

APPEAL No. 24-1942

UNITED STATES COURT OF APPEALS
FOR THE SEVENTH CIRCUIT

JOHN KLUGE,
PLAINTIFF-APPELLANT,
V.
BROWNSBURG COMMUNITY SCHOOL CORPORATION
DEFENDANT-APPELLEE.

On Appeal from the United States District Court for the
Southern District of Indiana
Case No. 1:19-CV-02462-JMS-KMB
Hon. Jane Magnus-Stinson

BRIEF OF AMICI CURIAE OUR DUTY - USA SUPPORTING
PLAINTIFF-APPELLANT AND REVERSAL

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Appellate Court No: 24-1942

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CORPORATE DISCLOSURE STATEMENT

Pursuant to Federal Rule of Appellate Procedure 26.1, Amicus Curiae Our Duty – USA (“Our Duty”) is a corporation incorporated in 2024. Our Duty is in process of completing its filing for 501(c)(3) status. Our Duty has no parent companies, subsidiaries or affiliates and does not issue shares to the public.

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IDENTITY AND INTEREST OF AMICUS CURIAE ¹

Our Duty-USA is a national soon-to-be non-profit founded in 2024, springing from Our Duty, an international nonprofit organization founded in 2018, with members in 17 countries. Our Duty-USA has over 1,000 members in the United States, including members in Indiana. Our Duty-USA's mission is to: (1) support families with trans-identified children (minors and adults); (2) assist families in finding non-medical resolutions to gender dysphoria; (3) provide educational materials families can utilize and distribute to safeguard against irreversible gender interventions, and (4) advocate for government and health services to develop public policies and treatments that serve the best interest and least harmful of those struggling with identity issues.

Never in reported human history has there been such a meteoric rise in the number of children, youth and young adults rejecting their biological sex and adopting a transgender identity, nor has there been such a rapid infiltration of gender ideology in all aspects of life, including schools, media, commercial enterprises, government and culture. What

¹ No counsel for a party authored this brief in whole or in part; no one, other than amicus and its counsel, made a monetary contribution for its preparation or submission; and all parties have consented to its filing.

was once an exceedingly rare circumstance has become commonplace, with all forms of social media celebrating a rejection of biological reality resulting in entire industries earning billions of dollars in altering children's human development, including secondary sex characteristics.

Gender ideology has permeated the culture with stunning speed, influencing medical, government, and family decisions and creating an urgent need for clarity, education, and public discourse. Our Duty exists to help parents navigate these difficult issues. Our Duty understands that the unprecedented uptick in children, youth and young adults who believe that they could have been born in the wrong body is not organic, as members observe their children being influenced by friend groups, on-line influencers, and schools to adopt transgender identities. Consequently, Our Duty and its members have a profound interest in the outcome of this case.

INTRODUCTION AND SUMMARY OF ARGUMENT

Plaintiff-Appellant Kluge ("Mr. Kluge") is appealing the district court's grant of summary judgment in favor of Brownsburg Community School Corporation ("BCSC") in his lawsuit alleging that BCSC failed to accommodate his sincerely held religious beliefs in violation of Title VII.

Unlike school districts in other lawsuits related to students' requested use of alternate names and pronouns to accommodate their assertion of discordant gender identities, BCSC actually includes parents in the decision on what their child will be called at school. Parents of children with gender dysphoria applaud BCSC's recognition of the importance of involving parents in decisions about the school's participation in their child's social transition. Any strides made by the parental inclusion policy, however, are eclipsed by the district court's decision. By upholding BCSC's rejection of Mr. Kluge's religious accommodation, the district court implicitly affirmed BCSC's requirement that staff publicly use student-requested alternate names and pronouns and thereby subject all students to the school's participation in social transitioning.

