No. 25--840

In the Supreme Court of the United States

INTERNATIONAL PARTNERS FOR ETHICAL CARE, ET AL.
Petitioners,

v.

BOB FERGUSON, GOVERNOR OF WASHINGTON, ET AL.,
Respondents.

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

BRIEF FOR *AMICI CURIAE* OUR DUTY-USA, CHILD & PARENTAL RIGHTS CAMPAIGN AND LGB COURAGE COALITION IN SUPPORT OF PETITIONERS FOR REVERSAL

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INTRODUCTION AND INTEREST OF *AMICI CURIAE*[1]

Our Duty-USA ("Our Duty") is a nonprofit whose diverse members share the experience of raising children who reject or formerly rejected their sex. Members have had schools secretly socially transition their children, deceive them when they ask about their children's identities, refuse to stop affirming their child's rejection of their sex despite their demand, and report them to child welfare agencies for refusing to endorse their child's trans-identity. Some Our Duty members are directly affected by the Washington legislative scheme at issue here.

Child & Parental Rights Campaign, Inc. ("CPRC") is a nonprofit, public-interest law firm representing parents nationwide—like Petitioner parents—in challenges to governmental actions threatening parental rights, including, as here, statutory schemes that conceal a child's discordant "gender identity" from fit parents. CPRC has represented parents whose children's schools concealed their treatment as the opposite sex and parents who lost custody of gender-confused children to child protective services. The Washington statute at issue is more dangerous still, resulting in parents being denied custody without due process simply for refraining from affirming their child's gender confusion and raising their child as his or her sex.

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

Amicus LGB Courage Coalition is a lesbian and gay advocacy group committed to evidence-based medical care, ending the medicalization of gender nonconformity, and helping lesbian, gay, and bisexual individuals find a path back after undergoing medicalization while identifying as transgender. The Coalition views sex-rejecting interventions as rooted in regressive sex-based stereotypes that disproportionately target gays, lesbians, and autistic youth, and holds that no child should suffer the harms of puberty blockers, cross-sex hormones, or sex-rejecting surgeries—nor should families be coerced into affirming that a child is a sex other than that which is imprinted in virtually every cell of his or her body.

The Coalition was founded by Jamie Reed, the whistleblower from Washington University's Pediatric Transgender Center at St. Louis Children's Hospital. Her 2023 testimony of the harms she observed to the Missouri Attorney General prompted a state ban on sex-rejecting procedures for minors and the Center's closing. Reed has since testified in legislative hearings nationwide that she was once a "true believer" in sex-rejecting interventions but came to see that the Center's treatments often caused permanent harm to the very children they claimed to be helping.

SUMMARY OF ARGUMENT

At the core of this case is whether parents are permitted to raise their children as their sex or must, under threat of losing custody, subject them to sex-rejecting interventions when the child adopts an identity that differs from his or her sex.

Washington's 2023 revisions to its Family Reconciliation Act ("FRA") eviscerate the fundamental right of Washington parents to direct the care and upbringing of their children, "perhaps the oldest of the fundamental liberty interests" this Court has acknowledged. *Troxel v. Granville*, 530 U.S. 57, 65 (2000). Washington has made that fundamental right contingent upon parents agreeing with the State's viewpoint on the controversial topic of providing "gender-affirming treatment"[2] to children experiencing identity issues. Parents who do not agree with their child's request for such treatment stand to lose custody and control of their child in favor of a state-licensed youth shelter and the Department of Children Youth and Families ("DCYF") with no due process. Under Washington's legislative scheme, parents are no longer the guardians of their children's health but obstacles to be circumvented to fulfill the child's request and the State's agenda to facilitate sex-rejecting interventions.

Petitioners' Statement of the Case sets out how the 2023 amendments transformed the FRA's narrow "compelling reasons" exception — previously limited to circumstances of actual abuse or neglect — into a vehicle for treating any parent who does not affirm his or her child's gender confusion as presumptively unfit.

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[2] Washington law defines "[G]ender-affirming treatment" as "a service or product that a health care provider *** prescribes to an individual to support and affirm the individual's gender identity." WASH.REV.CODE §74.09.675(3). This includes physical or mental health services, §70.02.010(15), including "[f]acial feminization surgeries"; "facial gender-affirming treatment"; "tracheal shaves, hair electrolysis," "mastectomies, breast reductions, breast implants, or any combination of gender-affirming procedures," §74.09.675(2)(b).

Wash. Rev. Code § 13.32A.082(2)(c)–(d) (2023). That framework contravenes the long-standing presumption that fit parents act in their children's best interests, and that state intervention is warranted only when a genuine danger exists. *See Parham v. J.R.*, 442 U.S. 584, 602 (1979). Amici write separately to address why Washington's scheme fails as a matter of substantive and procedural due process, and to show, through amici's own experiences, the tragic consequences of depriving parents of due process.

By defining a minor's pursuit of "protected health care services," that includes "gender-affirming treatment," as a *per se* "compelling reason" to withhold parental notice, the State has created an irrebuttable presumption that a parent who raises his or her gender-confused child as that child's sex is abusive or neglectful.[3] This Court condemned that

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[3] Washington state is not alone in casting parents who raise their children as abusive. California and Minnesota have each amended their UCCJEA statutes to treat a parent's refusal to permit sex-rejecting interventions as a jurisdictional trigger equivalent to child abandonment or abuse. CAL. FAM. CODE § 3421(d); MINN. STAT. § 518D.204(a)(1)–(3); *See also,* Laura Bryant Hanford & Erin Friday, *States Rip Families Apart to Serve Transgender Ideology*, WALL ST. J. (Feb. 27, 2026), https://www.wsj.com/opinion/states-rip-families-apart-to-serve-transgender-ideology-4875664e. The push to remove children from parents who would not affirm a child's rejection of his or her sex reached the Biden administration itself, which funded judicial training, foster-care rulemaking, and child-welfare tracking programs treating non-affirming parents as a risk to their children. *See*, Megan Brock, *EXCLUSIVE: Child Services Dept Working With Biden Harris-Admin Tracked 'Trans Kids' on Secret Database*, DAILY CALLER (Oct. 23, 2024), https://dailycaller.com/2024/10/23/exclusive-child-

same "procedure by presumption" in *Stanley v. Illinois*, 405 U.S. 645, 656–57 (1972). Once a report reaches DCYF, the agency need only make a "good faith attempt" to notify the parent, without disclosing the child's location or condition while conditioning reunification on the family's participation in State-managed "conflict resolution." Wash. Rev. Code § 13.32A.082(3)(a)–(b). In practice, this scheme authorizes the State to conceal children from fit parents, assume decision-making authority over their medical and psychological care, and delay or deny reunification, all without prior notice, a hearing, or any judicial finding of unfitness.

