

No. 25-952

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

JENNIFER VITSAXAKI,
PLAINTIFF-APPELLANT,

v.

SKANEATELES CENTRAL SCHOOL DISTRICT; SKANEATELES
CENTRAL SCHOOLS' BOARD OF EDUCATION,
DEFENDANTS-APPELLEES.

On Appeal from the United States District Court
for the Northern District of New York

Case No. 5:24-CV-001155

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

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June 12, 2025

CORPORATE DISCLOSURE STATEMENT

Pursuant to Federal Rule of Appellate Procedure 26.1 and Second Circuit Rule 26.1(a), *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: June 12, 2025

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STATEMENT OF INTEREST OF *AMICUS CURIAE*¹

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 constitutional right to make such decisions and give their children the

¹ 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.

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 Jennifer Vitsaxaki alleges that Defendants-Appellees, a New York school district and that district's board of education (together, "the school district"), treated her middle-school daughter as though she were a boy and affirmatively hid this decision and course of action from her. School officials diagnosed Mrs. Vitsaxaki's daughter with gender confusion, told her she could change her sex, developed a social transition plan for her, encouraged her to socially transition, and encouraged staff to refer to her with a male name and third-person plural pronouns.

But that's not even the worst of it. When Mrs. Vitsaxaki asked her daughter's school if they knew why her middle-school child was struggling, they lied. They said they hadn't noticed a thing, actively concealing that they had been meeting with her daughter to discuss bullying and peer conflict. School officials said nothing to Mrs. Vitsaxaki about socially transitioning her daughter. The school also

coached its staff to use the girl's given name and female pronouns when talking to Mom, while using a masculine name and incorrect pronouns at school.

This went on for months.

When Mrs. Vitsaxaki found out, she was shocked. After the school year ended, she transferred her daughter to a private school. There, her daughter's health and well-being began to improve. She has embraced her body and sexual identity.

Despite these facts, the district court dismissed Mrs. Vitsaxaki's complaint, holding that Mrs. Vitsaxaki—and by extension other parents in her position—have no plausible constitutional claim against a public school district that—without parental knowledge or consent—socially transition a student and actively hides from parents that it is doing so.

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 makes plain that parents have the constitutional right to direct their children's upbringing. By any reasonable metric, a school's decision to treat a

female child as though she were a boy falls within this well-established right.

Part II highlights the absurdity of the district court’s claim that the school district policy Mrs. Vitsaxaki is challenging merely requires “civility” and treating children with “decency.” The school district should know better because New York knows better.

New York law and state-issued guidance, consistent with parents’ constitutional rights, requires school districts to inform parents when they learn that a child needs glasses. State-issued guidance requires school health centers to get parents’ informed consent before treating a child, including for mental health treatments. And New York law specifically requires that schools get parental consent in writing before students can carry insulin *or even sunscreen*.

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 child’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 York 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, "the Supreme Court has repeatedly held that parents have a liberty interest 'in the care, custody, and control of their children.'" *Vitsaxaki v. Skaneateles Cent.*

Sch. Dist., No. 5:24-CV-155, 2025 WL 874838, at *10 (N.D.N.Y. Mar. 20, 2025) (quoting *We The Patriots USA, Inc. v. Connecticut Off. of Early Childhood Dev.*, 76 F.4th 130, 159 (2d Cir. 2023), *Troxel v. Granville*, 530 U.S. 57, 65–66 (2000)).²

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 “limited” “the scope of parental rights ... in the education context.” *Vitsaxaki*, 12025 WL 874838 at *10. It said there is no such right “to ‘direct *how* a public school teaches their child,’” and described the school policy Mrs. Vitsaxaki challenges as a mere “civility code that extends the kind of

² 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”).

decency students should expect at school: such as being called the name they ask to be called.” *Id.* (quoting *We the Patriots*, 76 F.4th at 159).

This is incorrect. As other courts have recognized, the social transition the school district approved and implemented for Mrs. Vitsaxaki’s middle school daughter is a treatment protocol for a “medical condition.” *Kadel v. Folwell*, 100 F.4th 122, 185 (4th Cir. 2024). As such, Mrs. Vitsaxaki—and similarly situated parents like Our Duty’s members—have the constitutional right to determine whether their children will undergo a social transition.

II. New York law, consistent with the U.S. Constitution, requires that school districts let parents direct their children’s medical care.

New York laws 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.

For example, the New York Department of Health requires parental consent in its “Principles and Guidelines for School Based

Health Centers [SBHC] in New York State.”³ Those Guidelines state that students must “obtain[] parental consent” to enroll in these clinics. *Id.* at 4. Providers “must make written information about SBHC services available to parents” and “must make consent forms available . . . in order to obtain the informed written consent of the parent or legal guardian.” *Id.* at 4, 5. These requirements apply in full to mental health services provided through School based Health Clinics, including “crisis intervention” and “short and long-term counseling.” *Id.* at 8.