Mr. Kluge's religious accommodation first approved then rejected by BCSC, *i.e.*, calling all students (regardless of gender identity) by their last names, was appropriate and necessary to facilitate a safe learning environment for **all** students, especially those rejecting their natural sexed bodies or those susceptible to peer-to-peer contagion. If BCSC desires to foster "a safe and inclusive learning environment for **all** students," it must be mindful that students who do not presently

identify as transgender might well adopt that identity as a result of the social contagion effect evident from the meteoric rise in children and often clusters of friends, identifying as transgender. Mr. Kluge's use of last names meant that he did not participate in social transitioning of any student or contribute to the social contagion that might affect other students. BCSC's rejection of the accommodation, affirmed by the district court, required that Mr. Kluge facilitate social transition and subject his students to the social contagion.

Amicus Our Duty submits this brief to assist the Court in understanding why the district court's decision must be overturned. As shown in Part I, the unprecedented rise in transgenderism is not organic, but the result of social contagion. Clusters of mostly adolescents are announcing their trans-identity after exposure to peers adopting an identity that does not align with their biological sex. The phenomenon of social contagion is well-documented throughout history and customarily begins with young females and spreads to males. With the advent of social media, social contagions have the ability to spread faster and farther than ever in history. Social contagions can be innocuous, like the

“ALS Ice Bucket Challenge” in which at least 1.2 million people² influenced by social media dumped buckets of ice water on their heads, to the deadly suicide clusters and contagion³ striking teen populations.

In Part II, some Our Duty members offer personal testimonies to illustrate how outside influences and social contagion resulted in their children’s adoption of a trans-identity. These stories expose how friend groups, social media, and school social transition policies like the one Mr. Kluge sought accommodation from affected their children’s beliefs that they were born in the wrong body.

² https://en.wikipedia.org/wiki/Ice_Bucket_Challenge

³ M.A. Walling, *Suicide Contagion*, 7 CURR TRAUMA REP., 103–114 (2021). <https://doi.org/10.1007/s40719-021-00219-9>; L. Johansson, P. Lindqvist, & A. Eriksson, *Teenage suicide cluster formation and contagion: implications for primary care*, 7 BMC FAM PRACT 32 (2006). <https://doi.org/10.1186/1471-2296-7-32>; Vania Martínez, Álvaro Jiménez-Molina, & Mónica M. Gerber, *Social contagion, violence, and suicide among adolescents*. 36 CURRENT OPINION IN PSYCHIATRY 3: 237-242 (May 2023). DOI: [10.1097/YCO.0000000000000858](https://doi.org/10.1097/YCO.0000000000000858).

ARGUMENT

I. Social Contagion Is a Factor in Adolescents' and Young Adults' Adoption of Transgender Identities

A. Schools Need to be Safe Spaces for All Students, not Just Trans-Identifying Students

The trial court adopted BCSC's argument that a district's mission extends to fostering a safe and inclusive learning environment for *all* students.⁴ Doc. 191 at 32. "Certainly, this evidence shows that Mr. Kluge's use of the Last Names Only Accommodation burdened BCSC's ability to provide an education to all students and conflicted with its philosophy of creating a safe and supportive environment for all students." Doc. 191 at 36. The court did not define "safe" or consider that enabling a few students to dictate language of adults harms other students by influencing them to also reject their sexed bodies. The district court found that the Equality Alliance (LGBTQ club) at Brownsburg Community High School in 2019 included five to ten trans-identified

⁴ Amicus argues that this is precisely where schools have lost their purpose. Schools are not bunkers designed to protect children from any distress, but places of education where resiliency and scientific truths must be the focus.

students. Doc. 191 at 8-9. The estimated population of the high school is 3,103.⁵

