*, 100 F.4th 122, 185 (4th Cir. 2024). As such, Mr. Heaps—and similarly situated parents like Our Duty’s members—has the constitutional right to determine whether his minor child will undergo a social transition.

**II. New Jersey, consistent with the U.S. Constitution, requires that school districts let parents direct their children’s medical and mental health care.**

New Jersey law and state-issued school health guidance reflect the Supreme Court’s judgment that state entities may not interfere with parents’ fundamental right to control their minor children’s medical care.

New Jersey law requires that school districts obtain written parental permission for a wide range of health-related issues. For example, New Jersey law states that school nurses cannot administer epinephrine or glucagon without parents’ written authorization. N.J. Stat. Ann. §§ 18A:40-12.5, 18A:40-12.13. The same applies to mental health: while state law encourages each school district to implement depression screening programs, the law states that a district must “obtain written informed consent from a student’s parent or guardian prior to the screening.” *Id.* § 18A:40-5.6(2)(b)(1)(e); *see also id.* § 18A:36-34(1)(c).

The New Jersey Department of Education’s *School Health Service Guidelines* likewise recognize the critical role of parental consent and

notification.<sup>4</sup> According to these Guidelines, school districts must provide parents with “the results of all health assessments.” Guidelines at 11. The school must notify parents in writing if the school observes a “dramatic change in student growth pattern,” “significant weight loss,” or, more broadly, any time “screening results deviate from norm.” *Id.* at 26, 33.

These Guidelines recognize that, for children with “special healthcare needs,” the “parent/guardian is the most important source of information regarding the unique needs of the child” and “should play a major role in the development of the healthcare plan.” *Id.* at 41. The Guidelines recognize the same when it comes to “general education students who experience learning, behavioral, or health difficulties”: a school’s “system for planning and delivering services” to such students “include[s]” “active involvement of parents/guardians in the development and implementation of action plans.” *Id.* at 60.

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<sup>4</sup> New Jersey Department of Education, Office of Educational Support Services, *School Health Services Guidelines* (July 2001), (“Guidelines”) <https://dspace.njstatelib.org/server/api/core/bitstreams/968613f9-329f-4bf5-9b29-278c225793ee/content>.

Whether the School Board's decision to socially transition Mr. Heaps' daughter was the result of a mental health screening, a health assessment, a treatment for a mental health condition, a recognition that his daughter had special healthcare needs, or that she was experiencing learning, behavioral, or health difficulties, the result is the same. New Jersey recognizes that school districts must involve parents. In none of these cases does New Jersey provide that a minor child may consent to an assessment or a course of treatment. This is the everyday reality in New Jersey schools, including the School Board at issue here. That common sense and uncontroversial recognition of parents' rights should prevail here too.

**III. Stories from Our Duty's members illustrate the irreparable harm school districts and government schools cause when they interfere with parents' right to direct their children's upbringing and medical care.**

*Amicus* Our Duty exists to support parents, like Mr. Heaps, who are struggling to raise children amidst an epidemic of gender confusion that is unlike anything in recorded human history.<sup>5</sup> Our Duty and its

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<sup>5</sup> See, e.g., Joanne Sinai, *Rapid onset gender dysphoria as a distinct clinical phenomenon*. *J. of Pediatrics* (March 2022), <https://doi.org/10.1016/j.jpeds.2022.03.005>.



parent-members believe that parents are in the best position to know what is in their children's best interests. Moreover, they believe that as parents they have the natural duty and constitutional right to make such decisions and give their children the tools they will need to thrive and live long, healthy, independent lives.

In this section, Our Duty provides the Court with stories from a representative cross-section of its members. Each of these parents, like Appellants, had to fight their children's schools for the right to know how government employees were influencing their children and for the right to control their children's mental health care.

Our Duty offers these accounts to help the Court better understand the way overzealous teachers and counselors can use their authority to pressure children into adopting a transgender identity and the lengths that parents have had to go to assert their rights to control their children's care. These stories also show that school officials, who know much less about a student than his or her parents, are often overconfident in their ability to determine whether a social transition is in a child's best interests. Finally, these stories demonstrate how drastically a child's well-being and self-understanding can change once

a parent reclaims primary management over the child's care and finds the child proper mental health care.

