



RESPONDING TO THE TRANSGENDER ISSUE

# PARENT RESOURCE GUIDE

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# SUPPORTING ORGANIZATIONS

The Parent Resource Guide is the product of a unique collaboration between organizations with very diverse political opinions and goals, who share one concern in common: The negative consequences that result when society regards bodily sex as irrelevant. United, the five supporting organizations believe that public schools should never feel pressured to force boys and girls to sacrifice their bodily privacy, promote unscientific theories about human biology, or celebrate ideas that place young children on a path to chemical sterilization or cosmetic “gender confirmation” surgery. The supporting organizations sincerely hope that the Parent Resource Guide will encourage parents and others across the political spectrum to speak up on behalf of all children, because every child deserves a safe educational experience and the opportunity to experience healthy adulthood.

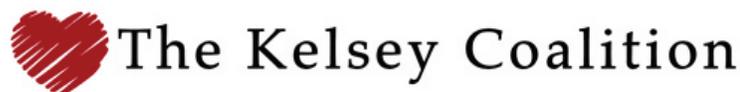
Thank you to everyone who offered their time and talents to the creation of the Parent Resource Guide, from the parents of trans-identified children who shared their experiences, to the generous help provided by many experts in education, law, and other fields. **Special appreciation is extended to the American College of Pediatricians for generously contributing their expertise to the medical content of the Parent Resource Guide.** Many hands contributed to this project so that the Parent Resource Guide would land in the hands of many people!



[familypolicyalliance.com](http://familypolicyalliance.com)



[heritage.org](http://heritage.org)



[kelseycoalition.org](http://kelseycoalition.org)



[parentsofrogdkids.com](http://parentsofrogdkids.com)



[womensliberationfront.org](http://womensliberationfront.org)

**Family Policy Alliance** is a Christian ministry that advances biblical citizenship, equips and elects statesmen, promotes policy and serves an effective alliance, all committed to a common vision. We envision a nation where God is honored, religious freedom flourishes, families thrive, and life is cherished. When groups as diverse as those supporting this Guide come together, it's clear that radical transgender ideology is deeply harming parents, women and children. This Guide sheds light on a political agenda that is devastating lives, and provides a platform from which we can work together on solutions.

The mission of **The Heritage Foundation** is to formulate and promote conservative public policies based on the principles of free enterprise, limited government, individual freedom, traditional American values, and a strong national defense. The Heritage Foundation supports the rights of parents to raise and educate their children according to their own values and beliefs.

**The Kelsey Coalition** is a non-partisan organization whose mission is to promote policies and laws that protect young people from medical and psychological harms.

Kelsey Coalition chose to co-brand this Guide to alert parents and teachers to:

- The recent exponential increase in the number of young people who identify as transgender;
- The underlying social and psychological factors fueling this rise;
- The need for a compassionate response to children who identify as transgender;
- The dangers of blindly affirming children who identify as transgender;
- The need to critically evaluate school curriculum that has lead vulnerable students to believe they have been born into the wrong body;
- The harmful hormonal and irreversible surgical interventions that are being performed on transgender-identifying children without one single long-term study to support their safety or efficacy;
- The increasing number of young people beginning to publicly express their painful regret of surgeries and hormonal interventions that have irreversibly impacted their health, appearance, fertility, and sexual function.

**Parents of ROGD Kids** was created in the fall of 2017 to support family members of children who suddenly, seemingly out of the blue, decided they were transgender. We came together to support each other, as we could find no official support from the medical community. Our parents are intelligent, well educated and open minded. They include doctors, lawyers, researchers, therapists and teachers, among others. They are supportive of all sexual orientations. They care deeply for their children and see that they are suffering. They are seeking healthy ways to help their children overcome their issues, but know there is no evidence to support transitioning as the solution. We are trying to protect our children from harm at the hands of a medical profession that has abandoned the tenets of science and evidence-based medicine in favor of untested treatment protocols dictated by political ideology. This guide is an essential resource for any parent trying to navigate the nightmare that ensues when their child suddenly decides they're transgender. It is very well written and well referenced. It will become a go-to guide for not just parents but anyone who is concerned with putting the welfare of children ahead of ideology and political interests.

**WoLF** is a radical feminist organization dedicated to the total liberation of women and girls from exploitation, to women's sovereignty over the material conditions of our lives, and to the end of male violence against women and children. WoLF is co-branding the Parent Resource Guide to highlight the concerns of many parents on the political left who recognize the negative impact of gender identity ideology, especially regarding the undermining of girls' athletic opportunities, the loss of physical privacy rights, and threats to child health.

# ENDORSEMENTS

Well-intentioned school systems often seek direction regarding their gender initiatives and may turn to political advocacy groups for education and policy guidance in this realm. When these groups promote and encourage the concept of gender identity in schools, there are many harmful unintended consequences, of which school administrators may be unaware. The Parent Resource Guide is a well-researched and apolitical antidote to this dilemma which provides tremendous value to schools seeking out unbiased, fact-based information.

I am a Licensed Professional Counselor who works exclusively with teens who began questioning their gender in adolescence. I have seen the direct correlation between ill-conceived “gender affirmative” school policies and the development of sudden, painful, and unnecessary suffering in teens. Gender dysphoria often develops AFTER children are exposed to the concepts of gender ideology, sometimes in their own schools and classrooms without the parents’ knowledge. With an emphasis on safety, respect, privacy, and constitutional rights, the Parent Resource Guide is a must-read for anyone who cares about a child attending public schools.

**Sasha Ayad, M.Ed.**

**Licensed Professional Counselor**

**[www.inspiredeentherapy.com](http://www.inspiredeentherapy.com)**

For anyone who cares about kids and families, the Parent Resource Guide is a must-read.

**Walt Heyer, Former Transgender, Author, Speaker  
Founder of Walt Heyer Ministries and  
Sex Change Regret**

**[www.sexchangeregret.com](http://www.sexchangeregret.com)**

This exceptionally well thought out and professional guide serves to educate parents and guardians about the true medical and biological facts of the transgender identification trend that is sweeping the nation. Children and adolescents are being permanently damaged by hormones and surgery. Parents are being coerced to follow an unscientific “gender” paradigm which leads to this harm. Use this guide to educate yourself and others about the true medical facts of this dangerous social contagion.

**Michael K. Laidlaw, MD**

**Board Certified in Endocrinology,  
Diabetes, and Metabolism**

**Author of “Gender Dysphoria and Children: An  
Endocrinologist’s Evaluation of ‘I am Jazz’”**

The Parent Resource Guide is an invaluable tool for parents who are confronted with a politically correct behemoth known as the gender agenda. This phenomenon denies reality, defies science and encourages children to engage in harmful psychological and medical experiments with permanent, life-altering consequences often without parental notice or consent. This valuable resource guide provides parents with solid research and strategies to respond to the propaganda with confidence and credibility and to reclaim their fundamental parental rights to direct their children’s upbringing and education—it has our full endorsement.

**Vernadette R. Broyles, Esq.**

**President and General Counsel**

**Child & Parental Rights Campaign, Inc.**

This comprehensive Parent Resource Guide addressing the impact of the transgender trend on children and parents, could not be available at a better time. Our culture is at a moral crossroads. This guide is candid, yet sensitive, and gives parents powerful tools to engage in a direct conversation about parents' and students' rights.

**Jack Hibbs, Pastor**  
**Calvary Chapel Chino Hills**

This publication is tremendously valuable. It is an excellent introduction to the transgender issue—not just for parents, and not just in schools, but regarding its impact on our culture.

**Peter Sprigg**  
**Senior Fellow for Policy Studies**  
**Family Research Council**

The Parent Resource Guide is a godsend for parents. We live in a culture that tells children as young as age two that they can't trust the physical reality of their very own bodies. Through children's programs, drag queen story hours, mainstream and social media, the National Education Association and many more, children and teens are told that they might be trapped in the wrong body and that they will find happiness only through a lifetime of toxic chemicals and mutilating surgeries. If you are a parent, grandparent, mentor or professional who works with children, give this guide a close read. Then share its life saving facts with the children and young people you love.

**Michelle Cretella, MD**  
**Executive Director of the American College of**  
**Pediatricians**

After banding together with other concerned parents to fight the flood of transgender ideology and activism taking over Arlington (Virginia) Public Schools, I can't overemphasize parents' and schools' dire need for the Parent Resource Guide. Misinformation, disinformation, and coercion are at the heart of the transgender lobby's strategy to indoctrinate our nation's children with the lie that transient feelings override objective, observable reality. This pithy, well-researched, and sound treatment of the issues combats both the intentional deception of those with self-interested motives, and the well-intentioned but ill-informed guidance of those who are lazily riding a cultural and political wave that has no good or healthy end for our children or our nation. Read this handbook, follow up on the resources it provides, and take a stand on truth today for the sake of our children's bodies, minds, and souls.

**Maria Keffler**  
**Co-founder, Arlington Parent Coalition**

Look no further, here is what is needed, nationwide, "for such a time as this." As we strive to effectively grapple with the deterioration of our society, we realize that the root of many of these aberrant behaviors is a deep sense of woundedness. Offering constructive and sensible answers to the complexity of this issue, this guide helps the reader keep a healthy and balanced perspective with concise, objective, and scientifically accurate information. It offers positive guidance for parents who want to protect and guide their children—as well as clarity on involvement with local school officials. We applaud this effort and trust that it will be used as a beacon of hope and truth.

**Lynn Grandon**  
**Director, Respect Life Office at Catholic Charities,**  
**Archdiocese of Denver**

The pseudoscience promoted by gender ideology has left me struggling to rebuild my physical and mental health. As a man, I underwent two legal gender transitions, first to female and then, in 2016, I was the first person in U.S. history to have my sex legally declared as non-binary, neither male nor female. Ultimately, I found that my transgender and non-binary identities were based entirely on a legal fiction and since that time, I have reclaimed my male birth sex. To this day I remain deeply distressed that licensed medical doctors were willing to pretend that I was something other than a biological male, negligently prescribing dangerous levels of hormones to me for over six years that have left me with persistent health problems. My hope is that the Parent Resource Guide, with its careful focus on the consequences of gender ideology, will help parents, school officials, and the medical community to protect kids from the harms that I've had to endure.

**James Shupe**  
*U.S. Army, Retired*

Parents are right to be concerned about the growing transgender movement in public education and its influence on their children. Under the guise of tolerance and diversity, many schools are teaching children confusing and false messages about sex and sexuality, messages they often aren't old enough to really understand or equipped to deal with. In the process, parental rights, free speech, religious freedom, and the privacy and safety of children have suffered. This valuable resource will explain the issues and help parents respectfully engage with their child's school on these controversial topics.

**Jeff Johnston**  
*Culture and Policy Analyst*  
*Focus on the Family*

We are witnessing an era of outrageous transgender activism that directly targets young people, leading many children to worry that they must choose a "gender identity" and fear that their body might be "wrong". Until now, getting straight answers to simple questions about this issue has been difficult for parents concerned about the consequences of transgender ideology in the classroom. This is why the Parent Resource Guide is an absolutely crucial document. For the first time, parents and others who may not have a scientific background will be able to read, in plain English, the truth about the "transgender" movement and get a clear picture of the relevant research. As a man whose childhood trauma led him to "identify as a woman" and later masquerade as a woman for many years, I know how critical it is that we help every child to feel comfortable with who they are, in their own bodies.

**Hacsi Horvath**  
*Lecturer (adjunct)*  
*Department of Epidemiology and Biostatistics*  
*University of California, San Francisco*

This is one resource I wish I had long before my 15 year old child, out of the blue, announced a trans identity. A very complex topic is made easy to understand in this sensitively written guidance. I urge parents and caregivers to read and share widely as it will equip them in taking an informed and active role in helping to protect their child's boundaries.

**Jill Gardner, Mother**

An informative, concise, well-documented introduction to why boys and girls need separate sex-specific sports programs. This Guide explains why allowing boys who "identify as" girls in female sports is both unfair to and dangerous for girls.

**Jennifer S. Bryson, Ph.D.**  
*Founder, [LetAllPlay.org](http://LetAllPlay.org)*

The Parent Resource Guide is an exceptional document, using research about the transgender issue to articulate the problems with wholesale acceptance of the Affirmative Approach to transgender feelings in school-age children. It provides the background evidence that can help clarify parents' rights to expect schools to protect girls' privacy and opportunities to compete with same sex peers in sports. Parents who wish to advocate on behalf of their children will find the practical guidelines they need in this document.