Parents are the express objects of a statutory scheme designed to ostracize "non-affirming" parents. The panel's decision conflicts with this Court's precedents and the Ninth Circuit's own parental rights cases. Parents have no meaningful way to invoke pre-deprivation protections before their custodial rights are effectively eviscerated. That deprivation is especially egregious given the questionable and highly consequential nature of the

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services-dept-working-with-biden-harris-admin-tracked-trans-kids-on-secret-database/; Katelynn Richardson & Megan Brock, *Activists Behind Biden-Harris Foster Care Rule Envision System That Strips Custody From Non-Affirming Parents*, DAILY CALLER (Oct. 14, 2024), https://dailycaller.com/2024/10/14/activists-behind-biden-harris-foster-care-regulation-want-to-strip-custody-from-non-affirming-parents/; Katelynn Richardson & Megan Brock, *'Break Up Family Relationships': Biden-Harris Admin Pushes Judges to Bring Gender Ideology Into the Courtroom*, Daily CALLER (Oct. 21, 2024), https://dailycaller.com/2024/10/21/break-up-family-relationships-biden-harris-admin-pushes-judges-bring-gender-ideology-into-courtroom/.

sex-rejecting interventions the statute puts beyond parental reach—interventions that, as amici detail below, carry serious and often irreversible harms and risks that responsible parents are constitutionally entitled to choose to withhold from their children.

This Court should overturn the Ninth Circuit's ruling and permit Petitioners to preserve the rights of parents to direct the care and upbringing of their children, reaffirm the sanctity of the parent-child relationship, and ensure that fit and loving parents remain the primary guardians of their children.

ARGUMENT

I. Washington's statutory scheme deprives parents of their fundamental right to direct the care and upbringing of their children without due process.

As was true of the Washington statute struck down in *Troxel*, Washington's legislative scheme here is an unconstitutional infringement on Petitioner parents' fundamental right to make decisions concerning the care, custody, and control of their children. *Troxel*, 530 U.S. at 72. Respondents have turned this Court's long-standing precedent on the primacy of parental rights on its head by enacting a procedural presumption that parents who do not adhere to the state's viewpoint on sex-rejecting interventions are unfit and their children the mere creatures of the state.

A. Washington's Revised FRA, on its face and as applied, violates parents' substantive due process rights to direct the upbringing of their children, including making medical and mental health decisions.

In *Troxel,* this Court confirmed the long history of recognizing parental rights as fundamental, in conformance with its statement in *Prince v. Massachusetts* that "it is cardinal with us that the custody, care and nurture of the child reside first in the parents, whose primary function and freedom include preparation for obligations the state can neither supply nor hinder." 321 U.S. 158, 166 (1944). This Court held:

> [O]ur constitutional system long ago rejected any notion that a child is the mere creature of the State and, on the contrary, asserted that parents generally have the right, coupled with the high duty, to recognize and prepare [their children] for additional obligations ... The law's concept of the family rests on a presumption that parents possess what a child lacks in maturity, experience, and capacity for judgment required for making life's difficult decisions. More importantly, historically it has recognized that natural bonds of affection lead parents to act in the best interests of their children.

Troxel, 530 U.S. at 68 (quoting *Parham* 442 U.S. at 602). "Accordingly, so long as a parent adequately cares for his or her children (*i.e.*, is fit), there will normally be no reason for the State to inject itself into the private realm of the family to further question the ability of that parent to make the best decisions concerning the rearing of that parent's children." *Id.* at 68-70. As was true of the decisional framework in *Troxel,* the framework adopted by the Washington legislature here "directly contravenes the traditional presumption that a fit parent will act in the best interest of his or her child" and violates the parents' fundamental rights. *Id.* at 69-70.

As applied, the revisions to Washington's FRA target and disempower fit parents who decline to adhere to the State's agenda. The legislative history shows that the revisions are operating exactly as the Legislature intended. Sponsors of the revisions to the FRA repeatedly described the need to overcome parental opposition to "gender-affirming treatment." Proponents of the bill frequently framed recalcitrant parents as the problem SB 5599 was designed to solve. *See* Pet. App.93a–97a; Senate Floor Debate on SB 5599 (Mar. 1, 2023) (statement of Sen. Marko Liias); House Floor Debate on SB 5599 (Apr. 12, 2023) (statement of Rep. Jamila Taylor). For example, Sen. Marko Liias stated that children seeking these services would face "opposition and hostility from their family" and that "family is standing between their young person and essential health care services." *See* Pet. App.93a–97a; Senate Floor Debate on SB 5599 (Mar. 1, 2023) (statement of Sen. Marko Liias).

As Petitioner parents alleged in their Verified Complaint, the revisions to the FRA are chilling Petitioners' exercise of their fundamental rights to direct the upbringing of their children. (Pet. App. 70a-77a). As fit parents who have never been found abusive or neglectful, Petitioners are being punished for ideological disagreement with the State's preferred medical orthodoxy. Petitioners have children with gender dysphoria, including children who have previously run away or been socially transitioned at school, and they seek to raise their children consistent with their sex. Because the statute specifically targets runaway minors "seeking or receiving protected health care services," including "gender affirming treatment," these parents face a state-created threat to their fundamental rights.