Testimony from Our Duty's members also proves that the battle over transgender issues does not fall neatly along political lines. All but one of the parents in these accounts identified with the Democratic Party before their children fell captive to gender ideology. These parents are generally supportive of progressive causes and were open to the idea that their children were same-sex attracted. But nothing prepared them for the way that officials at their children's schools claimed the right to displace their parental authority and determine their children were not "born in the right body" and should socially transition to the other sex. Their experiences have taught them how critical it is for parents to fight for the right to know about and direct their child's care.

Our Duty hopes that these stories help the Court better understand the critical nature of a parent's constitutional right to direct his or her child's upbringing and the devastating injuries that parents and children incur when this fundamental right is not recognized.

**A. Sue Y,<sup>6</sup> Mother of Detransitioned<sup>7</sup> Female**

Sue Y and her daughter, G, live in California. When G started puberty at the age of twelve, Sue saw her daughter’s entire demeanor change. G started to dress in dark and oversized clothes, her personality went from pleasant to agitated, and she became suicidal. Amidst all these changes, G told her mom she was transgender.

Sue promptly took G to a gender clinic at a Kaiser Permanente mental health facility. There, outside her mom’s presence, a clinic representative told G about hormonal treatments and surgeries she could have “to make her authentic.” Afterwards, the clinic told Sue she had to choose whether to have “a dead daughter or a live son.” The professionals offered Sue no alternative treatment options.

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<sup>6</sup> Due to the frequent and intense animus that is often directed at parents or children who resist the push to pursue a “gender transition,” many Our Duty members use pseudonyms in this brief to protect themselves and their children from retaliation. The identity of each member whose story is told here is known to Our Duty.

<sup>7</sup> The term “detransitioned” as used in this brief indicates that a person pursued medical treatment in some fashion in furtherance of a transgender identity—e.g. puberty blockers, hormones, and/or surgeries—but then ceased such treatments and embraced his or her biological sex.

Terrified, Sue followed the gender clinic's advice and placed her daughter on puberty blockers. Sue communicated with G's school about her diagnosis and treatment plan, and the school agreed to cooperate with G's social transition.

For two-and-a-half-years, Sue was fully committed to G's social and medical transition. But G's "authentic" self did not, as promised, emerge. Instead, G's mental health deteriorated. G was cutting herself, suicidal, and borderline anorexic, in and out of psychiatric hospitals. Sue eventually brought G to an out-of-state psychiatrist who determined that G was not making progress because she was not suffering from gender dysphoria but underlying mental health issues. In the psychiatrist's judgment, it was best for G to discontinue identifying as trans.

With a new diagnosis in hand, Sue contacted G's public school again to give them an update and tell the staff to cease all counseling and stop referring to her daughter as a boy. G's psychiatrist sent the school a letter informing them that he was now managing G's care, and that in his judgment G would be confused and her progress impeded should she receive conflicting advice from another counselor.

The school counselor was furious, refused to follow Sue’s and the psychiatrist’s directives, and called Child Protective Services (“CPS”). Soon thereafter, school staff ambushed G at school, pulled her into a “safe space,” and told her she would be arrested if she did not speak to the CPS officer waiting in the next office over. CPS investigated Sue, but she avoided the anticipated emotional abuse charges by showing the agent photos of the whole family clad in LBGTQ gear from the time frame when G was transitioned.

Sue removed G from the public school and, at G’s behest, enrolled her in a private all-girls school. G slowly began to thrive, stopped all transition-related behaviors, and today G is a well-adjusted young woman. Sue’s experience shows the hazards of schools and clinics overriding parental judgment and the importance of family-centered, individualized care.

**B. Erin Friday, Mother of Desisted<sup>8</sup> Female**

Erin Friday’s daughter, P, was just 11 when a sex-ed presentation at her California public school suggested that students “could have been

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<sup>8</sup> The term “desisted” as used in this brief indicates that a person identified as something other than their sex, did not pursue medical

born in the wrong body.” Within a week, five of P’s classmates had adopted labels from the LGBTQ community. P started with pansexual, then identified as a lesbian. During the COVID-19 lockdowns, P adopted a transgender identity.

Erin learned that following the sex-ed class, P had secretly spent hours on pornography-filled websites conversing with “trans-identified” adults and older minors who advised P that her depression, anxiety, and loneliness were because she was a trans boy. The online chats were filled with young girls who were teaching even younger girls to dissociate from their bodies and send men provocative pictures in exchange for gifts.

When online high school started in the fall of 2019, P’s teachers encouraged her to share her pronouns and chosen name with the class. Like many of her female classmates, P chose a male name and male pronouns. The school adopted P’s new male identity without informing Erin or seeking her permission.