**Susan Bradley, MD, FRCP(C)**  
**Professor Emerita, University of Toronto**  
**Founder of the Toronto Gender Identity Clinic for Children and Adolescents in 1975**

This document is essential reading for any parent, educator, or even health care professional who wishes to understand factors contributing to the rapid increase of transgender identifying children and adolescents, and how to effectively respond to the unscientific and dangerous craze of "gender affirmation therapy".

**William J. Malone, MD**  
**Board Certified Endocrinologist**

This is an excellent and much-needed resource, especially for parents with children in public schools. The guide offers clear, up-to-date information about the realities of gender ideology and offers practical, actionable suggestions for what can be done to best serve the long-term interests of all students. Overall, the guide empowers parents to reassert their rightful authority in the education of their children.

**John F. Brehany, Ph.D., S.T.L.**  
**John A. Di Camillo, Ph.D., Be.L.**  
**Joe Zalot, Ph.D.**  
**The National Catholic Bioethics Center**

Finally, a common sense guide to assist parents in understanding the illogic of transgenderism. This guide explains, in unambiguous, straightforward, civil, and unbiased language, terms, research, and other issues surrounding so-called transgender ideology and implementation of it in schools. It clearly and logically takes on the myths surrounding transgenderism. There are a multitude of links, so parents can keep learning, too! If you are having trans ideology forced upon you and your children in your school district, whether you are conservative, liberal or an independent, you must have and use this guide. As a Jewish independent lesbian civil rights activist of many years, it is my pleasure to endorse this guide wholeheartedly.

**Miriam Ben-Shalom**  
**Co-Founder**  
**Hands Across The Aisle Women In Coalition**

Today, parents and school administrators are in dire need of reliable information that will help them respond to the transgender issue. The Parent Resource Guide fills that need, providing accurate and well-researched data that will help schools to work with parents in creating positive policy solutions that respect the rights of all students.

**North Star Law and Policy Center**

Many parents have no clue what schools are teaching about gender identity. Having addressed the topic in a book, I've been invited to speak at dozens of schools and conferences, and I am deeply concerned by how little parents know about the politicized ideology being presented in the classroom. This Parent Resource Guide fills a desperate need. Please read it and act on it—before your own child comes home wondering if he or she is the opposite sex because of something they heard at school.

**Nancy R. Pearcey**  
**Author, Love Thy Body**



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## THIS PARENT RESOURCE GUIDE WILL:

- Help you understand the consequences of the transgender trend
- Consider the implications of transgender activism and “gender inclusion” policies in schools
- Explain what your parental rights are and give you the tools to protect your child’s constitutional privacy and First Amendment rights
- Encourage parents and school officials to work together to create a respectful school environment
- Help you communicate with your school officials and advocate for common sense policies that will respect the dignity of all students
- Give tips on creating community and support among like-minded parents



# INTRODUCTION

## **Why is it that so many young people today are wondering if they were born in the wrong body?**

With popular endorsements coming from the culture, law, and even the medical establishment, the transgender phenomenon has gone from a set of ideas to a popular trend, leaving schools scrambling to formulate a compassionate response to this controversial issue.

Some argue that the best school policies permit students to identify as something other than their sex, but this approach has had negative consequences on privacy, First Amendment rights, fair play in sports, children's health, and parental oversight. Kids who are treated as the opposite sex in social situations are more likely to persist in identifying as transgender and pursue irreversible medical transition with hormones and surgery later.

**A better approach is for schools to create a climate that welcomes every student by making room for a greater diversity of personalities without negating the importance of bodily sex.** Most children's personalities do not perfectly conform to the societal expectations for their sex and they should not be led to fear that their unique expression or preferences indicate a need to change their identity or their bodies.

Over 50 million students attend public schools each year,<sup>1</sup> meaning that the vast majority of children in the US stand to be affected by the policies these schools adopt. School leaders need to hear from the real stakeholders—parents—who entrust schools to help them fulfill their responsibility to educate and protect their children.

In this Parent Resource Guide, you will find definitions, resources, tips, talking points, and a vision for a respectful school climate that meets the needs of the entire school community, including students who struggle to accept their sex. **It is our hope that this Guide will help you make a positive and effective case for policies that encourage acceptance and diversity in a way that communicates to every student they were born in the *right* body.**

# GUIDING PRINCIPLES

**All parents can make use of this Parent Resource Guide, regardless of worldview or political stance.** Science and reason informed the development of this guide, both of which provide solid common ground among people of all faiths and political allegiances.



**Parents are the primary educators of their children.** Though they may choose to entrust their child to a public school, parents are ultimately responsible for overseeing their children's education. Schools best serve students when they inform, involve, and respect parents. Parents who **proactively** and **positively** engage with school officials are best positioned to influence decision makers. The best possible outcomes result from parents who are **already** involved in the school community.



**Students who identify as transgender deserve the same educational opportunities and resources as their peers and should be treated with respect.** Schools must adopt truthful, compassionate, common sense policy solutions that do not threaten the privacy, safety, and dignity of any student.



The goal of this Guide is to **protect students from harm** stemming from irreversible treatments, privacy violations, and compelled speech, to **educate parents** about the transgender issue, and to **equip parents** to advocate on their child's behalf.

*Note: This Parent Resource Guide includes footnotes to a variety of sources. The supporting organizations of this Guide believe the content cited is useful, but do not necessarily agree with the views of every organization to which we have provided links.*



# FAST FACTS HEALTH

One study showed that when a teen announces a transgender identity to their peer group, the number of friends who also became transgender-identified was

**3.5**

per group.<sup>2</sup>



In just seven years, there has been a nearly

**2,000% increase**

in children seeking treatment for sexual identity confusion in the United Kingdom.<sup>3</sup>



Up to **98%**

of children who struggle with their sex as a boy or a girl, come to accept their sex by adulthood.<sup>4</sup>



Identifying as transgender or nonbinary may be linked to autism spectrum disorders. Children with autism spectrum disorders are **7 times** more likely to want to be the opposite sex than the general population.<sup>5</sup>



After sex reassignment surgery, transgender-identified people are nearly

**20 times**

more likely to die from suicide than the general population.<sup>6</sup>



Studies show that

**100%** of children who use puberty blockers will go on to use cross-sex hormones, leaving them permanently sterile.<sup>7</sup>



Girls as young as **13** are undergoing double mastectomies and boys as young as **17** are undergoing full genital sex reassignment surgeries.<sup>8,9</sup>

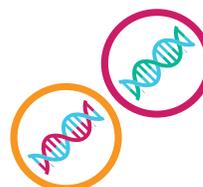


The **long-term effects**

of puberty blockers and cross-sex hormones have not been studied.<sup>10</sup>



Science demonstrates that there are **two** sex chromosomes—two X chromosomes in females and an X and a Y in males—in nearly every single cell in our bodies.<sup>11</sup>



Some transgender-identified patients are being prescribed cross-sex hormones on their very **first** visit to a clinic.<sup>12</sup>



- <sup>1</sup> "Fast Facts: Back to School Statistics," *National Center for Education Statistics*, accessed December 18, 2018, <https://nces.ed.gov/fastfacts/display.asp?id=372>.
- <sup>2</sup> Lisa Littman, "Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria," *PLOS ONE* 14, no.3, (March 19, 2019), <https://doi.org/10.1371/journal.pone.0214157>.
- <sup>3</sup> 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%.")
- <sup>4</sup> 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, no. 3 (March, 2019): 686–687, <https://academic.oup.com/jcem/article-abstract/104/3/686/5198654?redirectedFrom=fulltext> ("Children with GD will outgrow this condition in 61-98% of cases by adulthood.")
- <sup>5</sup> 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>.
- <sup>6</sup> Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLoS One* 6, no. 2 (2011): e16885, <https://doi.org/10.1371/journal.pone.0016885>.
- <sup>7</sup> AL DeVries, et al., "Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study," *Journal of Sexual Medicine*, 8, no. 8, (August, 2011); 2276-83, <https://www.ncbi.nlm.nih.gov/pubmed/20646177>.
- <sup>8</sup> Johanna Olson-Kennedy, "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts," *Journal of the American Medical Association Pediatrics* 172 no. 5, ( 2018): 431–436, <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2674039>.
- <sup>9</sup> 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/>.
- <sup>10</sup> 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>, ("Whether puberty suppression is safe and effective when used for gender dysphoria remains unclear and unsupported by rigorous scientific evidence."); See also: Johanna Olson-Kennedy, et al., "Health considerations for gender non-conforming children and transgender adolescents," *UCSF Center of Excellence for Transgender Health*, accessed on February 21, 2019, <https://transcare.ucsf.edu/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.")
- <sup>11</sup> Kalpit Shah, Charles E. McCormack, and Neil A. Bradbury, "Do You Know The Sex Of Your Cells?" *American Journal of Physiology* 306, no. 1 (January, 2014), <https://doi.org/10.1152/ajpcell.00281.2013>.
- <sup>12</sup> "Transgender Healthcare," *Planned Parenthood of Greater Texas, Inc.*, accessed on February 22, 2019, <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.")

# TERMINOLOGY

## CHAPTER 1

**Gender** has four different definitions. Gender is used:

- as a synonym for sex,
- as the name given to sex stereotypes,
- to describe the socio-cultural and behavioral aspects of sex,
- as the name of an ideology that claims bodily sex is irrelevant to human identity.

In this guide, we use the fourth definition of gender (the theory that bodily sex is irrelevant), as this definition alone is the operating principle in school policies that refer to “gender” or “gender identity”.

Gender proposes a conception of human identity that is chosen, fluid, and not objectively verifiable. Gender can directly contradict sex, the observable and unchangeable biological status of being either male or female. A gender identity policy will, for example, typically allow students to enter restrooms regardless of their sex, or how well a student adheres to stereotypes of the opposite sex, demonstrating that these policies do not consider gender to be either sex, sex stereotypes, or behavioral aspects of sex. To prevent confusion, avoid the term “gender” and use the term “sex” instead.

**Gender Dysphoria**<sup>1</sup> refers to the distress induced by a strong desire to identify as something other than one’s sex, preferring the typical dress and social activities of the opposite sex, or having a desire to change one’s body to appear to be the opposite sex (transition). Those who struggle with gender dysphoria should be aided by therapies that guide an individual to explore root causes of their distress and a healthy acceptance of their sex. A diagnosis of gender dysphoria does not justify the use of irreversible hormonal and surgical interventions which give false hope, promote a negative view of the body, and ignore mental health needs. Helpful resources can be found in footnote 1.

**Gender Fluidity** describes the nature of gender identity as a subjective state of mind that can fluctuate on a spectrum in the same way feelings can. Feelings are dynamic in adults, but in children they are even more likely to shift and are easily influenced by peers and their social environment.

**Gender Identity** is an individual's self-perceived or desired status as male, female, both or neither. Gender identity is self-asserted, based on feelings, and is subject to change over time. It is important to note that gender identity is based entirely on subjective claims that do not depend on a physical or mental health diagnosis. Because gender identity is totally unrelated to sex, there are an infinite number of possible gender identities, such as "agender", "non-binary", and "genderqueer".

The concept of gender identity is used to justify as "medically necessary" the often irreversible body modifications known as "sex reassignment" in both children and adults, and this concept also shapes "gender identity" laws, which grant individuals the unqualified right to assert themselves as the opposite sex or of no sex at all, regardless of how they dress or act.

**Gender Inclusion Policies** are institutional practices that remove sex distinctions. Typical school gender inclusion policies include provisions that allow 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 students to use so-called "preferred pronouns" for their classmates.

**Gender Nonconforming** is a term that describes self-expression that differs from the stereotypical norms for the sexes.

**Non-binary** refers to persons who reject the labels man, woman, male, or female for themselves.

**Intersex Conditions**, sometimes referred to as **Disorders of Sexual Development (DSDs)**, are exceedingly rare and medically identifiable anomalies in which either the sexual anatomy is inconsistent with the chromosomal sex (XX or XY) or the sexual anatomy is not clearly male or female. People who have DSDs are either male or female, but because of ambiguous sexual anatomy usually caused by hormonal and developmental abnormalities, medical science does not always identify their sex correctly at birth. Individuals with DSDs do not constitute a third sex.

**Sex** is the biological reality of being male or female. 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. Sex can also be recognized through a person's reproductive organs and secondary sex characteristics. Because there are only two types of gamete—sperm or ova—we know that human sex is an objective, binary trait, and does not exist on a spectrum.