Under the revised FRA, ordinary discipline, disagreement, or parents' refusal to submit to their child's belief he or she is born in the wrong body may prompt their children to flee to a licensed shelter that will conceal them and trigger DCYF's intervention. Once in DCYF's care and control, the child can obtain sex-rejecting interventions. And if DCYF concludes that non-affirming parents should lose custody, the assigned guardian can consent to medical treatments opposed by the otherwise fit parents. As a result, strangers and the State override parents' decisions and chill parents' speech and free exercise rights. Parents must refrain from trying to help their children regain comfort in their sex— many of whom would do so pursuant to sincerely held religious beliefs—and avoid the extreme medical consequences of sex-rejecting interventions, lest they trigger a statutory pathway that will remove their vulnerable

child from their home. *See* Pet. App. 70a-77a, *International Partners for Ethical Care, Inc. v. Ferguson*, 161 F.4th at 608 (VanDyke, J., dissenting from denial of reh'g *en banc*).

B. Washington's Revised FRA violates parents' procedural due process rights by creating a procedural presumption.

By adding a minor's pursuit of "protected health care services" that includes "gender affirming treatment" to the list of "compelling reasons" for not notifying parents, the State has enacted a procedural presumption that a parent is unfit for merely disagreeing with the State's incorrect belief that "gender-affirming treatment" is beneficial for children. Respondents are flouting the Fourteenth Amendment's requirement for "notice and opportunity for hearing appropriate to the nature of the case" before the government may infringe upon a protected liberty interest. *Cleveland Bd. of Ed. v. Loudermill*, 470 U.S. 532, 542 (1985). State licensed shelters and DCYF may deprive parents of physical and legal custody by concealing the child and assume decision-making authority over "protected health care services" with no notice to parents or opportunity to be heard.

Respondents have stripped parents of their authority over medical decision-making and branded parents who refuse to accede to their children's desire for "gender affirming treatment" as abusive or neglectful. Respondents have unilaterally ousted parents from their "substantial, if not the dominant,

role" in medical and mental health decision-making for their children, *Parham,* 442 U.S. at 604, and replaced them with child protection agencies and the children themselves with no due process. Respondents have bypassed the individualized judicial determination of parental fitness that this Court has said is constitutionally necessary before depriving parents of their fundamental rights. *Stanley*, 405 U.S. at 657.

Washington has created the same kind of "procedure by presumption" to determine whether parents will retain their fundamental right to the care, custody and control of their children that this Court condemned in *Stanley*, 405 U.S. at 656–57. As was true of Illinois in *Stanley*, Washington is depriving parents of their fundamental rights without any judicial process to determine that they are unfit to exercise those rights, a result the *Stanley* Court found "repugnant" to due process. *Id.* at 653. "Procedure by presumption is always cheaper and easier than individualized determination" *Id.* at 656. However, when the presumption forecloses the ability for the parent to be found fit to exercise his rights, "it needlessly risks running roughshod over the important interests of both parent and child. It therefore cannot stand." *Id.* at 656-57.

The same must be true here where the State displaces parental custody and control before it even attempts notice. The statutory trigger operates without any prior judicial determination that the parents are unfit or that notifying them would endanger the child. Parents are displaced based solely on a child's unilateral statement to shelter staff or

other third parties that he or she is "seeking or receiving protected health care services." *See* WASH. REV. CODE § 13.32A.082(1)(b)(i), (3)(a). Because the statute authorizes deprivation of parental rights without any pre-deprivation notice or hearing, it violates procedural due process on its face.

There is no set of circumstances under which a State may constitutionally presume that a parent is abusive or neglectful solely because he or she declines to endorse the State's preferred "gender affirming" protocol for a child. Under this Court's precedents, the State's interest becomes compelling enough to override the decisions of fit parents only when a court has made an individualized finding of unfitness—not when the legislature simply declares that a particular ideological disagreement constitutes harm. *See Stanley,* 405 U.S. at 657-58, *Troxel*, 530 U.S. at 69-70. Washington's revised FRA is an unconstitutional intrusion into the fundamental rights of parents to direct the upbringing of and make medical and mental health decisions for their children. It cannot be permitted to stand.

II. Depriving parents of notice of their children's pursuit of sex rejecting medical interventions is particularly egregious in light of the controversial nature of sex-rejecting interventions and adolescents' immaturity.

The intrusion imposed by Washington's revised FRA is all the more egregious in light of the nature of the interventions being instituted without parental input. As described in WASH. REV. CODE § 74.09.675(2)(3), "gender affirming treatment" can

include irreversible surgical and life-altering medical interventions. The State's usurpation of parental authority is unconscionable given the grave and permanent consequences of the interventions it authorizes. WASH. REV. CODE § 74.09.675(2)(3) defines "gender affirming treatment" to include double mastectomies and genital surgeries administered to minors without parental consent. Supplanting parents' choice to raise their child as his or her sex strikes at the very heart of parental decision-making authority, leaving life-altering decisions for minor children to state actors with no judicial intervention.

The sex-rejecting interventions that Washington's FRA are leaving in the hands of minors are subject to "fierce scientific and policy debates about the[ir] safety, efficacy, and propriety." *United States v. Skrmetti*, 605 U.S. 495, 525 (2025). The fact that adolescents' immaturity "often leads to 'impetuous and ill-considered actions and decisions,'" *id.* at 540-541 (Thomas, J. concurring), underscores how imperative it is to inform parents when their children say they "identify" as something other than their sex and want the state to facilitate medical and surgical interventions. "The voices in these debates raise sincere concerns; the implications for all are profound." *Id.* at 525. The implications of starting on the path of sex-rejecting interventions are most profound for the children who are put on this path and their parents who, as "primary protectors of [their] children's best interests," *Mirabelli v. Bonta,* 607 U.S. 492, 496-97 (2026) (per curiam), must navigate this path with them.