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interventions in furtherance of that belief, and then embraced his or her biological sex.

When Erin found out, she was outraged. She called P’s school, furious that counselors that had never met her daughter in person believed it was their prerogative to undermine Erin’s parental rights and solidify P’s trans identity. The administration did not justify its conduct but merely insisted that the school was a “safe space.”

The school then reported Erin to public authorities. First CPS and then the police knocked on her door. Not only did the school declare itself a “safe” space; it judged Erin “unsafe” because she disagreed with their zeal to declare P transgender. Fortunately, Erin was able to avoid official abuse claims.

Erin ultimately withdrew P from public school, but the psychological damage was entrenched. It took Erin and P two more years to repair their relationship and for P to embrace her body. Today P is happy in her female body and has eschewed her years of identifying as transgender.

The school’s usurpation of parental authority and open hostility to Erin’s involvement left deep scars, but this family was fortunate: with persistent love and oversight, P avoided permanent harm. Erin’s

experience shows how quickly and severely school actions can undermine family bonds and endanger a child's well-being.

**C. Ann M., Lesbian Mother of a Desisted Male**

Ann M. is a public school teacher in a Chicago suburb, where she lives with her wife and her son, D.

D had a normal childhood with no signs of gender dysphoria. He was socially awkward and most comfortable with a small, tight-knit group of friends. But D was comfortable in his male body and enjoyed stereotypical male activities like playing sports. In seventh grade, D was diagnosed with attention-deficit disorder and anxiety, and his parents took him to a psychologist for treatment.

In eighth grade, D told his parents he was transgender through a text message. But when D did not follow up with any further conversations or requests, Ann figured D was simply exploring various identities and left the matter to D's psychologist.

Over the next year, Sue saw D's mental health decline. Just as D was adjusting to high school, COVID-19 lockdowns left him cut off from friends. D stayed in his room most of the time, gained significant weight, and was rude and aggressive toward his parents.



Ann thought D might be struggling with his sexual orientation. So she took him to a Gay Straight Alliance (GSA) outing, a student group she had once led. Ann was surprised to find that the group was no longer focused on supporting same-sex attracted youth but instead encouraging gender transitions.

Before D started 10th grade, he asked his mom to tell the school to use his new female name. Ann refused, concerned that social transition would only further solidify his false identity. D, however, went behind his mom's back and asked all his teachers to use his female name. They complied; none informed Ann or her wife. One of D's teachers reached out to D privately through Microsoft Teams to avoid his parents' detection. The teacher told D that she was working together with the school counselor and encouraged D to "stay true to yourself" by maintaining a female identity.

When Ann found out that D's school was socially transitioning her son behind her back, she felt undermined and betrayed. Not only did they proceed without Ann's consent, they also cut themselves off from the important context Ann would have provided about D's underlying mental health issues and the online grooming Ann had uncovered.

D's therapist, who had been working with him for years, and his pediatrician, who knew him since birth, suspected that his trans identity was a maladaptive coping mechanism stemming from his depression.

When Ann learned what was happening, she demanded the school stop undermining her job as D's mom. She also started taking a more active approach with D: she discussed the weak research cited by gender ideologues, she watched documentaries with D, and showed D the risks of transition. Supported at home and no longer socially affirmed by teachers, D resumed using his male name. He told his mother it was a relief to drop the female identity.

Ann's story demonstrates that even progressive families, broadly sympathetic with calls to protect the rights of people who identify as transgender, are harmed when government schools ignore parents' rights. Parents, relying on their own insights and working with trusted professionals, can prevent unnecessary social transitions and lasting harm.

**D. Aurora Regino, Mother of a Desisted Female**

Aurora Regino lives with her daughter, A.S., in California. When A.S. was in the fifth grade, she was dealt a series of tough blows: her mom was battling breast cancer, her dad remained debilitated from a terrible car accident, her beloved grandfather passed away, and she started puberty early.

A.S. turned to her public school's wellness center for solace. But instead of helping A.S. process through her grief and trauma, the center suggested that she could be a different gender, and offered to support her regardless of how she identified. The school counselor invited A.S. to a girl's arts and crafts group. After one meeting, A.S. told the school counselor she felt like a boy. The counselor sprang into action and asked A.S. if she had a boy's name she wanted the teachers to use. A.S. felt pressure from the counselor and said she did.