**Sex Reassignment Surgery** also known as **Gender Confirmation Surgery**, describes cosmetic medical procedures meant to alter one's appearance to mimic that of the opposite sex. Although medical technology has developed the means to reshape or remove sexual characteristics via hormones and surgery, these procedures cannot actually change a person's sex.

**Social Transition** can refer to a change of haircut, clothing, grooming, and perhaps most significantly, a change of legal name and "preferred pronouns". **Medical Transition** refers to use of puberty blockers, cross-sex hormones, and/or surgery to imitate the physical appearance of the opposite sex.

**Transgender** is a term that refers to people who wish to determine their identity based on their feelings 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 transition. Transgender status is grounded entirely on self-declaration and feelings, and is not medically diagnosable, having no basis in observable medical or scientific fact. Individuals who identify as transgender do not represent a new sex category. Note: In this Guide, we use the term "**transgender-identified**" to refer to people who feel that they are the opposite sex or another gender identity.

**Transition** describes the process by which a person makes an effort to be recognized as the opposite sex or another gender identity via social, legal, and/or medical means.



<sup>1</sup> William Malone, "Gender Dysphoria Resource for Providers 3rd Edition," accessed on August 9, 2019, <https://www.scribd.com/document/421298610/Gender-Dysphoria-Resource-for-Providers-3rd-Edition>; See also: "If Your Child Says S/he's Transgender," *Arlington Parent Coalition*, accessed on August 21, 2019, <https://arlingtonparentcoa.wixsite.com/arlingtonparentcoa/if-your-child-says-s-he-s-transgend>.



# FREQUENTLY ASKED QUESTIONS

## CHAPTER 2

### 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).<sup>1</sup> Sex is then recognized during prenatal testing or at birth via observation of external genitalia. Biologically, males are defined as the sex that produces sperm, and females are defined as the sex that produces ova.<sup>2</sup>

### 2 Do 'sex' and 'gender identity' mean the same thing?

**No.** Sex is unchangeable and has natural limitations and advantages linked to one's status as male or female. Conversely, gender identity makes reference to a state of mind.

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

**No.** Sex is not defined by the brain, but by the body's reproductive class. The brain is comprised of brain cells that have either male or female chromosomes and cannot possibly oversee the development of a body that is the opposite sex. 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.<sup>3</sup> Even hair follicles and teeth all have either male or female chromosomes that correspond with our biological sex.

### 4 Do school gender inclusion policies only affect students who identify as transgender?

**No.** Everyone is affected by gender identity policies which negate sex-based protections by prioritizing feelings over biology. For example, when a school passes a gender inclusion policy, every single locker room and restroom changes from a single-sex facility into a mixed-sex facility. Similarly, sports teams that were previously separated by sex will now force girls to compete against much faster and stronger boys. **Gender inclusion policies affect 100% of the student body.**

## 5 Are schools legally prohibited from informing parents when their child asserts a transgender identity?

**No.** Despite repeated claims to the contrary, schools are not prohibited from informing the parents of a student who asserts a transgender identity or requests a name or pronoun change.<sup>4</sup> The Family Educational Rights and Privacy Act (FERPA) requires schools to provide parents with an opportunity to “inspect and review” his or her child’s education records (if the student is under the age of 18).<sup>5</sup> The law does not require—or prohibit—a school from proactively disclosing information to a parent.

## 6 Doesn’t Title IX require that schools allow students and staff to use opposite sex restrooms and locker rooms?

**No.** Title IX specifically states that schools can maintain separate living facilities for the different sexes,<sup>6</sup> and the implementing regulations of Title IX state that schools may “provide separate toilet, locker room, and shower facilities on the basis of sex” without committing sex discrimination.<sup>7</sup>

## 7 Are parents informed when school locker rooms and restrooms become mixed-sex?

Schools often allow students to use opposite sex restrooms and locker rooms without notifying parents by claiming that to do so would violate the privacy of transgender-identified students. But the result of mixed-sex use of restrooms and locker rooms are privacy violations of every single student. Parents should request facility use policies and practices directly from their school administrators.

## 8 Is denying kids access to the restroom of their choice a form of discrimination?

**No.** Discrimination is treating things that are the same differently. Boys and girls are not the same. **Bodily sex does not change according to how we identify and our anatomy clearly demonstrates that men and women are meaningfully different from one another.** Sex-specific restrooms simply recognize these unchangeable physical differences and do not treat anyone as inferior. This is unlike racial discrimination addressed by the Civil Rights Act of 1964, enacted to protect African Americans from being treated as second-class citizens because of an unchosen, unchangeable, identifiable trait: the color of their skin. In contrast to skin color, gender identity is a subjective, unverifiable, and chosen identity. **It is not bigotry to acknowledge the biological differences between men and women.**

# 9

## Do mixed-sex changing rooms increase the likelihood of sexual offenses?

**Yes.** Anyone can take advantage of mixed-sex policies. [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.<sup>8</sup> 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. Of 134 reported incidents that included voyeurism, harassment, sexual assault, and rape, 120 were committed in mixed-sex spaces.<sup>9</sup>

Sex segregated changing rooms exist to protect women from assault and sexual crime, but safety is not the only reason for single-sex intimate spaces. Women and girls (and men and boys) also deserve the dignity of privacy from the opposite sex when changing clothes or using a restroom.

# 10

## Is it fair for transgender-identified men and boys to compete with women and girls in sports competitions?

**No.** [Because the average male is stronger](#) than nearly all females, women and girls need female-only teams in order to excel at their sport.<sup>10</sup> Before puberty, boys and girls have roughly the same physical capabilities, but after puberty, boys race ahead of girls. [Testosterone](#) plays a key role in male puberty, when it contributes to their advantage over women in skeletal size, lung capacity, heart size, muscle mass, hemoglobin levels, and muscle memory.<sup>11</sup> When men’s and women’s testosterone levels are within a normal range, **male levels at their lowest are often still four times higher than a woman’s levels of testosterone at their highest.**<sup>12</sup> These physical advantages mean that, among athletes, [“non-elite males routinely outperform the best elite females.”](#)<sup>13</sup> Consider Florence Griffith Joyner’s still-standing women’s world record in the 100 meter race at the 1988 U.S. Olympic trials: men have beaten her time in *every single* Olympic Games since 1932.<sup>14</sup>

Testosterone suppression, though mandated by some professional sports governing bodies, does not change many of the effects testosterone has already had on a man’s body, like height or lung capacity, and it is important to note that most [high school athletic eligibility policies](#) do not require boys to lower their testosterone levels in order to compete on girls’ teams.<sup>15</sup>

**Laws that protect women’s and girls’ equal access to sports programs are based on the fact that they cannot simply identify out of the competitive disadvantages and risk of physical injury they face if forced to play against men.** Equal opportunities for women and girls in sports competitions are therefore largely dependant on competition categories based on sex, not gender.

# 11

## How are transgender identities diagnosed?

Transgender status is self-declared; there is no scan or test that a medical professional can administer which can diagnose or even observe a gender identity.<sup>16</sup>

# 12

## Is transgender-identification being used to justify medical treatments in some children?

**Yes.** Though there is no objective biological criteria for diagnosing a transgender identity, and despite the fact that the majority of young children identifying as transgender accept their sex by adulthood (see Appendix 1), medical interventions are promoted by transgender advocacy groups. A medical treatment protocol called the “gender affirmative model” includes puberty blockers around age 10, cross-sex hormones at 14, and surgery anytime between 13 and 18. Known effects of the gender affirmative model may include osteoporosis in early adulthood, life-threatening cardiovascular disease, and permanent sterility.<sup>17</sup>

# 13

## Are puberty blockers and hormones totally reversible?

**No.** Puberty blockers are used to prevent secondary sex characteristics like breasts or facial hair from developing in children who are transgender-identified so they can successfully mimic the opposite sex later in adolescence. There are reasons to believe 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 that 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.**<sup>18</sup> Children who use cross-sex hormones following puberty blockers will be left infertile. Surgery to remove the testicles or ovaries will render them permanently sterile and will not be reversible.

Second, blocking puberty may cement persistent transgender feelings, instead of acting as a “pause button”.<sup>19</sup> Undergoing natural puberty appears to offer children who identify as transgender a unique opportunity to become comfortable with their body.<sup>20</sup> The consequences for children whose puberty has been suppressed and who later come to identify as their biological sex are unknown.

Third, puberty blockers are associated with significant neurological and bodily harms. They have been observed to lower IQ,<sup>21</sup> to increase depression symptoms,<sup>22</sup> and to harm bone development.<sup>23</sup>

# 14

## Are kids having transgender surgery?

**Yes. Minors are increasingly approved for “gender reassignment” surgeries.**<sup>24</sup> Girls as young as 13 have undergone cosmetic double mastectomies in their attempt to appear male,<sup>25</sup> and popular media like TLC’s ‘I am Jazz’,<sup>26</sup> National Geographic,<sup>27</sup> and the BBC<sup>28</sup> have all highlighted boys under the age of 18 who have gone through full genital “gender reassignment” surgeries.

# 15

## Are doctors ignoring mental health issues in those who want to transition?

A significant number of youth who identify as transgender have a pre-existing psychiatric disorder, and mental health assessments are needed to ensure these conditions are not contributing to the desire to transition.<sup>29</sup> However, the standards of care promoted by transgender activists and many professional medical associations<sup>30</sup> claim that mental health problems in this population are a result of discrimination and are best solved by “affirming” a chosen gender identity.<sup>31</sup> Doctors are now under increasing pressure<sup>32</sup> to enable medical transition without questioning the patient’s motivation for doing so, even when the patient is a child.<sup>33</sup> Thus, children are being medicalized based on a self-diagnosis. As a result, some individuals<sup>34</sup> are reporting<sup>35</sup> that they were offered prescriptions for cross-sex hormones and referrals for surgery instead of appropriate psychological treatment.<sup>36</sup>

# 16

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

**Yes.** According to all 11 published studies on this question, most young children who are diagnosed with gender dysphoria will not have that desire as adults if they are not given medical interventions such as puberty blockers and if they are not socially transitioned. Nearly all will grow up to be adults who do not seek medical transition. In total, there have been three large studies and eight smaller ones. The number varies by study, but all agree that 61-98% of children with gender dysphoria (or gender identity disorder) will eventually accept their own bodies. These studies are listed, along with their outcomes, in Appendix 1. Guidelines that support “gender affirmation” and medical procedures on children, simply ignore the scientific consensus saying most children will naturally grow out of it, and are exposing children to serious, unnecessary, and irreversible medical harm. 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. Though there are few studies on this new presentation, there is increasing evidence of regret among teens who underwent medical transition.<sup>37</sup>

# 17

## Doesn't medical transition help transgender-identified people?

Short-term studies show that many transgender-identified people experience a brief “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, which tracked nearly 4,000 transgender-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 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.”<sup>38</sup> **The best quality studies show that transitioning leads to negative outcomes.**<sup>39</sup>

# 18

## 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.<sup>40</sup> This is a disorder of sexual development (DSD), sometimes referred to as an intersex condition.<sup>41</sup> The majority of DSDs are sex-specific disorders, occurring in one sex or the other and are often the result of atypical chromosomes or hormonal irregularities that interfere with the development of sexual anatomy.<sup>42</sup>

It is often argued that individuals with DSDs represent a third sex, or prove the existence of a spectrum of sexes. In reality, they are individuals with conditions that prevent the normal development of either male or female reproductive structures. 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.

Finally, consider that conception is always the result of the uniting of two sex cells—an egg from a woman and a sperm from a man; there is no third sex cell. Nor is there a third type of gonad that plays a role in reproduction; eggs are only produced in ovaries and sperm are only produced in testes. **Sex is not a spectrum and congenital disorders are not additional sexes.**<sup>43</sup>

Furthermore, “most people with a DSD do not identify as transgender, and most people who do identify as transgender do not have a DSD.”<sup>44</sup> Transgender-identified people feel that they are something other than their sex, while typically possessing normal sex chromosomes and sexual anatomy.