Medical and surgical sex rejecting interventions on children carry with them significant

potential health effects including sterilization/infertility, sexual dysfunction, increased prevalence of suicides, lowering of IQ and brain development issues, heart attacks and stroke.[4] Multiple experts have expressed concerns that blocking the process of puberty during its natural time could have a negative and potentially permanent impact on brain development.[5] "A related concern is that by slowing or preventing stages of neural development, puberty blockers may impair precisely the mature cognitive capabilities that would be necessary to evaluation of, and meaningful informed consent to, the type of life-changing impacts that accompany cross-sex hormones."[6]

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[4] *See* Philip J. Cheng et al. *Fertility concerns of the transgender patient*, TRANSLATIONAL ANDROLOGY AND UROLOGY, June 2019, doi:10.21037/tau.2019.05.09; M.E. Kerckhof, et al, *Prevalence of Sexual Dysfunctions in Transgender Persons: Results from the ENIGI Follow-Up Study*, 16 J SEX MED. 12:2018-2029. (December 2019) doi: 10.1016/j.jsxm.2019.09.003. Epub 2019 Oct 24. Erratum in: J Sex Med. 2020 Apr;17(4):830. doi: 10.1016/j.jsxm.2020.02.003. PMID: 31668732. Gabrielle M. Etzel, *New study finds 12-fold higher risk of suicide attempt for adult transgender patients*, WASHINGTON EXAMINER, May 17, 2024, https://www.washingtonexaminer.com/policy/healthcare/3007980/new-study-finds-12-fold-higher-risk-of-suicide-attempt-for-adult-transgender-patients/. L. Schwartz, *et al. Emerging and Accumulating Safety Signals for the Use of estrogen Among Transgender Women*. DISCOVERY MENT. HEALTH 5, 88 (2025).

[5] Expert Declaration of James Cantor, Ph.D.. *L.W. v. Skrmetti,* U.S. District Court for the Middle District of Tennessee, Civil Action No. 3:23-cv-00376, Dkt. 113-3, *U.S. v. Skrmetti,* Supreme Court Case No. 23-477, Joint Appendix at 431.

[6] *Id.* at 432.

Addressing those effects and making decisions by balancing the risks versus benefits of medical and surgical interventions are part of parents' constitutionally protected fundamental rights. *Parham*, 442 U.S. at 602. Like the state policy enjoined in *Mirabelli,* Respondents' legislative scheme here "likely violate[s] those fundamental rights." *Mirabelli,* 607 U.S. at 497.

Depriving parents of their right to make decisions regarding the fiercely debated risks and adverse effects of sex-rejecting interventions has profound consequences for the parents and their children. As Justice Thomas observed in *Skrmetti,* medical professionals have increasingly expressed doubts over the quality of evidence supporting sex-rejecting interventions. 605 U.S. at 537 (Thomas, J. concurring). Public health authorities in different countries have concluded that the interventions "are experimental in practice, and that the evidence supporting their use is of 'very low certainty,' 'insufficient,' and 'inconclusive.'" *Id.* "In countries like 'Sweden, Norway, France, the Netherlands and Britain—long considered exemplars of gender progress—medical professionals have recognized that early research on medical interventions for childhood gender dysphoria was either faulty or incomplete.'" *Id.* at 537-38 (citation omitted). As a result, Sweden, Finland, and the United Kingdom adopted new treatment guidelines for gender dysphoric youth that prioritize noninvasive psychosocial interventions and sharply restrict hormones and surgery.[7]

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[7] COHERE (Council for Choices in Health Care), *Recommendation of the Council for Choices in Health Care in*

In April 2024, the United Kingdom's National Health Service ("NHS") released its independent review of gender identity services for children, the "Cass Review." [8] Confirming and expanding upon the findings of earlier systematic evidence reviews, the Cass Review found that the oft-cited "guidelines" published by the World Professional Association of Transgender Healthcare (WPATH) lack scientific rigor.[9] Investigators also found 1) no evidence that puberty blockers improve body image or dysphoria, 2) insufficient or inconsistent evidence about the effects of puberty suppression on psychological or psychosocial well-being, cognitive development, cardio-metabolic risk or fertility, and 3) positive

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Finland: Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors (2020), https://segm.org/Finland_deviates_from_WPATH_prioritizing_psychotherapy_no_surgery_for_minors; National Health Service (NHS), *Interim service specification for specialist gender dysphoria services for children and young people—Public consultation* (2022). https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/; NHS, *Regional model for gender care announced for children and young people* (July 28, 2022), http://tavistockandportman.nhs.uk/about-us/news/stories/regional-model-for-gender-care-announced-for-children-and-young-people/; Socialstyrelsen (National Board of Health and Welfare), *Care of children and adolescents with gender dysphoria – Summary* (2022), https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf.

[8] H. Cass, INDEPENDENT REVIEW OF GENDER IDENTITY SERVICES FOR CHILDREN AND YOUNG PEOPLE: FINAL REPORT 158 (April 2024). https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/

[9] *Id.* at 28.

evidence of compromised bone density and decreased psychological functioning.[10] The NHS responded to the Cass Review by decommissioning the use of puberty blockers for gender dysphoria, requiring review and referral before prescribing wrong sex hormones, and restructuring its health care system to prioritize noninvasive interventions.[11]

In November 2025, the U.S. Department of Health and Human Services published the results of a comprehensive evidence review that confirms the international studies' findings of a lack of evidence of efficacy and safety of sex-rejecting interventions for minors.[12] The HHS report found, *inter alia,* that 1) the benefits and harms of social transition remain unknown; 2) puberty blockers, cross-sex hormones and surgeries "consistently produce certain physical and physiological effects; and there is considerable uncertainty regarding their psychological and long-term health outcomes," 3) there is uncertainty regarding the effects of psychotherapy for gender dysphoria, and 4) some of the plausible harms of sex-rejecting interventions are serious, including the likelihood of infertility when puberty blockers are provided at the early stage of puberty and followed by

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[10] *Id.* at 32, 179.