Two female students who identify as male were featured prominently in the opinion: Aidyn Sucec and Sam Willis, both of whom were in Mr. Kluge’s orchestra class. Mr. Kluge referred to both of these students, as he did with all students, by their surnames. Sometimes, however, before Sam’s transgender identity was noted in the school records system, Mr. Kluge used the feminine honorific “Miss.” The declarations of both students demonstrate an unusual fragility and mental health issues, with which Our Duty members are all too familiar. Aidyn was so distraught by the unwillingness of *one person* to recognize Aidyn’s own internal sense of gender, and by this *one person’s* use of Aidyn’s given surname in a classroom setting, that Aidyn felt compelled to quit orchestra entirely. Our Duty parents know that such a lack of resiliency portends difficulties in life outside the school walls. If the need to control another person’s language is the litmus test for personal discomfort, Aidyn may very well face a life of suffering ahead,

⁵ See <https://www.publicschoolreview.com/brownsburg-high-school-profile>

which appears confirmed by Aidyn’s eventual departure from school due in part to “health concerns.” Doc. 191 at 12. Similarly, Sam’s declaration stated: “I truly believe that if everyone in my life had refused, like Mr. Kluge, to use my corrected name, I would not be here today.” Doc. 58-1 at 5. Our Duty members’ experiences show that suicidal ideation over the use of Sam’s legal surname, or over the non-acceptance by *one person* of Sam’s internal transgender identity signifies serious mental health issues that far exceed the average person’s—even teenager’s—response. These irrational responses to perceived slights by a teacher using a child’s legal surname pales in comparison to the medical pathway that follows social transition. Studies show that social transition is the precursor for medicalization.⁶

Research has also shown that every medical gender intervention

⁶ See Society for Evidence Based Gender Medicine, *Early Social gender Transition in Children is Associated with High Rates of Transgender Identity in Early Adolescence*, May 8, 2022, <https://segm.org/early-social-gender-transition-persistence>; P. Rawee, *Development of Gender Non-Contentedness During Adolescence and Early Adulthood*, 53 ARCH SEX BEHAV. 5:1813-1825 (May 2024) doi: [10.1007/s10508-024-02817-5](https://doi.org/10.1007/s10508-024-02817-5). (15-year study in the Netherlands demonstrates that close to 75 percent of youth ages 11-26 outgrow their discomfort with their sex by age 26. Notably, the return to comfort is directly related to the span of elapsed time.).

being offered to children and young adults from puberty blockers to surgical removal of healthy organs, is irreversible and can have dire consequences. The consequences include shortened life expectancies,⁷ sterilization/infertility⁸, sexual dysfunction⁹, increased prevalence of suicides¹⁰, lowering of IQ and brain development issues¹¹, heart attacks and stroke¹², and osteoporosis.¹³

⁷ Robert Hart, *Transgender People Twice as Likely to Die As Cisgender People, Study Finds*, FORBES, May 16, 2022, <https://www.forbes.com/sites/roberthart/2021/09/02/transgender-people-twice-as-likely-to-die-as-cisgender-people-study-finds/>.

⁸ Philip J. Cheng *et al.* *Fertility concerns of the transgender patient*, TRANSLATIONAL ANDROLOGY AND UROLOGY, June 2019, [doi:10.21037/tau.2019.05.09](https://doi.org/10.21037/tau.2019.05.09).

⁹ M.E. Kerckhof, B.P.C. Kreukels, T.O. Nieder, *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](https://doi.org/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](https://doi.org/10.1016/j.jsxm.2020.02.003). PMID: 31668732.

¹⁰ Gabrielle M. Etzel, *New study finds 12-fold higher risk of suicide attempt for adult transgender patients*, May 17, 2024, WASHINGTON EXAMINER, [New study finds 12-fold higher risk of suicide attempt for adult transgender patients, Washington Examiner](https://www.washingtonexaminer.com/new-study-finds-12-fold-higher-risk-of-suicide-attempt-for-adult-transgender-patients),

¹¹ Sallie Baxendale, *The impact of suppressing puberty on neuropsychological function: A review*, Feb, 9, 2024. <https://doi.org/10.1111/apa.17150>.

¹² Darios Getahun, M.D. *et al.*, *Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study*, ANNUALS OF INTERNAL MEDICINE July 10, 2018 <https://www.acpjournals.org/doi/10.7326/M17-2785>.