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- <sup>3</sup> Michael K. Laidlaw, MD, "Gender Dysphoria and Children: An Endocrinologist's Evaluation of I am Jazz," *Public Discourse*, April 5, 2018, ("Assuming normal development, females have two X chromosomes, and males have one X and one Y chromosome. These sex chromosomes are present in every cell in the body. They remain in the cells from conception until death and do not change.") <https://www.thepublicdiscourse.com/2018/04/21220/>.
- <sup>4</sup> Model School District Policy on Transgender and Gender Nonconforming Students," GLSEN, accessed on August 22, 2019, [https://www.glsen.org/sites/default/files/Model-School-District-Policy-on-Transgender-and-Gender-Nonconforming-Students-GLSEN\\_0.pdf](https://www.glsen.org/sites/default/files/Model-School-District-Policy-on-Transgender-and-Gender-Nonconforming-Students-GLSEN_0.pdf), (see page 4, "Student Privacy").
- <sup>5</sup> U.S. Department of Education, "Family Educational Rights and Privacy Act (FERPA)", accessed on July 29, 2019, <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html?src=rn>.
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- <sup>7</sup> 34 CFR 106.33, <https://www.law.cornell.edu/cfr/text/34/106.33>.
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- <sup>9</sup> 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-8lwbp8kqk>.
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- <sup>11</sup> Doriane Lambelet Coleman, "Sex, Sport, and Why Track and Field's New Rules on Intersex Athletes Are Essential," *New York Times*, April 30, 2018, <https://www.nytimes.com/2018/04/30/sports/track-gender-rules.html>; See also: Olivia Caldwell, "Professor of physiology says transgender athletes have advantage in speed, power," *Stuff*, December 3, 2017, <https://www.stuff.co.nz/sport/other-sports/99434993/professor-of-physiology-says-trans-athlete-has-advantage-in-speed-and-power>.
- <sup>12</sup> "Testosterone," *Allina Health*, accessed on February 28, 2019, <https://wellness.allinahealth.org/library/content/1/3707>.
- <sup>13</sup> Doriane Lambelet Coleman, "Sex in Sport," *Duke Law School Public Law & Legal Theory Series*, No. 2017-20, (March 6, 2017), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2928106](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2928106).
- <sup>14</sup> "100M Men: Top Medalists," *Olympic.org*, accessed on February 28, 2019, <https://www.olympic.org/athletics/100m-men>.
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- <sup>17</sup> Jim Strickland and Sheila Schutt, "My body is on fire': Ga. woman blames drug for pain, sues maker," *Atlanta Journal Constitution*, October 29, 2018, <https://www.ajc.com/lifestyles/health/body-fire-woman-blames-drug-for-pain-sues-maker/SXiOzDSFL694I7LcT4Ra00/>; See also: Ana Sandoiu, "Gender transition drugs could be bad for the heart," *Medical News Today*, February 18, 2019, <https://www.medicalnewstoday.com/articles/amp/324482?fbclid=IwAR3YPt3OJ8Nx4HOvdbJlIPuwZJJa2hDhcXWRxSL50cFnV1MjJXhgOXckZg>; See also: "Gender Dysphoria in Children," American College of Pediatricians, November, 2018, <https://www.acpeds.org/the-college-speaks/position-statements/gender-dysphoria-in-children>.
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- <sup>28</sup> *Transgender Kids: Who Knows Best*. Directed by John Conroy. London: BBC Two, 2017. Retrieved from: <https://vimeo.com/217950594>.
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# CHILDREN AND THE TRANSGENDER TREND

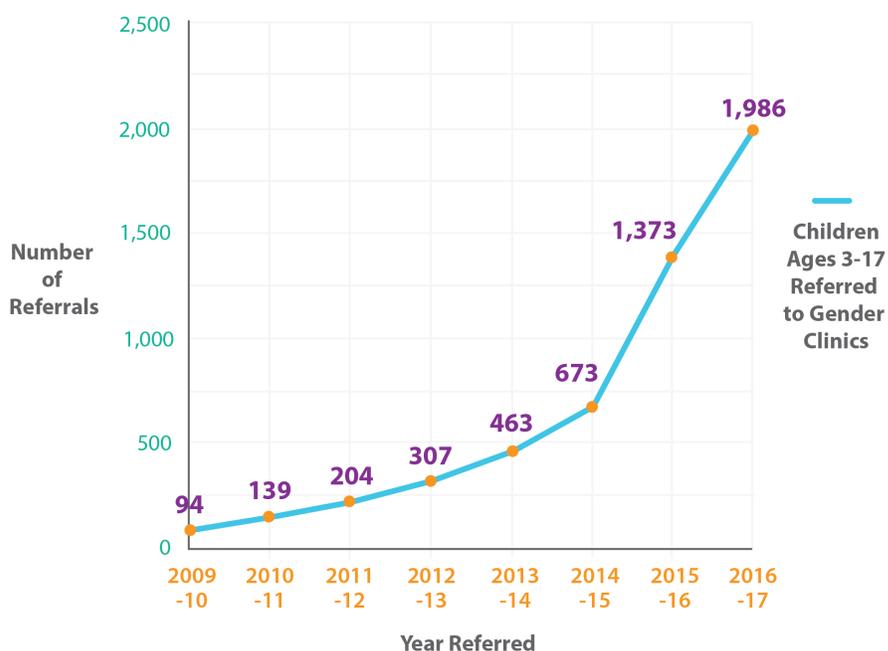
## CHAPTER 3

Though it is scientifically impossible for someone to have been born in the wrong body, the number of people who self-identify as transgender has dramatically increased over the last ten years, across the US<sup>1</sup> and around the world<sup>2</sup>. Studies are showing that there are a large number of young people following this trend. The US population of transgender-identified youth ages 13-17 is estimated to be 150,000<sup>3</sup>, and a 2016 survey of Minnesota high school students found that nearly 3% of 9th and 11th graders identified as something other than their sex.<sup>4</sup>

**The transgender trend has led to an increase in pediatric medical transitioning, despite the fact that there is no medical test or scan that can observe a transgender identity.** Data from gender identity clinics in England<sup>5</sup>, Australia<sup>6</sup>, and Canada<sup>7</sup> 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.<sup>8</sup> In the US, there are at least 48 clinics<sup>9</sup> that specifically target transgender-identified children, an increase of 15 clinics since 2014<sup>10</sup>. One of these pediatric gender clinics has seen nearly 700 patients ages 3 to 25 since its founding in 2012.<sup>11</sup>

A number of factors are contributing to the increasing number of children and teens who are struggling to accept their sex. The evidence suggests that transgender identities are heavily influenced by social contagion, mental health issues, popular culture, and current trends in medical treatment.<sup>12</sup>

### REFERRALS TO PEDIATRIC GENDER CLINICS



*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 help to transition.<sup>13</sup>*

# FEEDING THE TREND

- Young people are often exposed to transgender ideas on social media or websites like YouTube, which features thousands of very popular videos of teens documenting their hormonal and surgical transformations. Parents of transgender-identified young people reported in a [recent study](#) that YouTube and Tumblr acted as a powerful influence on their child and that their child had increased their use of social media just before announcing their transgender status.<sup>14</sup>
- Social contagion is the spread of a behavior throughout a group, and it may play a role in transgender-identification among young people, who are known to be vulnerable to [peer influence](#).<sup>15</sup>
- Young people with Autism Spectrum Disorder (ASD), autistic traits, and ADHD are overrepresented at gender clinics. Nine large-scale studies 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.”](#)<sup>16</sup> It is estimated that roughly 1-2% of the general population meets the criteria for ASDs. [Similarly, studies suggest that children with ADHD are six to seven times more likely to present with gender dysphoria than children without ADHD.](#)<sup>17</sup>
- [Many young people](#) who identify as transgender have a serious coexisting mental health diagnosis that may be leading them to identify as such.<sup>18</sup> [One study](#) looked at mental health in 1,347 “transgender and gender-nonconforming youth retrospectively between 2006 and 2014 and found that these youths had 3 to 13 times higher [rates of] mental health conditions” compared to youth who do not identify as transgender or gender nonconforming.<sup>19</sup>
- Many transgender-identified young people have behaviors and preferences that do not conform with those typical of their sex. **Sex stereotypes vary between cultures and historical eras, and conformity to them is not an accurate indication of one’s biological identity.** Boys and girls have a wide variation of personality traits and preferences that in no way contradict their sex.

# 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). Though ROGD is poorly understood and under researched, preliminary observations describe 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 a similar pattern may be emerging in young male adults.

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 identify as transgender. That is nearly 17% of her entire class."<sup>20</sup>**

**"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.<sup>21</sup>

**"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."<sup>22</sup>

**"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."<sup>23</sup>

"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."<sup>24</sup>

**"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."<sup>25</sup>

**"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."<sup>26</sup>**

**"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."<sup>27</sup>

**"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."<sup>28</sup>

# THE "GENDER AFFIRMATIVE" TREATMENT MODEL

Despite the fact that there are no long term studies to support medical interventions for children who are confused about their sex, parents are increasingly being told<sup>29</sup> by medical professionals<sup>30</sup> to assume that the best way to treat<sup>31</sup> their child's transgender feelings is with social and medical transition. This treatment protocol recommends a "social transition" in early childhood, puberty blockers in early adolescence, and cross-sex hormones for teenagers, steps that are progressively more difficult to reverse and inhibit a child's ability to accept their sex.<sup>32</sup>

## THE GENDER AFFIRMATIVE MODEL

	Examples	Ages	Risks
<b>Social Transition</b>	Change hairstyle, clothing, name, pronouns, access restrooms of the opposite sex	Toddlers to adults	Increases likelihood of persistence
<b>Puberty Blockers</b>	Gonadotropin-releasing hormone analogs such as leuprolide and histrelin	Early puberty, around 9-11	Brittle bones, joint problems, <sup>32</sup> impaired memory. <sup>33</sup> Puberty blocked kids go on to use cross-sex hormones in nearly 100% of cases, <sup>34</sup> which causes permanent sterility.
<b>Cross-Sex Hormones</b>	Testosterone for girls, Estrogen, plus androgen inhibitor for boys	Around 14 to adult	Sterility if used after puberty blockers. For women: lowered voice, weight gain, balding, possible cardiovascular disease, type 2 diabetes, bone density loss, and increased risk of cancers (breast, cervical, ovarian, and uterine). For men: breast growth, gallstones, weight gain, blood clots, sexual dysfunction, possible cardiovascular disease, type 2 diabetes, and breast cancer. <sup>35</sup>
<b>Sex Reassignment Surgery</b>	"Top" surgery: Double mastectomy or breast implants; "bottom" surgery: Alterations to or removal of, genitalia or reproductive organs	Around 14 to adult	Loss of sensation, infections, irreversibility. Post-surgical complications to genital SRS are common in both men and women. <sup>36</sup>
<b>Legal Document Changes</b>	Changing sex recorded on birth certificates, school records, or other official identification	Any age	Inaccurate recording of vital statistics; mistaken sex in medical care.

- The "gender affirmative" approach includes a "social transition" for children as young as two years old, which entails dressing them in clothing typical of the opposite sex, changing their hairstyle and name, and making use of opposite-sex restrooms. **When children socially transition, studies show that they are less likely to become comfortable with their biological sex and they end up on a fast-moving conveyor belt towards hormones and surgery.**<sup>38</sup>

- After social transition, the “gender affirmative” model recommends the use of puberty blocking drugs in adolescence to prevent a child from seeing their body develop normally.
- **The use of puberty-blocking drugs in otherwise healthy adolescents to delay a normal stage of development is relatively new and the long-term effects are unknown.** Women who took puberty blockers for early onset puberty in childhood, an FDA approved use, describe adverse effects like brittle bones and joint problems later in life.<sup>39</sup> It is currently unknown if puberty will proceed as normal if blockers are stopped or if they have any effect on the still-developing brain.<sup>40</sup>
- In older adolescents, cross-sex hormones (testosterone for girls and estrogen for boys) are administered to induce development of opposite sex physical characteristics. Cross-sex hormones cause irreversible effects, including sterility if used after puberty blockers, the growth of breast tissue in males and a lowered voice in females. **Cross-sex hormones may also cause serious adverse effects including cardiovascular and gynecological risks, gallstones, blood clots, decreased bone mineral density, decreased insulin sensitivity, and cancer.**<sup>41</sup>
- Surgery is the final step in the “gender affirmative” model and a step that younger and younger teens are undergoing. Minors are increasingly approved for “gender reassignment” surgeries. **Girls as young as 13 are now being referred for double mastectomies<sup>42</sup> and teen boys are having their genitals permanently altered by “gender reassignment” surgeries.**<sup>43</sup>
- Many young people who identify as transgender have pre-existing mental health conditions or past experiences of trauma that may be contributing to the way they feel about their sex. These young people need comprehensive therapy options that will address their mental health needs and patiently guide them towards acceptance of their bodily sex. Sadly, some states have adopted so-called “conversion therapy bans”<sup>45</sup> which outlaw therapeutic approaches that seek to help individuals to live comfortably in their own bodies. In fact, the only treatment option considered legal under a conversion therapy ban is gender identity “affirmation.”
- **The “gender affirmative” model enables and cements false beliefs that children have about themselves.** Parents and medical professionals do not, for example, encourage an anorexic child to lose weight, even when she is insistent that she is overweight. Instead, children “need medical professionals who will help them mature in harmony with their bodies, rather than deploy experimental treatments to refashion their bodies.”<sup>46</sup>

*“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.”<sup>44</sup>*

# ARE WE STERILIZING CHILDREN?

**Because the “gender affirmative” model of medical treatment prevents the natural sexual maturation of a child’s reproductive organs, it often results in permanent sterility for the children to whom it is prescribed.**

Minor children cannot possibly consent to, or even understand, the risks inherent in this approach.