A.S.'s teachers clandestinely started referring to her as a boy. Moreover, the "arts and crafts club" dropped crafts altogether: the counselor spent entire meetings talking to 10- to 12-year-old girls in depth about gender and sexuality. Additionally, without Aurora's knowledge or permission, the school counselor started meeting with

A.S. one-on-one, coaching her to affirm a transgender identity and introducing her to chest-binding.

A.S. told the counselor that she wanted her mom to know about what was going on, but the counselor encouraged her to keep it a secret. Eventually, A.S. confided in her grandmother, who in turn told Aurora.

When Aurora heard some of what A.S.'s school had been up to, she called and demanded an explanation. The school was evasive, telling Aurora—falsely—that it was required by law to keep its actions secret from parents. Aurora had to retain a lawyer and file suit to try and pry information from her child's school.

After Aurora removed A.S. from the offending school, A.S. began to heal and embrace her sex. Today, A.S. has returned to her true self: a happy, feminine girl who loves her mom and family.

**E. Beth Bourne, Mother who Lost Physical Custody of Female Child**

Beth Bourne is the mother of S, a female who began identifying as a transgender boy when she was 13-years-old.

Based on her research and maternal instincts, Beth has identified several factors that she believes have contributed to her daughter's decision to identify as transgender. First, Beth suspected that S

believed that presenting as male would shield her from the type of terrible sexual assault her best friend had experienced in sixth grade. Second, S is gifted in STEM subjects, which S saw as a stereotypically male interest. Third, S had long-standing comorbid mental health issues that professionals had ignored in favor of a gender dysphoria diagnosis.

Finally, Beth believed S's school was a major contributing factor in her identifying as transgender. S had been attending Davis Joint Unified High School, where one in twenty-five students identify as transgender, 2.8 times the national average.<sup>9</sup> Additionally, counseling services at S's school were provided through CommuniCare, a contracted provider that focuses on providing "affirming services for Yolo County's LGBTQ+ Community."<sup>10</sup>

Kenna Cook, the CommuniCare project coordinator for S's school, said she wanted CommuniCare to serve as a "*chosen family*," where

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<sup>9</sup> Colin Wright, *BREAKING: New Documents Reveal Shocking Surge in Trans-Identified Students in Davis, CA Schools*, Reality's Last Stand, (Jan. 17, 2023), <https://www.realityslaststand.com/p/breaking-new-documents-reveal-shocking>.

<sup>10</sup> CommuniCare, LGBTQ+ Care, <https://communicarehc.org/lgbtq-care/>.

transgender “7th through 12th graders” could find a “safe place to ‘be themselves’ and talk to *trusted adults*.”<sup>11</sup> Before Ms. Cook was hired to work with minor children, she had a “sex-positive” blog where she wrote articles such as “It’s Not Weird to F\*\*\* Your Friends”<sup>12</sup> and “Be a Better Butt Slut.”<sup>13</sup> Ms. Cook had also organized events like “Spanksgiving,”<sup>14</sup>

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<sup>11</sup> Jordan Silva-Benham, *CommuniCare expands services for LGBTQ+ youth in Yolo County: ElevateYouth works with residents aged 12 to 36*, Daily Democrat (March 26, 2021) (emphasis added), <https://www.dailydemocrat.com/2021/03/25/communiCare-expands-services-for-lgbtq-youth-in-yolo-county/>.

<sup>12</sup> Kenna Cook, *It’s not Weird to Fuck Your Friends*, Medium.com (Sept. 13, 2017) (“There is a grave misconception that sex is restricted only to couples in love and meaningless hookups found on Tinder”), <https://web.archive.org/web/20191219021805/https://medium.com/@macookling/its-not-weird-to-fuck-your-friends-8f3c141c3bc0>.

<sup>13</sup> Kenna Cook, *Be a Better Butt Slut*, Medium.com (Sept. 20, 2017) (“Let’s talk about the final frontier of penetrative sex. The boss level. The position of the professionals.”), <https://web.archive.org/web/20191123092157/https://medium.com/@macookling/be-a-better-butt-slut-c8c123512bbc>.

<sup>14</sup> Kenna Cook, *Spanksgiving: Impact Play 101*, Eventbrite.com (Nov. 22, 2017) (“Ever been interested in learning how to find the pleasure in a good spanking or want to know how to handle a paddle like a pro?”) <https://www.eventbrite.com/e/spanksgiving-impact-play-101-tickets-39629296292>.

where people were invited to “learn about spansks before you give thanks.”<sup>15</sup>

Beth raised concerns about whether CommuniCare should be providing confidential counseling to minors. But Beth’s efforts only resulted in the district targeting her as a parent who did not have her daughter’s best interests in mind. The school’s “chosen family” model trumped Beth’s parental authority.