¹³ Michael Biggs, *Revisiting the effect of GnRH analogue treatment on bone mineral density in young adolescents with gender dysphoria*, 34

B. Peer Influences and Social Media Contribute to Social Contagion in Adolescents.

Adolescents are predisposed to social contagion because of their immature cognitive development and their susceptibility to peer influence and social media.¹⁴ The American Psychological Association (APA) Dictionary of Psychology defines “Social Contagion” as:

[T]he spread of behaviors, attitudes, and affect through crowds and other types of social aggregates from one member to another. Early analyses of social contagion suggested that it resulted from the heightened suggestibility of members and likened the process to the spread of contagious diseases. Subsequent studies suggest that social contagion is sustained by relatively mundane interpersonal processes, such as imitation, conformity, universality, and mimicry.¹⁵

Peer contagion, a subset of social contagion, is the process by which children and adolescents in a friend group adopt deviant behaviors and emotions from one adolescent to another. This contagion can include aggressive behaviors, bullying, weapon carrying, self-harm, depression, drug use, and eating disorders.¹⁶ Peer contagions can occur in educational

JOURNAL OF PEDIATRIC ENDOCRINOLOGY AND METABOLISM, 7:937-939 (2021). <https://doi.org/10.1515/jpem-2021-0180>.

¹⁵ American Psychological Association. APA DICTIONARY OF PSYCHOLOGY. Available at: <https://dictionary.apa.org/social-contagion> [Accessed July 1, 2024].

¹⁶ T.J. Dishion, J.M. Tipsord, *Peer contagion in child and adolescent social and emotional development*, 62 ANNUAL REVIEW OF

settings with peer groups tending to become more homogenous, adopting traits of each other.

Mass hysteria and other social contagions are well-known in human history, striking female youth first, then spreading. Examples include: (1) The “dancing plague of the 16th Century” that started in France with one woman dancing, and spreading to other European countries, resulting in deaths from exhaustion and heart failure;¹⁷ (2) The “Laughing Epidemic” that struck girls in Bukodo District school and then spread to other schools in the 1960s.¹⁸ Sixty percent of the original school was infected, and the students were sent home spreading the laughing contagion mostly to other girls in their villages.¹⁹ (3) Hundreds of Mexican girls at a boarding school were suddenly not able to walk in

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(2011). [doi:10.1146/annurev.psych.093008.100412](https://doi.org/10.1146/annurev.psych.093008.100412).

¹⁷ Evan Andrew, *What was the Dancing Plague of 1518?* HISTORY CHANNEL. Available at <https://www.history.com/news/what-was-the-dancing-plague-of-1518>.

¹⁸ A. M. Rankin, & J. Philip, *An epidemic of laughing in Bukodo district of Tanganyika* (2006) <https://psycnet.apa.org/record/1964-10388-001>.

¹⁹ Jesslyn Shields, *Not So Funny: The Mysterious 1961 Tanganyika Laughter Epidemic* (2023) <https://health.howstuffworks.com/mental-health/human-nature/behavior/1962-tanganyika-laughter-epidemic.htm>

2007;²⁰ (4) Eating disorders in which adolescents are predisposed to acquiring anorexia nervosa through peer groups.²¹ The naming of bulimia and study by psychologist Gerald Russell, resulting reporting of the novel eating disorder in women's magazines, and Princess Diana's bout with the disorder led to a massive outbreak of bulimia in young girls. In 1995, bulimia hit Fijian female adolescents after TV shows such as Beverly Hills, 90210 reached the island, resulting in 45 percent of girls from the main island adopting bulimic behaviors by 2007;²² (5) Non-suicidal self-injury (cutting) which can spread from exposure to self-harm videos on Instagram resulting in suicidal ideation, self-harm and emotional

²⁰ Elisabeth Malkin, *At a School for the Poor, a Mysterious Illness*, N.Y. TIMES, April 16, 2007, <https://www.nytimes.com/2007/04/16/world/americas/16mexico.html>.