- Sex gametes (sperm<sup>47</sup> and ova<sup>48</sup>), require natural puberty to mature to the point that they are viable for reproduction. Administering cross-sex hormones in young children concurrently or immediately following puberty blockers means that these reproductive cells will never mature and infertility is the result.<sup>49</sup>
- Treatment with puberty blockers followed by testosterone medically induces early menopause in girls, a condition that carries serious health risks. Early menopause in adult women can take years off a woman's expected lifespan and increases the risk of cardiovascular disease.<sup>50</sup>
- Medically necessary treatments like chemotherapy can cause permanent infertility in children as an unintended and unfortunate result, but “gender affirming” treatments are cosmetic in nature and should never be misunderstood as medically necessary. **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.**
- Studies show that in many cases children diagnosed as gender dysphoric will later self-identify as same-sex attracted.<sup>51</sup> **Feelings of same-sex attraction should in no way indicate the need for hormone treatments or surgical procedures on children and teens.**

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*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?<sup>52</sup>*

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# ARE "GENDER AFFIRMATIVE" TREATMENTS IMPROVING LIVES?

- In 2016, there were more than 3,000 sex reassignment surgeries performed, indicating a 20% increase in those procedures between 2015 and 2016.<sup>53</sup> Some claim that medical transition is improving lives, but long-term studies call into question whether transition has a long-term positive effect.
- While there are short-term studies showing some improvement to mental health after transition, the two best<sup>54</sup> and longest-term studies<sup>55</sup>, show little or no benefit at all. Short-term studies may only capture a temporary honeymoon period of relief.
- According to a long-term study conducted in the LGBT-affirming country of Sweden, transitioning does not prevent suicide. **This 2011 study followed 324 transgender-identified people who had undergone sex reassignment surgery and found that after surgery, these adults were nearly 5 times more likely to attempt suicide and nearly 20 times more likely to commit suicide than the general population.** The conclusion of this study states, "Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population."<sup>56</sup>

# LETTING KIDS BE KIDS

- **Kids often have interests or behaviors that fall outside of what is considered stereotypically normal for their sex.** Some girls like to play sports and some boys enjoy dancing, but these preferences do not indicate the need to identify as transgender. To the contrary, encouraging kids in their non-stereotypical interests may help them to understand that there is no wrong way to be a boy or a girl. Allowing kids to have some say in how they dress or style their hair, for example, allows them the freedom to express themselves and differentiate their interests from those of their parents—a common tactic among teens.
- **If children are being bullied at school because they don't conform to sex stereotypes, or have unusual interests compared to their same-sex peers, schools should address this through their anti-bullying policies.** No child should be led to believe that his or her personality is inappropriate for their body or sex. Fostering "a culture of respect for difference" will help kids to understand that they can "be themselves" without needing to reject their body through hormones and surgery.<sup>57</sup>

# REGRET IS REAL

Many transgender-identified people eventually discover transitioning does not solve the distress they feel about their bodies and they make the decision to return to identifying as their biological sex. 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 rectified when they changed their minds.

“ [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.<sup>58</sup>

—Walt Heyer, a detransitioned man

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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.<sup>59</sup>

—Dave, a detransitioned man

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I was clinging to the accomplishment of “becoming a woman” but wasn't yet ready to admit that my real accomplishment had merely been a successful impersonation of one...this victory which carried with it such sexual and social collateral damage; it was becoming less and less worthy of celebration. All along I had never been a woman, and honestly couldn't say anymore that I'd ever felt like one...Still, I couldn't give up what I now realized, but could not admit, was a need to pretend.<sup>60</sup>

—Mike, a detransitioned man

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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.<sup>61</sup> 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.<sup>62</sup> **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.<sup>63</sup>

—*Cale, a detransitioned woman*

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**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.<sup>64</sup>

—*Lou, a detransitioned woman*

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# SCHOOLS AND THE TRANSGENDER TREND

## CHAPTER 4

Under pressure from well-funded LGBT activist organizations<sup>1</sup>, a rescinded 2016 guidance letter to schools from the Obama administration, aggressive state agency involvement, threats of litigation, and the influence of the media, public schools are under increasing pressure to adopt “gender inclusion” policies replacing all references to sex with the subjective concept of “gender identity.”

Once adopted, these policies mandate that schools treat boys who feel they are girls as if they really are girls, and vice versa, even if this means violating privacy, abandoning fair play in sports, or disregarding basic safety precautions.

**Giving preferential status to a mental state while disregarding the body has serious implications.**

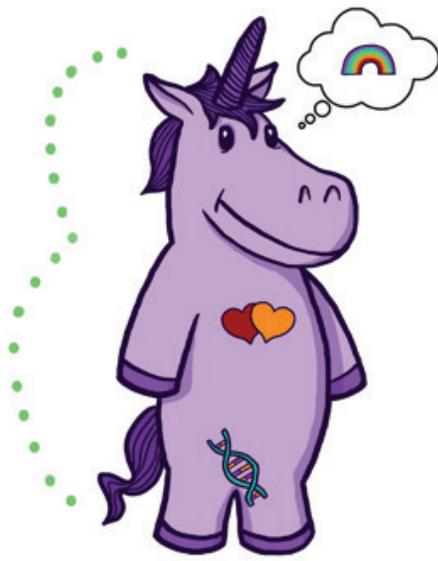
To be clear: Students who identify as transgender deserve the same educational opportunities and resources as their peers and should be treated with respect and compassion. A compassionate response, however, should not mean denying the fact that there are real physical differences between the sexes that necessitate different treatment, especially in situations where these differences impact privacy or fair play in sports.

## ACTIVISM IN SCHOOLS

Funding for transgender advocacy groups that target public schools is enormous, with the top two organizations in the United States, the Human Rights Campaign<sup>2</sup> and GLSEN<sup>3</sup> (formerly the Gay, Lesbian & Straight Education Network), holding combined assets of nearly 25 million dollars. Other organizations that are active in public schools include PFLAG (formerly the Parents and Friends of Lesbians and Gays), the GSA Network (Genders & Sexualities Alliance), and Advocates for Youth. A large number of LGBT activist organizations are introducing transgender ideas into K-12 classrooms via teacher trainings, anti-bullying initiatives, and student clubs.

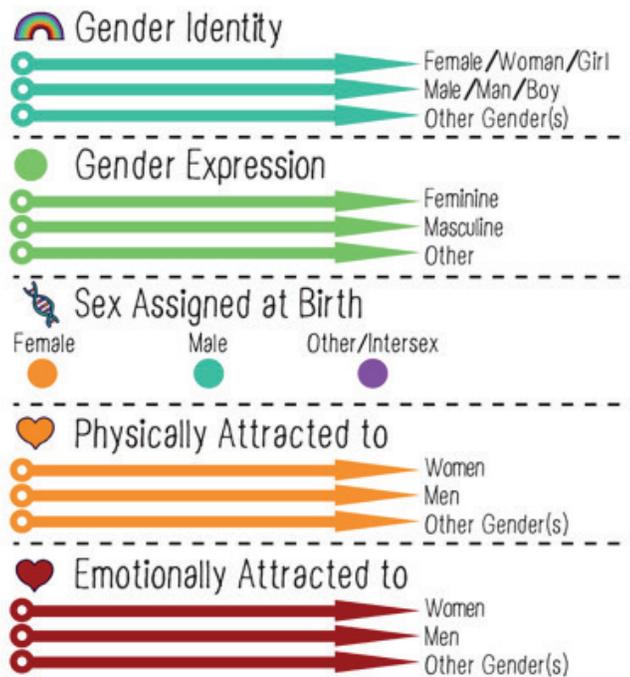
# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



*The "Gender Unicorn" teaches children that their sex is "assigned" instead of observed at birth, which suggests that sex is chosen and arbitrarily designated by doctors or parents.*

- The Gender Unicorn, from [Trans Student Educational Resources \(TSER\)](http://Trans Student Educational Resources (TSER)) teaches children that their feelings and behaviors are a more important indicator of their identity than their body.<sup>4</sup>
- "[Welcoming Schools](#)"<sup>5</sup> 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.](#)"<sup>6</sup>
- A program for schools called, "[Cultivating Respect: Safe Schools for All,](#)" suggests stocking school libraries with LGBTQ-themed children's books.<sup>7</sup>
- Middle and high school [GSA clubs](#) host LGBTQ speakers, movie screenings, and activist trainings for students. There are over 40 statewide and local networks of GSA clubs, with over 1000 GSA clubs in California schools alone.<sup>8</sup>
- Advocates for Youth trains students in their [Youth Activist Network \(YAN\)](#)<sup>9</sup> to fight for "LGBTQ+ health and rights," which includes petitioning the school "[to change its non-discrimination policy to be inclusive of... gender identity.](#)"<sup>10</sup>
- A GLSEN lesson plan for grade school teachers includes a game for students called, "[Pronoun Play](#),"<sup>11</sup> which teaches students that "everyone gets to choose which pronouns work for them".

- Gender Spectrum, an organization that provides training and materials related to “gender inclusivity”, promotes materials like ‘Stacey’s Not a Girl’,<sup>12</sup> a book that teaches children about “gender possibilities”, like “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).<sup>13</sup>
- Welcoming Schools, a project of Human Rights Campaign,<sup>14</sup> organizes nationwide K-5 classroom readings<sup>15</sup> of ‘I Am Jazz’,<sup>16</sup> a book based on the transgender-identified reality TV star, Jazz Jennings. In the book, Jazz says, “I have a girl brain, but a boy body. This is called transgender.”



*A page from “I Am Jazz”, a book about transgender identity for children ages 4-8.<sup>17</sup>*

# HOW GENDER INCLUSION POLICIES IMPACT STUDENTS

Many school districts are passing so-called “gender inclusion” policies and some state-level Departments of Education are providing districts with transgender guidance documents, which have a profound effect on the school community.



Students are forced to share their showers, locker rooms, and restrooms with opposite sex students.



Gender inclusion policies usually include links to resources which recommend teaching students that they can choose or change their identity as boys or girls.



Students are allowed access to the facilities and sports teams of the opposite sex.



Students are allowed to transition at school, by changing their name, making use of opposite sex restrooms, and undergoing counselling, without their parents' knowledge or consent.



Students are housed according to "gender identity", instead of separately according to sex, for overnight school trip accommodations.



Unscientific concepts like "sex assigned at birth" and "born in the wrong body" are presented as fact in the classroom.



Teachers and staff are pressured not to make distinctions between boys and girls, by addressing students as “scholars” instead of “boys and girls.”



Student health risks associated with gender affirmative treatment models are dismissed.



Students, teachers, and staff are compelled to use "preferred" pronouns instead of sex-specific pronouns. Teachers are instructed to correct students when preferred pronouns are not used.



Students may have to resort to litigation in situations where their privacy and safety have been violated at school.