[11] NHS, *Children and Young People's Gender Services: Implementing the Cass Review recommendations*, NHS ENGLAND (Aug. 29, 2024), https://www.england.nhs.uk/long-read/children-and-young-peoples-gender-services-implementing-the-cass-review-recommendations/

[12] U.S. DEPT. OF HEALTH AND HUMAN SERVICES, TREATMENT FOR PEDIATRIC GENDER DYSPHORIA: REVIEW OF EVIDENCE AND BEST PRACTICES (Nov. 2025), https://opa.hhs.gov/gender-dysphoria-report. ("HHS Review").

cross-sex hormones.[13] It concluded that the "risk/benefit profile of medical and surgical interventions for children and adolescents with GD [gender dysphoria] is unfavorable."[14]

In 2026, Finnish researchers published a study showing that, contrary to arguments raised by proponents of the interventions, adolescents who underwent medical interventions had from a three-fold to six-fold increased need for specialist-level psychiatric treatment compared to control groups.[15] "Subsequent to medical GR [gender referral], psychiatric treatment needs appear to increase. It should be noted that in some individuals, medical GR appears to be linked to deterioration in mental health."[16]

Parents' fundamental constitutional rights "not to be shut out of participation in decisions regarding their children's mental health," *Mirabelli,* 607 U.S. at 497,[17] and to direct the religious development of their children, *Mahmoud v. Taylor,* 606 U.S. 522, 559 (2025), is never more exigent than in the context of questionable, experimental sex-rejecting

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13 *Id.* at 100.

14 *Id.* at 135.

15 S. Ruuska, *et. al. Psychiatric Morbidity Among Adolescents and Young Adults Who Contacted Specialised Gender Identity Services in Finland in 1996–2019: A Register Study*, 15 ACTA PAEDIATRICA, 1545 (2026) https://doi.org/10.1111/apa.70533

16 *Id*. at 1551.

17 If withholding information about a child's social gender transition in *Mirabelli* is enough to trigger strict scrutiny, a non-consensual surgical and hormonal intervention performed over a parent's specific, court-recognized objection, as occurred here, implicates the same parental interest with still greater force.

interventions. The consequences of children undergoing interventions will affect them physically, mentally, and emotionally for life. Their parents, who will be there to bear these consequences long after any temporary intervention by the state, must be the primary decisionmakers in these weighty decisions. Instead, under Washington's revised FRA, parents are left to cope with permanent, life-altering consequences of decisions made by others without their consent. This unconscionable deprivation of fundamental parental rights cannot be justified by the Respondents' ideological goals.

III. Amici's stories demonstrate the human toll that depriving parents of notice has on children and families.

Stories from Amici illustrate how Washington's statutory framework and related policies operate in practice: they separate children from fit parents and pressure families to "affirm" discordant gender identities under the constant threat of DCYF intervention, producing the very coercion, family fragmentation, and *de facto* loss of custody described above.

A. Washington Stories.

1. Jodie and David Holman

Jodie and David Holman raised their three children in Washington State. Their middle child, Eleanor, was sexually abused as a toddler (her abuser was imprisoned), and her mental health deteriorated as she entered adolescence. COVID-era isolation accelerated that decline into self-harm and repeated suicide attempts.

Eleanor formed a close relationship with her school counselor, whom the Holmans believed was partnering with them to address her depression, ADHD, and trauma. However, the counselor was secretly encouraging Eleanor's emerging transgender identity by providing clinic brochures and facilitating visits during school hours without parental knowledge, in direct violation of Eleanor's safety plan. When confronted, the counselor insisted she had every right to do so.

The Holmans initially went along with Eleanor's stated male identity while focused on stabilizing her crisis but concluded "affirmation" was worsening her distress and stopped. The school refused to follow their lead. Over the following year, the school and Eleanor, reported the Holmans to DCYF for suspected abuse. Every investigation cleared both parents. The hospital staff during roughly thirty hospitalizations never raised an abuse concern, despite being mandated reporters.

In March 2025, after another runaway episode, Eleanor met an adult at a homeless outreach center who connected her with TeamChild, a state-funded law firm representing minors in dependency cases. Committed to letting youth "call the shots" in their own representation, TeamChild petitioned for an Emergency Minor Guardianship to remove Eleanor from her parents. The court denied it and instead placed Eleanor with the unvetted adult from the outreach center — whose household included an adult male with a criminal record who transported Eleanor unsupervised, and who had requested Eleanor's

passport. Eleanor stopped attending school during this placement.

Weeks later, a court properly ordered Eleanor to be returned to her parents. That same night, while Eleanor was still with the adult from the outreach center, she overdosed on marijuana and Benadryl in what appeared to be another attempt to force her removal from her family. TeamChild's attorney showed up at the hospital, creating confusion over who held medical authority over her care.

Concluding that Washington's system would keep manufacturing false allegations and attempting to remove Eleanor from the family home, the Holmans relocated to Texas and placed Eleanor in inpatient treatment — first in Utah, then Louisiana. But TeamChild would not relent. It continued to contact Eleanor. Within two weeks of returning to her parents in Texas, she disappeared. Neither TeamChild, the school district, nor her court-appointed guardian has cooperated in the search.

Photograph of Eleanor

Eleanor has been missing for almost a year, all because her parents knew she was female. If Eleanor is located in Washington, the Holmans do not expect to be notified: WASH. REV. CODE § 13.32A.082 allows shelters to bypass parents entirely and report only to DCYF.

2. Diana L.[18]

Diana L. and her family live in Washington. When her daughter T. was age 13, Diana discovered that T.'s school had been secretly socially transitioning her, using pronouns and a name that did not align with her sex. The school counselor had lunches with T. and her other trans-identified friends during which she solidified T.'s self-rejection. T. expressed fear that if her parents learned of her identity, she risked rejection and harm, a sentiment with no factual basis. Diana unenrolled her from the school, knowing that she risked being reported to DCYF for not affirming T.'s confusion. T. was suffering not only from gender dysphoria but also from obsessive-compulsive disorder.

T. was also being coached online that running away would be a solution to "non-affirming" parents. Diana learned that at least two of T.'s female friends were also adopting male identities. Diana blocked T.'s internet access after seeing T.'s obsession with transgenderism. Predictably, T. re-identified with her sex (as did one of T.'s friends whose parents also unenrolled them from the school). Diana has younger daughters and, fearing the aggressive transgenderism push in Washington, explored moving.