²¹ Stephen Allison, Megan Warin & Yarun Bastiampillai, *Anorexia nervosa and social contagion Clinical implications*, AUSTRALIAN AND NEW ZEALAND J. OF PSYCHOLOGY (2013). <https://doi.org/10.1177/0004867413502092>.

²² Lee Daniel Kravetz, *The Strange, Contagious History of Bulimia*, THE CUT, July 31, 2017. <https://www.thecut.com/article/how-bulimia-became-a-medical-diagnosis.html>; Kit Chelle, *Second-hand Television Exposure Linked to Eating Disorder*, HARVARD MEDICAL SCHOOL (January 5, 2011). <https://hms.harvard.edu/news/second-hand-television-exposure-linked-eating-disorders>.

disturbance.²³; (6) Suicide²⁴; and (7) Tourette’s-like syndrome. A Tourette’s-like outbreak occurred in 18 female students and 1 male at LeRoy Central School District in 2012.²⁵ As a result of increased social media consumption, more youth without any past history of tics, are displaying tics and Tourette’s-like behavior.²⁶

C. The Country is Witnessing an Unprecedented Surge in Children and Adolescents Adopting Transgender Identities.

The number of children in the United States aged 13-18 who identify as something other than their immutable sex increased 1,000

²³ Arendt, Scherr, & Romer, *Effects of exposure to self-harm on social media: Evidence from a two-wave panel study among young adults*, 21 NEW MEDIA & SOCIETY, 11-12:2422-2442 (2019). <https://doi.org/10.1177/1461444819850106>.

²⁴ Gabrielle M. Etzel, *New study finds 12-fold higher risk of suicide attempt for adult transgender patients*, WASHINGTON EXAMINER, May 17, 2024. [New study finds 12-fold higher risk of suicide attempt for adult transgender patients - Washington Examiner](https://www.washingtonexaminer.com/new-study-finds-12-fold-higher-risk-of-suicide-attempt-for-adult-transgender-patients) .

²⁵ *Further Investigation into Mystery Tourette-Like Outbreak in a US School* SCITECHDAILY, Feb. 21, 2012. <https://scitechdaily.com/further-investigation-into-mystery-tourette-like-outbreak-in-a-us-school/>

²⁶ Jessica Frey, Kevin J. Black, & Irene A. Malarly, *TikTok Tourette’s: Are We Witnessing a Rise in Functional Tic-Like Behavior Driven by Adolescent Social Media Use?* PSYCHOLOGY RESEARCH AND BEHAVIOUR MANAGEMENT, 35735-3585, Dec. 5, 2022 <https://doi.org/10.2147%2FPRBM.S359977> .

percent by 2018 and continues to climb.²⁷ The Williams Institute at UCLA School of Law reports that the number of youth ages 13 to 17 adopting a transgender identity nearly doubled between 2016-2017 and 2021 while the number of adults remained steady.²⁸ To put it in perspective, adults 65 and older represent .3 percent of the population and adults ages 25 to 64 represent .5 percent, while children ages 13-17 represent 1.4 percent of those asserting a transgender identity—almost three to five times higher than other age groups respectively, and these figures do not include children under 13.²⁹ The transgender-identifying population under age 25 represents 43 percent of transgender identifying persons in the United States.³⁰ The upswing in youth began in 2010, increasing 20 to 40-fold in a decade for minors and those in the 18-25 age

²⁷ M. Goodman & R. Nash, *Examining Health Outcomes for People Who Are Transgender*, PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (2019) <https://www.pcori.org/research-results/2013/examining-health-outcomes-people-who-are-transgender>

²⁸ Jody L. Herman, Andrew R. Flores, & Kathryn K. O’Neill, *How Many Adults and Youth Identify as Transgender in the United States?* UCLA SCHOOL OF LAW WILLIAMS INSTITUTE (June 2022) <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf>.