# LEGAL PRESSURES: TITLE IX AND FEDERAL LEGISLATION

- 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.” Title IX applies to all educational institutions, both public and private, that receive federal funds. Additionally, the law applies to every single aspect of education, including physical education and athletics programs.
- 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 have been historically vulnerable to unequal treatment.<sup>18</sup>
- Title IX does not require schools to eliminate distinct facilities for boys and girls. In fact, Title IX specifically states that schools can “maintain separate living facilities for the different sexes,”<sup>19</sup> and “provide separate toilet, locker room, and shower facilities on the basis of sex”<sup>20</sup> without committing sex discrimination.
- Though Title IX clearly recognizes only binary sex, not “gender identity” or “gender expression”, there are efforts to redefine Title IX by claiming that “sex” also means “gender identity”. Under the Obama Administration, the Department of Education’s Office for Civil Rights (OCR) and the U.S. Department of Justice (DOJ) in 2016 issued a guidance letter, commonly referred to as the “Dear Colleague” letter, to schools reinterpreting “sex” in Title IX.<sup>21</sup> The “Dear Colleague” letter stated that both federal agencies must treat a student’s gender identity as the student’s sex for purposes of enforcing Title IX. This letter was an attempt to force schools to ignore the valid privacy and safety concerns that arise when the sexes are mixed in facilities like showers and locker rooms.
- **Despite attempts by the Obama OCR and DOJ to change the meaning of “sex” in Title IX, the Obama letter was rescinded in 2017 by the Trump Administration.** In federal courts, the Trump administration DOJ has weighed in on cases and stated that its understanding of “sex” is biological sex and not gender identity.
- The U.S. House of Representatives also attempted to redefine sex when it voted to pass the “Equality Act” in 2019. This legislation would have added gender identity as a protected class to Title IV of the 1964 Civil Rights Act. The addition of gender identity as a federally protected class could lead to changes to curricula in public schools, requiring texts that promote gender identity to children as young as pre-K.<sup>22</sup>
- Additionally, the Equality Act’s redefinition of “sex” would render Title IX irrelevant, as all schools which receive public funding (including private schools) would be subjected to gender identity discrimination lawsuits if they maintain single-sex private facilities, clubs, or sports teams. Further, biological males who identify as females could claim discrimination if they are not allowed to compete against female athletes in K–12 sports programs, as well as in colleges and universities.
- The Equality Act did not become law and, as of 2019, there is no federal law that requires public schools to allow boys into girls’ restrooms or girls into boys’ restrooms. Additionally, schools may continue to separate athletic teams by sex. School districts that choose not to provide single-sex facilities or athletic teams could be exposing themselves to legal liability for violating students’ rights.

# FAIR PLAY IN SPORTS

- **For a girl to compete safely and excel in athletics, she needs sex-specific teams.** School athletic policies that determine eligibility by “gender identity” instead of sex ignore the natural disadvantages girls face when forced to compete against boys.
- It is a fact that girls cannot simply identify out of the disadvantages they have in sports against stronger and faster male competitors. **A male athlete who feels he was born in the wrong body still runs, swims, and lifts weights with a male body.**
- **Male and female bodies differ in many ways, but it is the size, strength, and speed of the male body that give men an advantage in most sports.** The stark physiological differences between men and women are the reason why the sexes rarely compete against each other.<sup>23</sup>
- Before puberty, boys and girls enjoy very similar levels of strength and speed. **At puberty, testosterone has a striking effect on the male body, allowing even high school boys to routinely beat women’s world records in track races.**
- **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.**<sup>24</sup> Even when testosterone levels are artificially lowered, it is impossible to remove the advantages testosterone has had on the male body in the past.<sup>25</sup> Keep in mind that high school sports participation policies do not typically require artificial lowering of testosterone in males who want to play on female teams.
- Men identifying as women have predictably outperformed women in professional cycling, weightlifting, handball, track and field,<sup>26</sup> and volleyball.<sup>27</sup> **Without sex-specific sports teams, women and girls lose.**



# FAST FACTS SPORTS

The strongest 10% of females can only beat the bottom 10% of men in hand grip tests.<sup>28</sup> Hand grip is one of the most widely-used markers for **strength**.



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% of their men's speed world records.<sup>29</sup> Each year, **hundreds** of men easily beat the world's best time in the women's marathon.<sup>30</sup>



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



Male marathon runners have **lower body fat** percentages than female marathon runners.<sup>31</sup>



Men have a greater amount of **fast twitch muscle fibers**, which give men **explosive power**.<sup>32</sup>

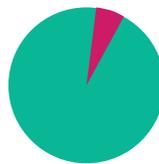


On average, men are physically stronger than women.<sup>33</sup>

Men have **66%** more upper-body muscle than women, and **50%** more lower-body muscle.<sup>34</sup>



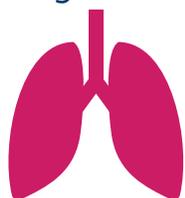
There is a **10%** performance gap between male and female athletes in most sports and it hasn't narrowed as women train harder.<sup>35</sup>



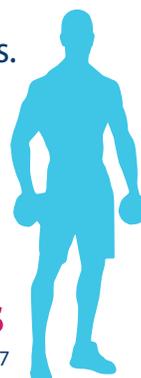
Men have **higher hemoglobin levels**, allowing their body to oxygenate muscles more quickly and efficiently.<sup>36</sup>



Men 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.



Men have bigger and stronger bones. A larger skeletal structure means men's bodies can hold **more muscle** and **larger bones** facilitate leverage.<sup>37</sup>



Men are **taller**, giving them an advantage in sports like basketball or volleyball.



# PRIVACY CONCERNS

- **Good school policy will respect the physical differences between the sexes without resorting to an unverifiable gender identity or sex stereotypes as the determination of who is a boy and who is a girl.** Sex is a bodily reality that does not change according to how a student feels or dresses. See Appendix 2 for a model Student Physical Privacy Policy.
- Students are often coping with higher than normal levels of anxiety and shame about their bodies when they enter puberty. **Girls, in particular, are uncomfortable using restrooms in schools that have introduced mixed-sex restroom policies.**<sup>38</sup> Single-sex intimate spaces grant much-needed privacy to students when they are attending to bodily needs.
- **Girls need to know** they have a right to set boundaries regarding their bodily privacy when they change clothes or shower in a school facility.<sup>39</sup> Policies that strip girls of their right to privacy reinforce the notion they are not in control of who can see their body when they use intimate facilities. **With concern about sexual assault at an all-time high, it makes no sense to tell young women to drop their guard.**
- When schools implement mixed-sex restrooms, privacy is eliminated for all students—including those who identify as transgender. **Mixed sex locker rooms and restrooms result in privacy violations of every single student in those areas whenever someone of the opposite sex enters the room.**
- Schools that grant access to spaces like locker rooms and shower areas according to gender identity instead of sex create problems for teachers and coaches who may be charged with supervising students in those areas. **Adult teachers should not be forced to watch students of the opposite sex undress or shower.**<sup>40</sup>
- **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.**<sup>41</sup> If a convicted felon deserves privacy when undressing, how much more does a young student?

# PARENTS' AND STUDENTS' RIGHTS

Schools have the responsibility to create policies that balance the needs of the community and take into account parents' and students' fundamental Constitutional rights.

## Parents' Rights



The Supreme Court has found that parents have a fundamental right to control the upbringing and education of their children.<sup>42</sup>



Depending upon individual state laws, parents may have the right to control their child's exposure to sensitive materials like transgender-themed books and curriculum in the classroom.<sup>43, 44</sup>



Parents have the right to teach their children that there is a difference between the sexes.<sup>45</sup>

## Students' Rights



Students have the right to bodily privacy. As one court determined, females "using a women's restroom expect a certain degree of privacy from surveillance or from intrusions, either casual or hostile, by members of the opposite sex."<sup>46</sup> Students have the right to protect their modesty and choose not to be seen by, or see, the opposite sex when they are undressing.<sup>47</sup>



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 men and women to use the same areas for washing, toileting, and changing clothes. No student should be forced to trade their cultural traditions for an education.



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

Please see Appendix 6 to find contact information for your state Family Policy Council, which can share more information about parental rights in your state.

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- <sup>2</sup> "Human Rights Campaign Assets: 2017," *Human Rights Campaign*, <https://assets2.hrc.org/files/assets/resources/HRC-990-FY18.pdf>.
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- <sup>43</sup> See generally *Meyer v. Nebraska*, 262 U.S. 390 (1923), (Recognizing a common law right to guide the education of one's children.) [https://scholar.google.com/scholar\\_case?case=16175793893966768030&q=+Meyer+v.+Nebraska&hl=en&as\\_sdt=6,243](https://scholar.google.com/scholar_case?case=16175793893966768030&q=+Meyer+v.+Nebraska&hl=en&as_sdt=6,243).
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- <sup>45</sup> See generally *Pierce v. Society of Sisters*, 268 U.S. 510 (1925), (Parents and guardians have the right to direct the upbringing and education of children under their control.) [https://scholar.google.com/scholar\\_case?case=6094501649208458004&q=pierce+v+soci-ety+of+sisters&hl=en&as\\_sdt=6,244](https://scholar.google.com/scholar_case?case=6094501649208458004&q=pierce+v+soci-ety+of+sisters&hl=en&as_sdt=6,244).
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# PARENT INVOLVEMENT AND COMMUNITY BUILDING

## CHAPTER 5

Parents have an important role to play in the creation of a respectful and inclusive school climate that balances the needs of students through compassionate, common sense policy solutions. When parents express their concerns about transgender ideas in the classroom, they are both inspiring other parents to get involved and helping to create an environment that ensures every student's rights, health, and safety are taken into account.

## ENVISIONING A RESPECTFUL SCHOOL ENVIRONMENT

### Climate

- Schools help students feel safe at school by fostering a culture of respect for the body. **Students, and especially female students, need to know that the school cares about their bodily privacy enough to provide them with single-sex spaces.**
- A respectful school is a place for open debate and free speech, a place where students of all faiths or no faith at all feel welcome. No student should be compelled to use incorrect pronouns, which convey the message that it is possible to change sex. To require students to communicate an idea with which they may have serious disagreement, is to deny students their right to free speech.
- Schools help children grow in appreciation for their body by teaching about its amazing abilities. Science, physical education, and art classes, among others, can awaken wonder and respect for the human body.
- **Kids are kids; their nonconformity to sex stereotypes is not a sign that they are transgender.** Children should not be made to feel that trying out toys or games that are stereotypically associated with the opposite sex makes them transgender.
- A student's nonconformity to stereotypical notions of masculinity or femininity does not grant them access to facilities or programs meant for the opposite sex. **Rather, students should understand that their nonconformity to stereotypes will not bar them from accessing the facilities and programs set aside for their own sex.**

- Social contagion plays a role in the transgender-identification of children. Schools that openly celebrate transgender ideas enable a trend that is causing young people to question their sex and are steering children toward harmful and irreversible treatments. No child should be made to wonder if they need to make drastic body modifications just because they do not fit in with their same-sex peers.

## Policy

- Schools need to make it abundantly clear that any student can use the available single-stall restrooms and locker rooms, helping to remove any stigma that students may have attached to using those facilities. See Appendix 2 for a model policy.
- Bullying and harassment of any student is never acceptable. Instead of creating new policies to address every possible bullying scenario, teachers and staff should be equipped to address all bullying.
- Schools have the responsibility to research the priorities of the organizations they invite in for staff trainings and present factual information in a balanced way.

## Notification

- Schools that offer advance notification to parents of any lesson, book, or assembly that covers transgender, LGBTQ, sexual education, or other family life issues, respect a parent's right to teach the material in accordance with their family's values.
- **Parents must always be made aware when their child is desiring to express a different identity at school.** School staff, administrators, social workers, and psychologists serve students best when they make parents aware of a student's discomfort with his or her sex.
- Schools should inform all parents when a transgender-identified student requests to make their identity public. Students, especially young students, are very confused by the concept of "changing sex". Parental notification gives families the opportunity to have this important conversation, and make important mental health decisions concerning their child, at home.

## Sports

- Schools undermine girls' sports opportunities by adopting policies or practices that determine team eligibility by gender identity. Girls' physical safety and athletic opportunities can only be ensured if teams are separated by sex.
- Parents must be notified if a student of the opposite sex will be competing on a team with their child. When teen girls and boys play on teams together or against each other, the risk of physical injury increases. When mixed-sex teams travel and make use of hotel accommodations, students will need to be granted single-sex rooming options.
- Single-stall locker room and restroom facilities should be made available for any team members that are uncomfortable using those areas with members of their own sex.

# BE INFORMED AND BE PROACTIVE

**This Guide is meant to equip you with the information needed to work with your child's school in a positive and constructive way.** Sharing this Guide with your school board members and administrators is a proactive step you can take to help ensure that your child is being educated in a school with good policies and curricula. The following section offers tips you can use for practical engagement with school officials.