3. Kristina S.

Kristina S. and her family resided in Washington until 2022, when they relocated due to concerns regarding their minor daughter Z.'s transgender identification and Washington's parental

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[18] To protect against potential child welfare intervention, some parents employ pseudonyms.

authority laws. Z., exposed to gender identity concepts through internet content, peers, and Anime subculture, experienced sudden-onset gender dysphoria during early adolescence with no prior childhood indicators.

Z. initially concealed her transgender identification while obtaining parental consent for menstrual suppression. At age 12, Z. requested male pronouns and name usage, to which her parents briefly complied. Z. subsequently requested a chest binder, a precursor to a radical mastectomy.

Following the suicide of a peer in the school's Rainbow Club, Kristina researched gender identity issues. She also discovered Z. had been consuming transgender-affirming YouTube content, using exclusively male identification at school, and avoiding all restroom facilities. Kristina then shared her research findings with Z., including material addressing transition-related harms.

After the family relocated from Washington, separating her from her peer group, Z., now almost an adult, gradually discontinued her transgender identity.

4. Brooke G.

Prior to age 12, Brooke G.'s daughter A. demonstrated typical adolescent development, maintaining strong academic performance, participating in athletics, engaging in multiple hobbies, and sustaining an active social network. When school closures occurred due to COVID-19, A.'s online activity increased, including TikTok usage.

Shortly after A.'s thirteenth birthday, she presented her parents with a written declaration of an

obviously fabricated childhood narrative of having a male identity. A. requested "transition," including surgical intervention and to stop using her given name and sex-based pronouns.

In eighth grade, A.'s public school counselor met with A. without parental notification or consent, completed administrative forms changing A.'s name and sex designation in school records. School personnel subsequently adopted male nomenclature and pronouns for A. and mandated student compliance. The school inquired whether A. was suicidal, which was a concern A. had not previously expressed.

Following the school's secret social transition, A.'s behavior deteriorated significantly. Academic performance declined, and she engaged in property vandalism, insubordination toward educators, theft from peers, and self-harm. A. deliberately terminated existing friendships, discontinued athletic and hobby participation, and discarded personal possessions.

In response, Brooke restricted A.'s internet access, mandated daily outdoor activities, and increased family socialization efforts. Brooke secured therapeutic services focused on identifying underlying depression rather than gender "affirmation." Brooke withdrew A. from school when it refused to treat A. as a female.

Brooke's strategy resulted in A.'s return to her previous beneficial behavior patterns and reestablishment of comfort with her sex. A. now views her transgender identification with regret. Brooke subsequently learned that a former peer, who was trans-identified, had been encouraging A. to run away from home. This would have given A. an opportunity

to obtain sex-rejecting interventions without parental consent, pursuant to Washington's RFA law, especially when DCYF takes custody from the parents.[19]

5. Katie S.

In 2020, during sixth grade, Katie's daughter B. adopted a "non-binary" identity. Katie initially believed this identity crisis to be a developmental fad; however, the identity evolved to a transgender male identification. Upon return to in-person instruction during B.'s eighth-grade year following COVID-19 school closures, B. experienced significant mental health deterioration, with documented symptoms including severe anxiety, depression, and impaired academic functioning and school participation.

Katie retained a therapist for B. who without knowledge or consent employed a transgender-

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[19] *See* Wash. State Dep't of Child., Youth & Fams., *Admin. Policy* ch. 6.04 (Oct. 20, 2022), https://www.dcyf.wa.gov/sites/default/files/pdf/Admin-6.04.pdf (requiring DCYF to "[a]ssist children, youth, and young adults" who are "[s]eeking affirming medical, behavioral, and mental health services"); see also WASH. REV. CODE §§ 71.34.500, .530 (permitting minors age thirteen and older to obtain inpatient and outpatient mental health treatment without parental consent); WASH. REV. CODE §§ 48.43.005, .505 (defining minors who may obtain health care without parental consent as "protected individuals" and requiring insurers to restrict disclosure of gender-affirming care to policyholders); *Smith v. Seibly*, 431 P.2d 719, 723 (Wash. 1967) (recognizing Washington's mature minor doctrine); 182 WASH. ADMIN. CODE 505-0211 (2024) WASH. REV. CODE § 7.70.065(2)(a)(ii) (authorizing Apple Health coverage for sex-related medical interventions for minors and permitting DCYF to assume medical decision-making authority for children in care).

affirming treatment approach. The therapist coached B. on disclosure strategies to parents, recommended parental use of chosen name and pronouns, and suggested parental participation in transgender advocacy support groups. Both parents refused to advance the child's false identity.

B.'s mental health continued to deteriorate, resulting in additional diagnoses of Attention-Deficit/Hyperactivity Disorder and anxiety disorder secondary to obsessive-compulsive disorder. These conditions necessitated withdrawal from traditional school enrollment, psychotropic medication, and a partial hospitalization treatment program. Despite documented comorbid mental health conditions, the healthcare providers continued to cement the maladaptive "transgender" identity.

B's parents privately disagreed with affirming her trans identity but refrained from expressing this position to providers, recognizing the potential custody implications under Washington law. Following a suicide attempt and a provider's suggestion for hormone therapy, Katie and her husband determined that accessing appropriate care was not feasible within Washington. Recognizing the risk of state intervention and potential loss of custody, Katie relocated with B. to Georgia, splitting the family into two units.

Since relocating to Georgia, B.'s identity has regressed from transgender to non-binary, concurrent with improvement in overall mental health status. B. disclosed to Katie that had she remained in Washington, she had planned to run away with another female peer presenting with sex rejection.