Custody issues prevented Beth from moving S to another school, but through Beth’s interventions S has shown signs of desistence. S is wearing female clothes again, is no longer wearing a chest-binder, and is expressing more comfort with her sex. Beth’s experience illustrates the extreme consequences when schools, mental health contractors, and courts sideline parents in favor of rapid affirmation and secrecy. The loss of custody is the most devastating outcome, showing that parental rights and children’s well-being are inextricably linked.

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<sup>15</sup> Kenna Cook, Facebook (Nov. 22, 2017), <https://www.facebook.com/photo.php?fbid=10159613335705483&set=pb.562380482.-2207520000.&type=3>.

## **F. Wendell Perez, Father of Desisted Female**

When Wendell Perez’s daughter, A.P., was twelve and in sixth grade, Wendell and his wife were summoned to a meeting at A.P.’s Florida public school. There, they learned their daughter had just attempted suicide for the *second time* that school year. *The school had not told the Perezes about A.P.’s first attempt.*

But that was not the only thing A.P.’s school was hiding from her parents. At the same meeting, the Perezes learned a school counselor had been meeting with A.P. weekly for months. The counselor believed that A.P.’s struggles stemmed from her issues with her gender identity—another thing the Perezes knew nothing about. The school also said that the counselor had told the administration and AP’s teachers to use her “chosen” male name in class. This public “out”-ing led to A.P. being bullied at school. All of this embarrassment, confusion, and stress culminated in A.P.’s suicide attempts.

A public school employee had essentially told everyone in A.P.’s world about her gender distress, except for the two most crucial people in her life and the only two with a constitutionally protected interest in caring for her well-being: A.P.’s parents.



A.P.'s parents removed her from school and placed her in a mental health facility. Her inpatient treatment helped A.P. gain a deeper and clearer understanding of her troubles, which convinced her to drop her transgender identity. A.P. told her parents that she had wanted to flee girlhood because she lacked physical strength and thought that male hormones would be the best way to shield herself from male taunts. The "cool" LGBTQ posters and materials in the school counselor's office had also convinced her that her interest in sports and video games indicated that she was a boy trapped in a girl's body.

With specialized treatment and parental involvement, A.P. gradually abandoned her trans identification. The Perezes are still repairing the damage inflicted by the school's exclusionary practices and overzealous affirmation. Their story makes clear that bypassing parents in critical mental health and identity decisions can have devastating, even life-threatening, consequences.

#### **G. Jessica M., Mother of Desisting Female**

When Jessica's daughter, M, was thirteen and in eighth grade, Jessica was subjected to California's mandated sex-education curriculum for public schools. That program exposes children to a wide

range of sexual and gender identities. After the sex-ed class, M and her friends each selected sexual and gender identities; M came out to her parents as bisexual. Shortly thereafter, M started cutting herself. Jessica immediately sought out a mental health therapist for M.

During ninth grade, a school counselor approached M. The counselor saw that M had been dressed in anime clothes—skirts, cat ears, chokers, and long socks—and redirected her to a group of trans-identifying older students. The counselor frequently held lunch meetups for the trans-identified females and even pulled them out of class for counselor-initiated meetings. M's mental health reached its nadir, and she came out as trans.

Jessica naively thought M would receive support from the school counselor, but quickly learned that this person was the instigator, covering for the older students who supplied her daughter with drugs and a replacement phone after Jessica took M's away. Afraid at how gender ideology had so thoroughly saturated California schools, Jessica decided to homeschool M.

Since leaving school, M's mental health has steadily improved. She has started smiling again, no longer self-harms, and is showing

signs of desistance from her trans identity. Jessica is making plans to move her family away from California to further protect her daughter from pressure to identify as transgender.

#### **H. Brette Smith, Mother of Desisted Female**

Brette Smith's daughter Anna had a tough time during the COVID pandemic. To escape the loneliness of lockdowns, she found community in online chat groups and social media, where she quickly discovered transgender identities.

In June 2021, before Anna's freshman year of high school, Brette discovered that Anna was identifying as a transgender boy: her peers and a handful of "trusted" teachers had been socially affirming Anna behind her mother's back.