- **Review the classroom curriculum that your child will be using for the year, especially asking to see anything that pertains to gender, sexuality, intimate relations, family life issues, and bullying.** Ask what school programs or presentations will be given during the school year regarding these issues, what the content will be, and what (if any) outside group will supply materials or be involved in the presentation. Make sure you look at the library and classroom books available to your child.
- **Consider requesting notification when gender, sexuality, diversity, or family life issues are going to be presented to your child in the classroom, during school presentations, or during anti-bullying assemblies.** Let the appropriate school official and your child's teacher know that you expect to be informed ahead of time about any such events by using the sample notification letter in Appendix 3. Such a request may or may not be honored according to your state's laws or school district policies. Consider asking your school board to pass a parental notification policy that will ensure parents are informed ahead of time.
- Ask what is the policy or instructions given to teachers and staff when a transgender-identified, or any, student requests to use the bathroom, locker rooms, or field trip sleeping accommodations of the opposite sex.
- Inform school officials that you oppose gender inclusion policies that allow mixed-sex access to restroom, locker room facilities and overnight accommodations. If your school is considering adopting such a policy, use the letter template in Appendix 4 to inform school officials of your concerns.
- **Share this Guide with like-minded parents and community members to help grow involvement at your school. Use social media and email groups to communicate, plan more effectively, and have more impact with a larger group.**

# KNOW YOUR BOUNDARIES

- **Only you can know when a policy crosses the line.** Be sure to familiarize yourself with your school policies.
- **If your rights are violated, you may need to seek legal counsel, work to replace a school board member, or decide to leave the school.** Remember, you are the primary educator of your child. See Appendix 6 to find contact information for your state Family Policy Council, which can offer assistance.

# BE READY TO ADVOCATE FOR YOUR KIDS

- **Schedule private meetings with your Superintendent, administration, and your child's teachers to learn more about what is going on in the classroom.** If possible, bring other parents with you. Create a record by following-up with a letter re-capping what was said at the meeting. See next page for a list of questions you might want to ask.
- **Make time to attend school board meetings.** Board meetings are where you can learn more about the plans your board members have for the district, how each member votes, and what issues are a priority. Invite friends to attend with you and consider hosting a debriefing session afterwards where you can socialize and strategize.
- **Plan to speak out at meetings.** Preparing a brief statement of your recommendations or concerns and sharing it during the public comment period of your school board meeting shows the board that you care and is a way to share information with the community at large. Know that some districts require that you sign up before the meeting if you would like to comment and find out ahead of time when public comment will take place during the board meeting. If you are nervous about speaking in front of others, bring a few friends along who can also make public comment and offer support and encouragement.
- **If you are not ready to speak out publicly right now, you can still write a letter to your school board members and superintendent, and encourage like-minded parents to do the same.**
- Request to meet with school board members to express your concerns and provide relevant information, such as this Parent Resource Guide, for their consideration.
- If your school board is considering passing a policy that threatens privacy, circulate a petition in your school community and in your district. Use word of mouth and social media to share a link to your petition. When possible, reach out to the people who sign your petition and invite them to get involved.
- If your school is not sharing important information with you openly and transparently, consider submitting a Public Records Request to learn more about the policies concerning gender identity, use of opposite sex facilities, and sports participation that are being implemented at your school, what training materials are being provided to teachers and administrators, and what outside groups are being allowed to influence school policy. See Sample Public Records Request included as Appendix 5.
- **Remember, the school board works for you and for your children.** Hold them accountable in board elections by campaigning and voting for members that support the privacy and dignity of all students.
- **Write letters to the editor to your local newspaper.** Your school board members read the newspaper.

## **A sample list of questions to use when you communicate with school officials about policies and classroom instruction.**

1. Does our school have a gender inclusion policy that addresses issues like restroom, locker room, and overnight accommodation use, preferred pronouns, and changes to student identity documents?
2. What instructions are given to teachers and staff when a trans-identified, or any student, requests to use the bathroom or locker rooms, overnight accommodations, or compete on the sports teams of the opposite sex?
3. Where can parents find information and policies on student transgender-identification, like “gender inclusion policies,” published on the school’s website, or in the school manual?
4. Does the school allow students to use restrooms, locker rooms, and overnight accommodations based on biological sex or gender identity? Will parents be informed if these facilities become available on a mixed-sex basis?
5. Does the school have a Student Physical Privacy Policy that will ensure every student is protected and accommodated?
6. Is there a district policy that allows boys who may identify as transgender girls to compete against girls in sports? What measures are the school taking to ensure fair competition and the physical safety and privacy of girl athletes?
7. Will parents be notified if their own child identifies as something other than their sex during the school day?
8. Will parents be notified if their child has requested to change their sex on school documents?
9. Will parents be notified if their child has sought help from the school counselor regarding gender identity?
10. Does the school’s current sex education curricula mention gender identity or transgender identification at all? When can I set up a time to review those materials?
11. Are there any school assemblies or classroom lessons on sexuality or gender identity planned? How do you plan on notifying parents when information on sexuality and gender identity is presented to students?
12. Is there a GSA club in the middle or high school? Do students need parent permission to join a GSA club?
13. Has our school brought in any outside organizations to lead student presentations on transgender issues?
14. What resources and outside organizations does our school use as a source of information to train teachers or to write policy?
15. What discipline will students who don’t comply with pronoun preferences be subjected to?
16. Are staff compelled by policy to comply with student requests for preferred pronouns?



# CONCLUSION

## Parents, You Can Make a Difference!

How we approach the transgender issue in our schools will make all the difference in the lives of all kids, and especially those who are struggling to accept their bodies as male or female. Every child deserves to hear that there is nothing they need to change about their body in order to gain acceptance from their peers or the adults in their lives. **Young people need to know they are beautiful just the way they are, and there is no one better positioned to bring this positive view of human identity to public schools than parents.** You can make a difference, and the time to act is now!

**By respectfully speaking out, you can help to ensure that school boards hear what the research makes clear: our sex does not change according to our feelings, and school policy that ignores that fact ends up hurting our kids.** Many school boards are pressured by outside activist organizations to pass policies that treat bodily sex as irrelevant, but parents are the real stakeholders in a school, not activist groups. From loss of privacy to celebration of identity confusion, these radical activist policies are not helpful or safe for kids. Communicating your well-founded concerns about transgender ideas to school officials is an important way of protecting all students.

Don't forget—your courage is contagious! Respectfully speaking out will have an inevitable and powerful influence on those who are not yet ready to make their voice heard. The transgender trend is based on irrational ideas that require people to stifle their very reasonable questions. **When you voice your concerns publicly, you carve out a space for other parents to do the same.** Resistance to this trend will be built one parent at a time, and it starts with you.

Take heart knowing that objections to the transgender issue are coming from people across the political spectrum. This is not a “right or left” issue. Joining together with parents of other political views will help to demonstrate that bodily sex is a universal fact common to all of us. **Recognizing and acknowledging human biology is not ideological and it is not a form of bigotry.**

With full awareness of your rights and the ramifications of transgender ideas, you can make a difference in our public schools. **Take courage, gather a community, and speak up—our children deserve nothing less.**

# APPENDIX

## **Appendix 1**

Table of studies showing the majority of children with gender dysphoria accept their sex by adulthood

## **Appendix 2**

Alliance Defending Freedom, "Student Physical Privacy Policy"

## **Appendix 3**

Sample Opt-Out Form Letter and Notification Request

## **Appendix 4**

Sample Letter expressing concern if a gender inclusion policy is under consideration by your school board

## **Appendix 5**

Sample Public Records Request

## **Appendix 6**

Family Policy Council Contact Information

## A majority of children with gender dysphoria accept their sex by adulthood. A table of studies.

Study	Year	Number in study	Stopped identifying as transgender	Transgender-identifying/ Cross-dressing	Uncertain	% Desisting min-max
Lebovitz, P. S. (1972). Feminine behavior in boys: Aspects of its outcome. <i>American Journal of Psychiatry</i> , 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. <i>Comprehensive Psychiatry</i> , 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. <i>Journal of Pediatric Psychology</i> , 4, 29–41.	1979	9	9	0	0	100%
Zuger, B. (1984). Early effeminate behavior in boys: Outcome and significance for homosexuality. <i>Journal of Nervous and Mental Disease</i> , 172, 90–97.	1984	45	33	2	10	73%-96%
Davenport, C. W. (1986). A follow-up study of 10 feminine boys. <i>Archives of Sexual Behavior</i> , 15, 511–517.	1986	10	6	1	3	60%-90%
Green, R. (1987). <i>The "sissy boy syndrome" and the development of homosexuality</i> . New Haven, CT: Yale University Press.	1987	44	43	1	0	98%
Kosky, R. J. (1987). Gender-disordered children: Does inpatient treatment help? <i>Medical Journal of Australia</i> , 146, 565–569.	1987	8	8	0	0	100%
Wallien, M. S. C., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 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. <i>Developmental Psychology</i> , 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. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 52, 582–590.	2013	127	80	47	0	63%

## STUDENT PHYSICAL PRIVACY POLICY

### I. PURPOSE

In recognition of student physical privacy rights and the need to ensure student safety and maintain school discipline, this Policy is enacted to advise school site staff and administration regarding their duties in relation to student use of restrooms, locker rooms, showers, and other school facilities where students may be in a state of undress in the presence of other students.

### II. DEFINITIONS

“Sex” means an individual’s immutable biological sex as objectively determined by anatomy and genetics existing at the time of birth. An individual’s original birth certificate may be relied upon as definitive evidence of the individual’s sex.

### III. POLICY

#### A. Use of School Facilities

1. Notwithstanding any other Board Policy, every public school restroom, locker room, and shower room accessible by multiple persons at the same time shall be designated for use by male persons only or female persons only.

2. In all public schools in this District, restrooms, locker rooms, and showers that are designated for one sex shall be used only by members of that sex; and, no person shall enter a restroom, locker room, or shower that is designated for one sex unless he or she is a member of that sex.

3. In any other public school facility or setting where a person may be in a state of undress in the presence of others, school personnel shall provide separate, private areas designated for use by persons based on their sex, and no person shall enter these private areas unless he or she is a member of the designated sex.

4. This section shall not apply to a person who enters a facility designated for the opposite sex:

- a. for custodial or maintenance purposes, when the facility is not occupied by a member of the opposite sex;
- b. to render medical assistance; or
- c. during a natural disaster, emergency, or when necessary to prevent a serious threat to good order or student safety.

5. Nothing in this section shall be construed to prohibit schools from adopting policies necessary to accommodate disabled persons or young children in need of physical assistance when using restrooms, locker rooms and shower rooms.

B. Accommodation for Students Desiring Greater Privacy

Students who, for any reason, desire greater privacy when using a facility described in subsection A may submit a request to the principal for access to alternative facilities. The principal shall evaluate these requests on a case-by-case basis and shall, to the extent reasonable, offer options for alternate facilities, which may include, but are not limited to: access to a single-stall restroom; access to a uni-sex restroom; or controlled use of an employee restroom, locker room, or shower. In no event shall the accommodation be access to a facility described in subsection A that is designated for use by members of the opposite sex while students of the opposite sex are present or could be present.

### Sample Opt-Out Form Letter and Notification Request

*(Keep in mind that your school district may not be legally obligated to honor your request for prior notification of school activities.)*

Dear \_\_\_\_\_,

This letter is to inform you that our child(ren) \_\_\_\_\_ will not be participating in any curricula, lessons, assemblies, or any other presentations during the school day that include information on topics such as sex education, sexual orientation, gender identity, transgender identification, or any other subject matter related to diversity and sexuality. Specifically, my child will not be attending \_\_\_\_\_ [Enter information here about any specific book, lesson, assembly, or other curricula that your child is not permitted to participate in].

Before any family life issue (including, but not limited to sex education, sexual orientation, gender identity, transgender-identification, or any other subject matter related to diversity and sexuality) is presented to my child, **please notify me** so that I may ascertain whether my child will participate in those specific lessons.

Thank you,

\_\_\_\_\_

**Sample Letter expressing concern if a gender inclusion policy  
is under consideration by your school board**

Dear \_\_\_\_\_,

I write today out of concern for the Gender Inclusion Policy under review at [INSERT SCHOOL NAME].

The Gender Inclusion Policy the school is considering violates the constitutional right of bodily privacy of other students in the district, by forcing them to be in various states of undress in the presence of members of the opposite biological sex. All students have basic physical privacy rights, and the [INSERT SCHOOL NAME] board and administration have a duty to protect those privacy rights, particularly when young children are in intimate settings away from home.