²⁹ *Id.*

³⁰ *Id.*

group.³¹

More evidence of the surge is the escalation of young females ages 12 to 17 undergoing gender-related double mastectomies, a 13-fold increase between 2013 and 2020, with the marked climb commencing in 2010.³² A search in July of 2024 of YouTube videos for “top surgery” – removal of females’ healthy breasts—resulted in 4,310,000 videos, including advertisements from surgeons with playful music and child-like theatrics. New diagnoses of gender dysphoria leaped from 15,172 to 42,167 children ages 6-17 over a span of 2017 to 2022.³³ California saw a 3-fold growth alone. Children aged 6-17 being placed on puberty blockers and synthetic hormones over that same period more than

³¹ Qi Zhang, *et. al.*, *Changes in Size and Demographic Composition of Transgender and Gender Non-Binary Population Receiving Care at Integrated Health Systems*, 27 *ENDOCRINE PRACTICE*, 5:390-395. Dec. 15, 2020. [https://www.endocrinepractice.org/article/S1530-891X\(20\)48407-1/abstract](https://www.endocrinepractice.org/article/S1530-891X(20)48407-1/abstract).

³² Annie Tang, MD *et al.*, *Gender-Affirming Mastectomy Trends and Surgical Outcomes in Adolescents*, 88 *ANNALS OF PLASTIC SURGERY*, 4: S325-S331 May 2022. <https://journals.lww.com/annalsplasticsurgery/fulltext/2022/05004/gender-affirming-mastectomy-trends-and-surgical.4.aspx>.

³³ Robin Respaut & Chad Terhune, *Putting numbers on the rise in children seeking gender care*, *REUTERS* Oct. 6, 2022. <https://www.reuters.com/investigates/special-report/usa-transyouth-data/>.

doubled (633 to 1,390 new patients, and 1,905 to 4,231 new patients).³⁴

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) there is an expectant incidence of gender dysphoria of .005-.0014 (.5 percent to 1.4 percent) for males and .002-.003 (.2 percent to .3 percent) for females.³⁵ The current figures are wildly elevated with New York logging 3 percent and Indiana boasting 1.66 percent of 13 to 17 years identifying as transgender. Notably, the sex-ratio in the adolescent cohort is flipped from predominately males under the DSM-5 to about 75 percent females being trans-identified over the last decade. See Exhibit A.

Schools and universities also saw dramatic increases in trans-identifying students in recent years. One school in Seattle reported an 834 percent increase in non-binary (neither female or male) identities, from 2019 to 2022 including 30 kindergarteners to third graders.³⁶ Four

³⁴ *Id.*

³⁵ Samuel Veissière, *Why is Transgender Identity on the Rise Among Teens?* PSYCHOLOGY TODAY, November 28, 2018, <https://www.psychologytoday.com/us/blog/culture-mind-and-brain/201811/why-is-transgender-identity-the-rise-among-teens>.

³⁶ Ari Hoffman, *Seattle Public Schools sees 853 percent increase in 'non-binary' students over 3 years*, POST MILLENNIAL, October 2022.

percent of the 10th to 12th grade students at Davis Unified School District claim a transgender identity.³⁷ University of California campuses experienced a three-fold surge of trans-identifying students in four years (2019-2023).³⁸ European countries, New Zealand, and Australia also have seen a similar and higher rise with a 5,000 percent uptick in the United Kingdom’s female youths. See Exhibit A.

D. Social Contagion and the Rise of Trans-Identified Youth

In her 2018 study, Dr. Lisa Littman coined the term “rapid-onset gender dysphoria” (“ROGD”) which is described as the sudden appearance of gender dysphoria occurring for the first-time during puberty or even thereafter, without any pre-pubertal distress with their

<https://thepostmillennial.com/exclusive-seattle-public-schools-sees-853-percent-increase-in-non-binary-students-over-3-years>.