Brette sprang into action, removing Anna's access to social media and separating her from the peers that had been pushing towards this new male identity. Anna was furious. Based on what she had been told at school, she thought her mom was a transphobe. Teachers at school had also drilled into her that teens whose parents will not affirm them

being their “authentic” trans self often commit suicide.<sup>16</sup> Anna decided that that was the best way out for her, too: she attempted suicide by swallowing a handful of Xanax. Thankfully, Anna survived.

Brette stood by Anna’s side as she recovered and arranged for her to stay at an inpatient mental health facility. There, Anna’s care team determined she had major depressive disorder and was likely on the autism spectrum. *Gender dysphoria was never diagnosed or suggested at all.* Anna had tried to kill herself because teachers at her school had coached her into believing that she was transgender and that a parent who disagreed was a hateful parent. To the contrary, Brette saw her little girl as perfect, with no need of “fixing.” Fortunately, Anna’s care team agreed.

Brette was one of the rare parents who found mental health providers willing to explore the root causes behind Anna’s sudden trans pronouncement. Anna was diagnosed with autism—a predominant

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<sup>16</sup> Anna’s teachers participated in The Trevor Project, a pro-trans that seeks to “end[] LGBTQ youth suicide.” The Trevor Project: About Us, <https://www.thetrevorproject.org/strategic-plan/>.

factor in adolescents who announce a transgender identity.<sup>17</sup> Anna’s care team determined that her trans identity was a maladaptive response to feeling different than how she perceived other girls felt about themselves.

Today, Anna is once again comfortable in her female body. She is courageously speaking out publicly about how she was captivated by what she calls the “trans cult,” and how it is wrong and dangerous to keep secrets from parents. Her honesty about her experience now puts her on the receiving end of bullying and threats by trans-identified classmates.

### **I. Gaby Clark, Mother of Desisted Female**

In 2021, Gabrielle Clark noticed that her 12-year-old daughter J and her friends were acting strangely. J had been a cheerful girl and an extrovert, but during the COVID lockdowns J became withdrawn and obsessed with TikTok and her appearance

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<sup>17</sup> See, e.g., Jennifer Murray, et al., *Autism and transgender identity: Implications for depression and anxiety*, 69 *Rsch. in Autism Spectrum Disorders* 101466 (Jan. 2020), <https://doi.org/10.1016/j.rasd.2019.101466>. (“An online study of 727 individuals revealed a substantial overlap between transgender identity and autism”).

Gabrielle learned that J's public school had, without her consent or knowledge, been calling J a boy's name and using male pronouns. Gabrielle believes, but the school has refused to confirm or deny, that school staff was meeting with J to discuss transgenderism and identity, and that this counseling pushed her daughter towards her eighth-grade announcement that she was transgender.<sup>18</sup>

When J told her mom she was planning the radical move of seeking a double mastectomy, Gabrielle vociferously objected. This made J irate and even more rebellious. J began to self-harm by scratching, cutting, and biting herself.

Gabrielle knew that the school was undermining her parental rights and that she needed to take bold action to save her daughter. She decided to give up her life in Las Vegas and move the family to Texas. Gabrielle made sure that J's new school would not circumvent her rights as J's mom.

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<sup>18</sup> Like the School Board at issue here, J's school has a policy that promotes social gender transition plans without parental knowledge. Because of the school's intransience, Gabrielle has had to hire an attorney to help her learn the extent to which a public school has been undermining her parental authority and advocating that J adopt a transgender identity.

Gabrielle did a great deal of research to understand J's troubles and developed a plan on how to bring her daughter back from what she had come to call "the transgender cult." With a great deal of parental love and compassion, J has slowly returned to being comfortable in her female body.

## CONCLUSION

For the foregoing reasons, and those stated by Plaintiff-Appellant, the judgment below should be reversed.

Respectfully submitted,

s/ Eric N. Kniffin

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## CERTIFICATE OF COMPLIANCE

This brief complies with the word limit of Fed. R. App. P. 29(a)(5) because this brief contains 5,676 words, excluding parts of the brief exempted by Fed. R. App. P. 32(f).

This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type-style requirements of Fed. R. App. P. 32(a)(6) because this brief has been prepared in Microsoft Word Version 2304 using a proportionally spaced typeface, 14-point Century Schoolbook.

Dated: July 7, 2025

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## **CERTIFICATE OF FILING AND SERVICE**

I certify that I electronically filed this document through the CM/ECF/ACMS system and that it will be thereby sent electronically to the registered participants in this appeal who are registered CM/ECF users.

Dated: July 7, 2025

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