State law reflects the same commitment to parental consent in the school setting. If a school “ascertain[s] whether any student has defective sight or hearing, or any other physical disability which may tend to prevent him or her from receiving the full benefit of school work,” the school “the principal or his or her designee shall notify the parents.” N.Y. Educ. Law § 904. State law forbids school officials from letting students carry or use insulin on school property without “written parental consent.” *Id.* § 902-A. New York law doesn’t even let school

³ New York Department of Health, *Principles and Guidelines for School Based Health Centers in New York State* (Aug. 24, 2017), https://www.health.ny.gov/facilities/school_based_health_centers/docs/principles_and_guidelines.pdf.

personnel intervene on something as simple and benign as whether a student may “carry and use topical sunscreen products . . . for the purpose of avoiding overexposure to the sun.” *Id.* § 907. That too requires “the written permission of the parent or guardian of the student,” which the school must keep on file. *Id.*

Whether the school district’s decision to socially transition Mrs. Vitsaxaki’s daughter as treatment for a mental health condition, a treatment for a disability,⁴ or even a medical intervention as mild as sunblock, New York law and guidance is clear that school officials must communicate with parents, get their consent, or else respect their wishes. This is the everyday reality in New York schools, including the school district at issue here. That common sense and uncontroversial recognition of parents’ fundamental 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 Ms. Vitsaxaki, who are struggling to raise children amidst an epidemic of gender

⁴ New York considers gender dysphoria as a disability. 9 CRR-NY 466.13(e)(2).

confusion that is unlike anything in recorded human history.⁵ 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 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 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

⁵ 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>.

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 that 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,⁶ Mother of Detransitioned⁷ 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

⁶ 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.

⁷ 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.

had to choose whether to have “a dead daughter or a live son.” The professionals offered Sue no alternative treatment options.

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 Desisted⁸ 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 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 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 transboy. 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.

⁸ The term “desisted” as used in this brief indicates that a person identified as something other than their sex, did not pursue medical interventions in furtherance of that belief, and then embraced his or her biological sex.

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.

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 the "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 makes plain just how quickly and severely school actions can undermine family bonds and endanger children's wellbeing.

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 identity. 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 has contributed to her daughter's decision to identify as transgender. First, Beth suspects that S believes that presenting as male will shield her from the type of terrible sexual assault her best friend experienced in sixth grade. Second, S is gifted in STEM subjects, which S sees as a stereotypically male interest. Third, S has long-standing comorbid mental health issues that professionals have ignored in favor of a gender dysphoria diagnosis.

Finally, Beth believes 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.⁹ Additionally, counseling services at S's school are provided through CommuniCare, a contracted provider that focusses on providing "affirming services for Yolo County's LGBTQ+ Community."¹⁰

⁹ 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>.

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

Kenna Cook, the CommuniCare project coordinator for S’s school, wants CommuniCare to serve as a “***chosen family***,” where transgender “7th through 12th graders” can find a “safe place to ‘be themselves’ and talk to ***trusted adults***.”¹¹ 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”¹² and “Be a Better Butt

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) (emphasis added), <https://www.dailydemocrat.com/2021/03/25/communicare-expands-services-for-lgbtq-youth-in-yolo-county/>.

¹² 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>).

Slut.”¹³ Ms. Cook also organized events like “Spanksgiving,”¹⁴ where people invited to “learn about spanks before you give thanks.”¹⁵

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

¹³ 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>).

¹⁴ 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>).

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

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.

F. Wendell Perez, Father of Desisted Female

When Wendell Perez's daughter, AP, was twelve and in sixth grade, Wendell and his wife were summoned to a meeting at AP'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 AP's first attempt.*

But that was not the only thing AP's school was hiding from her parents. At the same meeting, the Perezes learned a school counselor had been meeting with AP weekly for months. The counselor believed that AP'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 AP being bullied at school. All of this embarrassment, confusion, and stress culminated in AP's suicide attempts.

A public school employee had essentially told everyone in AP'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: AP's parents.

AP's parents removed her from school and placed her in a mental health facility. Her inpatient treatment helped AP gain a deeper and clearer understanding of her troubles, which convinced her to drop her transgender identity. AP 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, AP 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 with 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 fed

by 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.¹⁶ 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 as coached 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 predominate

¹⁶ 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.¹⁷ Anna's care team determined that her trans identity was a maladaptive response to feeling different how she perceived other girls she knew.

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

¹⁷ 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.¹⁸

When J told her mom she was planning on getting a radical 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.

¹⁸ Like Appellee School Board of Leon County, 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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June 12, 2025

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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 5,379 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: June 12, 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: June 12, 2025

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