In order to protect the safety and privacy rights of all students, I urge the [INSERT SCHOOL NAME] school board to pass and the administration to uphold the enclosed "Student Physical Privacy Policy" to protect the privacy rights of all children. [ENCLOSE OR ATTACH APPENDIX 2: "STUDENT PHYSICAL PRIVACY POLICY"]

While policies that seek to accommodate the wishes of those students who identify as transgender may be well-intentioned, they should not supersede the privacy rights of the rest of the student body.

Sincerely,

\_\_\_\_\_, a concerned [INSERT SCHOOL NAME] parent

**SAMPLE PUBLIC RECORDS ACT (or LAW) REQUEST**

[Date]

Public Records Officer

[School name and address]

RE: Public Records Act [or Law] Request

Dear \_\_\_\_\_,

We are concerned parents of a student in [Name] School [or, in the \_\_\_\_\_ School District]. Pursuant to the [State] Public Records Act (or Law), [State law code section], we request copies of all documents, digital communications, and other public records in the possession of [school or school district] from [date] to the present that refer or relate to the following:

1. Any school or district policy, instructions, guidelines, or procedures given to administrators, teachers, and staff concerning when a student who identifies as transgender requests to use the bathroom, locker room, or facilities of the opposite sex (i.e., the gender they identify as) or to be housed in overnight accommodations with members of the opposite sex.
2. Any school or district policy, instructions, procedures, or guidelines that addresses preferred student pronouns or changes to student identifying documents.
3. Any school or district policy, instructions, procedures, or guidelines that addresses students being allowed to compete against the opposite sex (i.e., the gender they identify with) in sex-specific sports.
4. Any district policy, procedure, or guidance that has been passed, or is presently under consideration, by the School Board that addresses issues specific to students who identify as transgender including, but not limited to, access to bathrooms, locker rooms, and facilities of the opposite sex (i.e., the gender they identify with), pronoun usage, and competition in sports against member of the opposite sex.
5. Any email or communications between parents and district administrators or school board members addressing concerns about any policy, guideline, instruction, or issue concerning students who identify as transgender.
6. Any emails or communications involving members of the [school district] Board of Education ("School Board") or school Superintendent concerning policies, guidelines, issues, or incidents concerning students who identify as transgender.

7. Any email or other communications involving or referencing any of the following, or any person associated with any of the following: [Add activist organizations in your community]
  - The Gay, Lesbian, Straight Education Network (“GLSEN”), including emails with the domain “GLSEN.org”
  - The Human Rights Campaign
  - The Gender Spectrum
  - The Gay-Straight Alliance or the Gay-Straight Alliance Network
  - Planned Parenthood
  - PFLAG, or, the Trevor Project
  - Any other organization providing information or advocacy on gender identity.
8. Any documents, training materials, PowerPoint slide shows, or other presentations, provided by any other organization referenced in request #7 or used as a source of information for teachers or staff concerning sexual or gender identity.
9. Any document, brochure, book, presentation, curriculum, or written materials used with or given to students, or in the school library, concerning sexual or gender identity.
10. Any document referencing whether and how parents will be notified if their child identifies as something other than their biological sex or has requested to change their name or pronouns at school or on school documents.
11. Any document referencing discipline to be given to students who do not comply with another student’s or staff member’s request regarding gender or pronoun preferences.
12. Any surveys or questionnaires that will be given to students this year that inquire about sexual behaviors, sexual orientation, or sexual or gender identity.

Students “who identify as transgender” should include students who identify as any gender other than their biological sex. The “opposite sex” would include the gender the student identifies with.

We understand that individual student or parent identifying information may be redacted from requested public records. If you deny any part of this request, please state in writing the specific statutory basis, including the statutory citation, upon which you rely for your denial, as is required under [State] law. Also, pursuant to [State law], we request that you release all portions of requested documents to which no exemption is directly applicable.

We ask that you please waive any costs associated with finding and reproducing the requested public records, or that you first inform us about such costs as required by [State] law. As you know, [State] law requires a response by you **within \_\_\_ business days** of your receipt of this letter. You may contact us at [phone number or email address]. We thank you in advance and look forward to hearing from you in a timely fashion.

Sincerely yours,  
[Parent(s) name(s)]

**Alabama**

Alabama Policy Institute  
[AlabamaPolicy.org](http://AlabamaPolicy.org)

**Alaska**

Alaska Family Action  
[akfamily.org](http://akfamily.org)

**Arizona**

Center for Arizona Policy  
[AZPolicy.org](http://AZPolicy.org)

**Arkansas**

Family Council  
[FamilyCouncil.org](http://FamilyCouncil.org)

**California**

California Family Council  
[CaliforniaFamily.org](http://CaliforniaFamily.org)

**Colorado**

CFA Foundation (CFAF)  
[coloradoaction.org](http://coloradoaction.org)

**Connecticut**

Family Institute of Connecticut  
[CTFamily.org](http://CTFamily.org)

**Delaware**

Delaware Family Policy Council  
[DelawareFamilies.org](http://DelawareFamilies.org)

**Florida**

Florida Family Policy Council  
[FLfamily.org](http://FLfamily.org)

**Georgia**

Family Policy Alliance of Georgia  
[FamilyPolicyAlliance.com/Georgia](http://FamilyPolicyAlliance.com/Georgia)

**Hawaii**

Hawaii Family Forum  
[HawaiiFamilyForum.org](http://HawaiiFamilyForum.org)

**Idaho**

Family Policy Alliance of Idaho  
[FamilyPolicyAlliance.com/Idaho](http://FamilyPolicyAlliance.com/Idaho)

**Indiana**

Indiana Family Institute  
[HoosierFamily.org](http://HoosierFamily.org)

**Iowa**

The FAMiLY Leader  
[TheFamilyLeader.com](http://TheFamilyLeader.com)

**Kansas**

Family Policy Alliance of Kansas  
[FamilyPolicyAlliance.com/Kansas](http://FamilyPolicyAlliance.com/Kansas)

**Kentucky**

The Family Foundation  
[kentuckyfamily.org](http://kentuckyfamily.org)

**Louisiana**

Louisiana Family Forum  
[LAFamilyForum.org](http://LAFamilyForum.org)

**Maine**

Christian Civic League of Maine  
[CCLMaine.org](http://CCLMaine.org)

**Massachusetts**

Massachusetts Family Institute  
[mafamily.org](http://mafamily.org)

**Michigan**

Michigan Family Forum  
[MichiganFamily.org](http://MichiganFamily.org)

**Minnesota**

Minnesota Family Council & Institute  
[MFC.org](http://MFC.org)

**Missouri**

Missouri Family Policy Council  
[MissouriFamily.org](http://MissouriFamily.org)

**Montana**

Montana Family Foundation  
[MontanaFamily.org](http://MontanaFamily.org)

**Nebraska**

Nebraska Family Alliance  
[nebraskafamilyalliance.org](http://nebraskafamilyalliance.org)

**New Hampshire**

Cornerstone Action  
[nhcornerstone.org](http://nhcornerstone.org)

**New Jersey**

Family Policy Alliance of New Jersey  
[NJFPC.org](http://NJFPC.org)

**New Mexico**

Family Policy Alliance of New Mexico  
[FamilyPolicyAlliance.com/NewMexico](http://FamilyPolicyAlliance.com/NewMexico)

**New York**

New Yorkers Family Research Foundation  
[NewYorkFamilies.org](http://NewYorkFamilies.org)

**North Carolina**

North Carolina Family Policy Council  
[NCFamily.org](http://NCFamily.org)

**North Dakota**

Family Policy Alliance of North Dakota  
[FamilyPolicyAlliance.com/NorthDakota](http://FamilyPolicyAlliance.com/NorthDakota)

**Ohio**

Citizens For Community Values  
[CCV.org](http://CCV.org)

**Pennsylvania**

Pennsylvania Family Institute  
[PAFamily.org](http://PAFamily.org)

**South Carolina**

Palmetto Family Council  
[PalmettoFamily.org](http://PalmettoFamily.org)

**South Dakota**

Family Heritage Alliance  
[FamilyHeritageAlliance.org](http://FamilyHeritageAlliance.org)

**Tennessee**

Family Action Council of Tennessee  
[FACTN.org](http://FACTN.org)

**Texas**

Texas Values  
[txvalues.org](http://txvalues.org)

**Virginia**

The Family Foundation  
[FamilyFoundation.org](http://FamilyFoundation.org)

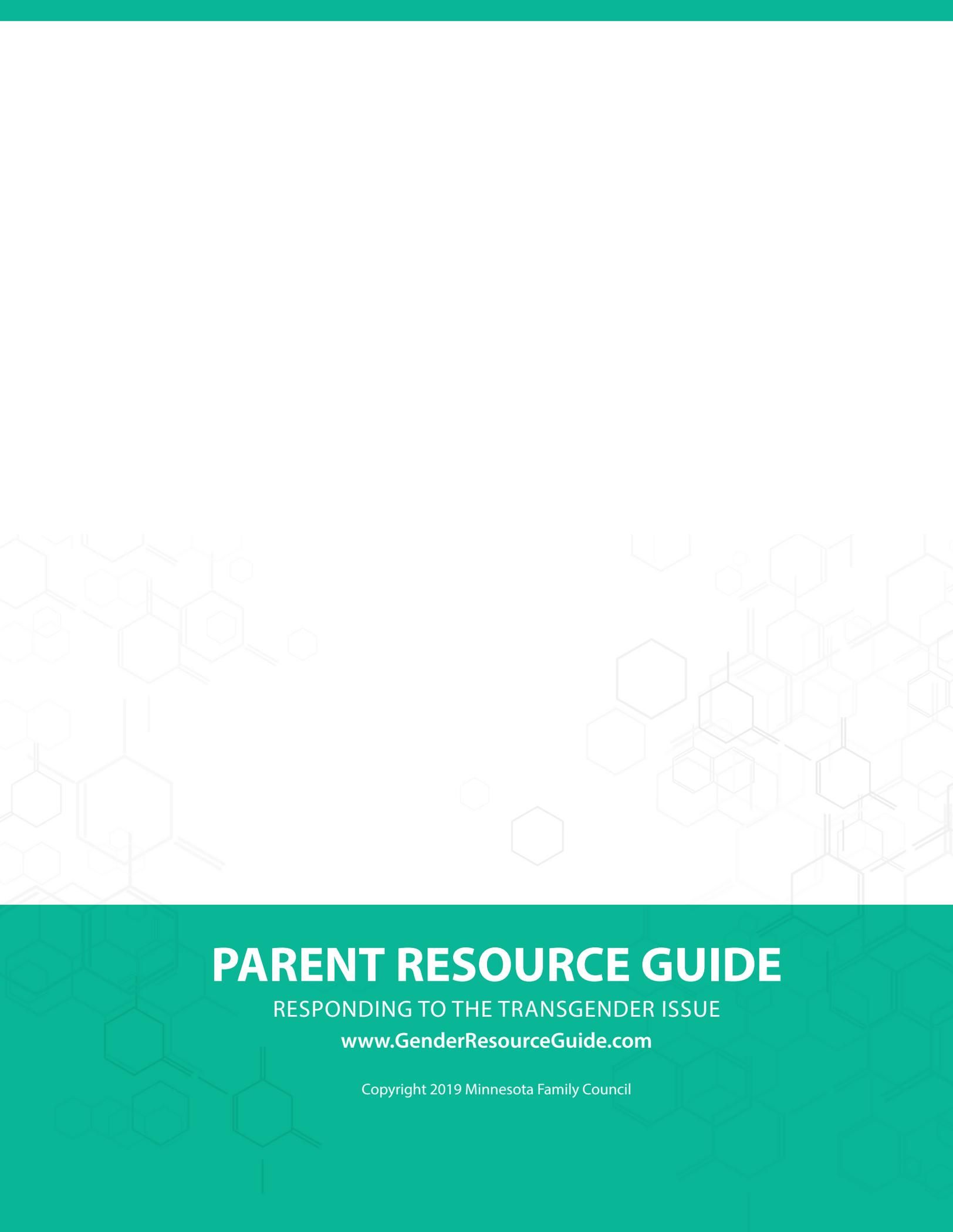
**Washington**

Family Policy Institute of Washington  
[FPIW.org](http://FPIW.org)

**Wisconsin**

Wisconsin Family Action, Inc.  
[WIFamilyAction.org](http://WIFamilyAction.org)





# PARENT RESOURCE GUIDE

RESPONDING TO THE TRANSGENDER ISSUE

[www.GenderResourceGuide.com](http://www.GenderResourceGuide.com)

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