Our Duty's members' experiences are not outliers. A Pakistani immigrant father fled with his family from Washington after Seattle Children's Hospital recommended that he take his very distressed neurodivergent teenage son to a gender clinic in 2020. Fortunately, the father was counseled by an attorney and a trusted psychiatrist to feign support of his son's newly acquired "transgender" identity to regain control over his son's medical treatment and avoid DCYF efforts to sever his parental rights. [20]

In 2019, a then-16-year-old daughter who struggled with an eating disorder, had other mental health issues and had adopted a "transgender identity" at age 13 following a sexual assault in elementary school, was admitted into a Washington State hospital due to a suicide attempt. Her parents explained to the hospital's social worker that they were not affirming her transgender identity. A kind nurse warned the parents that the hospital's social worker was working to remove their control over the child. To dodge child welfare's involvement, the parents immediately took their daughter home. The young girl ultimately stopped identifying as transgender.[21]

An Indian family went into hiding when they discovered that their daughter's Washington teacher was aggressively promoting the transgender identity foisted upon her. While the family was on the run, the

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[20] Abigail Shrier, *When the State Comes for Your Kids: Social Workers, Youth Shelters, and the Threat to Parental Rights*, CITY JOURNAL, June 8, 2021, https://www.city-journal.org/article/when-the-state-comes-for-your-kids.

[21] *Id.*

school administrator contacted the parents, querying them about their whereabouts. The teacher who had been promoting the transgender identity emailed the minor that she could come live with her. The family fled back to India.[22]

In 2024, Tamara Pietzke, a licensed clinical social worker at MultiCare Health System in Washington state, blew the whistle on what she witnessed there.[23] She was told to affirm every child's transgender identity regardless of comorbidities or plausibility. One 16-year-old patient cycled through identities before landing on "xenogender" — identifying as a wounded dog — and was approved for hormones to pursue that identity.[24] Pietzke watched MultiCare's Mary Bridge Gender Health Clinic prescribe testosterone to a minor with autism, anxiety, depression, and gender dysphoria, which coincided with the child's decline into near-total isolation.

When Pietzke raised concerns about another deeply disturbed patient being recommended for cross-sex hormones, MultiCare reassigned the case to another therapist. That patient had survived childhood sexual assault and severe maternal abuse, was exposed to violent pornography, and carried diagnoses of PTSD, depression, anxiety, and intermittent explosive disorder; she rocked herself and told Pietzke she

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[22] Michael Torres, *We Thought She Was a Great Teacher*, CITY JOURNAL, Winter 2024, https://www.city-journal.org/article/we-thought-she-was-a-great-teacher.

[23] Tamara Pietzke, *I Was Told to Approve All Teen Gender Transition. I refused*, THE FREE PRESS,(Feb. 2. 2024), https://www.thefp.com/p/i-refused-to-approve-all-teen-gender-transitions.

[24] *Id.*

sometimes "age-regressed by watching *Teletubbies* and sucking a pacifier. None of the comorbid mental health issues deterred the providers from providing sex-rejecting interventions.[25]

Washington state's desire to subject children to sex-rejecting interventions and hold parents who refused to consent as unfit is unsurprising given Seattle Children's Hospital position. An article authored by three physicians, two from Seattle Children's Hospital, published by the American Academy of Pediatrics ("AAP") in 2023 claims that denial by providers for children sex-rejecting interventions—puberty blockers, cross-sex hormones, and surgeries—is medical neglect and emotional abuse, and by implication, parents who refuse to consent to sex-rejecting interventions are abusive. On the other hand, Seattle Children's gender clinic appears to have overlooked another Seattle Children's physician's article that highlighted the inability of youth to understand long-term consequences in medical care. That research paper states that "[a]dolescents appear to focus more on the immediate benefits (a socioemotional brain system function [that develops during puberty]) than the future costs of risky behavior (a cognitive-control brain system function [that matures in the mid to late 20s]), a finding that is exacerbated in the presence of peers."[26] Even the World Professional Association of Transgender Health ("WPATH"), the most prominent organization known for aggressively promoting sex-rejecting interventions on confused children,

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[25] *Id*.

[26] Douglas S. Diekman, *Adolescent Brain Development and Medical Decision-making*, 146 PEDIATRICS, S18, S21 (2020).

recognized the inability of minors to understand what they are consenting to. Dr. Dan Metzger of WPATH stated, "it's always a good theory that you talk about fertility preservation with a 14-year-old, but I know I'm talking to a blank wall," adding that children "don't yet understand what they are sacrificing."[27] WPATH's clinicians were also recorded admitting that they are "just winging it" when it comes to treating gender confused kids.[28]

Given this institutional pattern, it is unsurprising that Washington saw a nearly 400 percent increase over eight years in youth ages 13–17 identifying as transgender.[29] This growth appears inorganic — a product of institutional promotion rather than organic prevalence.[30] That same cataclysmic uptick is

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[27] Mia Hughes, *The WPATH Files, Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and Vulnerable Adults*, ENV'T PROGRESS 12 (Mar. 4, 2024), https://environmentalprogress.org/big-news/wpath-files.

[28] Leor Sapir, *'We're All Just Winging It': What the Gender Doctors Say in Private*, THE FREE PRESS, (Dec. 3, 2025), https://www.thefp.com/p/were-all-just-winging-it-what-the

[29] Jody L. Herman et al. *Age of Individuals Who Identity as Transgender in the United States*, UCLA Sch. of L. Williams Inst. (Jan. 2017) at 5, https://williamsinstitute.law.ucla.edu/wp-content/uploads/Age-Trans-Individuals-Jan-2017.pdf; Jody L. Herman et al. *How many adults and Youth Identify as Transgender in the United States?* UCLA Sch. of L. Williams Inst. (Jan. 2017) at 13, https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Aug-2025.pdf.

[30] *See* HHS Review at 69-70-252; Colin Wright, *Contagion Hypothesis, The Share of Young People Claiming Another 'Gender Identity' Exploded. Now Surveys Show It Is Receding*, WALL STREET JOURNAL, Oct. 29, 2025, https://www.wsj.com/opinion/evidence-backs-the-transgender-social-contagion-hypothesis-40937876.

shown in Oregon also, where from 2016 to 2023, approximately 1 in 240 girls and 1 in 630 boys had been placed on cross-sex hormones by age 17.[31] These experiences are the foreseeable and intended operation of Washington's statutory scheme as applied to fit, biology-believing parents. They underscore that the constitutional injuries are not abstract because they have already forced families to flee the State, split households, and endure *de facto* loss of custody and decision-making authority over their own children.

B. Oregon Parents.

1. Nicole and David Calaway

Nicole Calaway had two daughters during her first marriage. She raised both of her daughters in Oregon. Her oldest daughter adopted a transgender identity in middle school and when she was 16, Nicoloe entered into an agreement for her to swap custodial time with her father, who himself had adopted a female identity. But the older daughter never returned to her mother.

Nicole's second daughter, K.A. also adopted a male identity. K.A.'s school and its counselor treated K.A. as a male without Nicole's consent. Nicole retained a therapist for K.A. who instead of exploring the basis for K.A.'s rejection of biological reality, further cemented K.A.'s maladaptive identity, and then excoriated Nicole for not embracing her daughter's male identity.

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[31] Leor Sapir, *Oregon's Troubling Transgender Story*, CITY JOURNAL (July 17, 2026), https://www.city-journal.org/article/oregon-transgender-puberty-blocker-hormones

The Oregon child welfare agency was contacted three times. The first two investigations were concluded as unfounded, but in 2024, a new social worker got involved, and she found abuse, based upon Nicole's religious beliefs about the immutability of sex, and her attempts to educate her daughter on the harms of sex-rejecting interventions and the plight of detransitioners. Nicole's second daughter, at 15, was taken from her.

The trial related to the abuse claims is being held this month, but K.A. will turn 18 by then. The child welfare agency ran out the clock to ensure that irrespective of the outcome, Nicole's parenting rights were severed. While the attorney's fees continue to mount straining the parents, Nicole and David will participate in the trial so that they can clear their names. Nicole and David have also filed a federal lawsuit against the Oregon Department of Human Services.

2. Ashly Wallace

Ashly Wallace's case parallels the Holmans', except it occurred in Oregon. Like the Holmans' daughter, Ashly's daughter Wynter also disappeared with the assistance of state systems.

Wynter struggled to make friends and was frequently bullied. When the pandemic forced social isolation, she turned to the internet, where she was heavily influenced by transgender-promoting content. By eighth grade, most of her peer group had adopted transgender identities, and she followed suit. Around 13, her demeanor changed markedly. Ashly

discovered an unfamiliar phone in Wynter's room containing sexual content, including a topless photo of a minor, and signs of marijuana use; police dismissed her concerns.

Professionals Ashly consulted only directed her to affirm Wynter's identity. Unbeknownst to Ashly, Wynter's school was independently reinforcing the identity, enrolling her in a trans support club and arranging confidential affirming therapy. At 15, after a heated argument, Wynter ran away to a friend's house. A state-sponsored mediator advised Ashly to authorize a stay at Looking Glass Community Services' Station 7 shelter, a Medicaid-funded organization partnered with the Oregon Department of Education that explicitly provides "LGBTQIA+ affirming care." When Wynter's brother and stepfather later tried to find her at a similar state-promoted youth center during another runaway episode, staff refused to let them see her.

Ashly stopped affirming Wynter's male identity and enrolled her in a stricter charter school, but Wynter was coached by trans-identifying peers on how to use Oregon's child welfare and homeless-assistance systems to emancipate herself and to file abuse claims against her parents. Of four investigations between 2022 and 2024, three were found unfounded; Ashly does not know the outcome of the fourth because Wynter had already been gone more than a year. No police, school, or shelter ever assisted with reunification. Ashly has not heard from Wynter, now an adult, in over a year, and believes she did not finish high school and was placed on testosterone as a minor

without parental consent. Wynter's photograph is now used to advertise 15th Night's youth shelter.[32]

Select Language

WHO WE ARE

Our voices guide all of 15th Night's work. Youth members are currently homeless or in transition from homelessness or have never been homeless but want

Wynter's' photograph is circled.

IV. Jamie Reed's whistleblowing reveals systemic abuses in pediatric gender medicine

Jamie Reed is a lesbian and clinical research professional who worked as a case manager and

[32] 15th Night, https://www.15thnight.org/youth-action-council/ (last visited Sept. 10, 2026).

research coordinator at a pediatric gender center affiliated with Washington University School of Medicine and St. Louis Children's Hospital. Jamie was a strong advocate for so-called "gender affirming" treatments. After observing what she believed were systemic deviations from accepted medical, ethical, and legal standards, including failures involving informed consent, custody verification, and the handling of foster and court-involved children, she raised concerns internally. When nothing changed, she documented her observations in a sworn affidavit and public testimony.

According to Reed, clinicians routinely sided with the "affirming" parent in custody disputes. Clinicians also discouraged staff from reviewing custody agreements because complying with those agreements might impede proceeding with a child's sex-rejecting interventions. Parents who were resistant to their child's transgender identity were treated as obstacles and frequently coerced into capitulating to intervention with statements that the interventions were "medically necessary" and threats that the child would commit suicide without the interventions. In one case, a Center-affiliated physician testified in a custody proceeding and was granted medical decision-making authority over the child, displacing both non-consenting parents. That outcome violated prevailing ethical standards governing treating physicians in custody disputes according to Reed.

Reed's involvement in pediatric sex-rejecting interventions extended into court-adjacent systems. She and a clinical nurse trained court-appointed special advocate (CASA) volunteers, deputy juvenile

officers, and court staff that "affirmation" was the only appropriate response to gender-distressed foster youth, regardless of parental or caseworker objections. Similar "affirmation-only" training was provided to residential treatment staff. Reed also stated that Center staff, including herself, coached youth on how to access medical transition pathways around a parent's refusal to consent.[33]

In Washington and other states with similar child welfare laws and schemes, parents are now faced with the question: would you rather consent to sex-rejecting interventions for your child that may sterilize them, involve removal of healthy body parts, and a myriad of other long-term medical problems, or lose custody of your child?

CONCLUSION

For the foregoing reasons, this Court should reverse the Ninth Circuit's decision and permit Petitioners to proceed with their challenge to Washington's unconstitutional law.

September 15, 2026

Respectfully Submitted,

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[33] Affidavit of Jamie Reed to Missouri Attorney General, https://ago.mo.gov/wp-content/uploads/2-07-2023-reed-affidavit-signed.pdf

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