³⁷ Colin Wright, Ph.D., *New Documents Reveal Shocking Surge in Trans-Identified Students in Davis, CA Schools*, REALITY’S LAST STAND, Jan. 17, 2023. <https://www.realityslaststand.com/p/breaking-new-documents-reveal-shocking>.

³⁸ Luke Gentile, *Number of students identifying as transgender or non-binary booms on California Campuses*, WASHINGTON EXAMINER Feb. 13, 2024.

<https://www.washingtonexaminer.com/news/2853653/number-students-identifying-transgender-nonbinary-booms-california-campuses/>.

sexed bodies. In her study of 256 parents,³⁹ 82.8 percent of the ROGD youth were female with a mean age of 16.4 years old. One of the most astounding findings was that 36.8 percent of these youth were in friend groups comprised of 50 percent trans-identifying youth whose identities emerged in tandem with others in their friend group.⁴⁰ Dr. Littman reported that “the expected prevalence of transgender young adult individuals is 0.7%. Yet, more than a third of the friendship groups described in this study had 50% or more of the AYA [Adolescents and Young Adults] in the group becoming transgender-identified in a similar time frame, a localized increase to more than 70 times the expected prevalence rate.”⁴¹ The parents in the study believed that the following social media or persons influenced their children to reject their sexed bodies: “YouTube transition videos (63.6%); Tumblr (61.7%); a group of friends they know in person (44.5%); a community/group of people that they met online (42.9%); a person they know in-person (not online)

³⁹ Lisa Littman, *Rapid-Onset gender dysphoria in adolescents and young adults: A Study of parental reports*. PLOS, 36. (2018), <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0214157>.

⁴⁰ *Id.* at 1-2.

⁴¹ *Id.* at 48. (footnote excluded.)

41.7%.”⁴² Littman’s study highlights a group of four young girls who simultaneously adopted a transgender identity following their beloved coach’s transgender announcement.⁴³

A 2023 study in which many Our Duty members participated provided additional support for Dr. Littman’s theories. The study of 1,655 parents (90 percent plus who identify as progressive pro-LGBT rights) of adolescents who claimed a transgender identity beginning between the ages of 11 and 21, reported that 60.9 percent of their female children adopted a transgender identity concurrently with at least one friend compared to 38.7 percent of the adolescent males. Male youth spent more time on social media or the internet an average of 5.6 hours. Females were over-represented in the study 3:1, and the parents reported that their children’s mental health deteriorated post-rejection of their biological sex.⁴⁴

Even the world’s most ideologically captured advocacy group, the World Professional Association for Transgender Health (“WPATH”),

⁴² *Id.* at 20.

⁴³ *Id.* at 15.

⁴⁴ Michael Bailey & Suzanna Diaz, *Rapid-Onset Gender Dysphoria: Parent Reports on 1,655 Possible Cases*. RESEARCHERS.ONE (2023). <https://researchers.one/articles/23.10.00002v1>.

concedes that adolescents can be susceptible to social influence impacting gender identity adoption.⁴⁵ (Notably, WPATH's status has been diminished with the publication of the *WPATH files*,⁴⁶ revelations that Health and Human Services Assistant Secretary Admiral Levine intervened with its so-called standards,⁴⁷ and WPATH's burying of evidence that failed to demonstrate that altering children's secondary sex-characteristics is supported by medical evidence.⁴⁸). The president of WPATH, Dr. Marcie Bowers, a trans-identified male who has performed over 2,000 penile inversion surgeries to create facsimiles of vaginas

⁴⁵ E. Coleman *et al.*, *Standards of Care for Health of Transgender and Gender Diverse People, Version 8*, INTERNATIONAL J. OF TRANSGENDER HEALTH, S45 (2022).

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>.

⁴⁶ Mia Hughes, *The WPATH Files, Pseudoscientific surgical and hormonal experiments on children, adolescents, and vulnerable adults*, ENVIRONMENTAL PROGRESS March 4, 2024,

<https://environmentalprogress.org/big-news/wpath-files>

⁴⁷ *Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show*, N.Y. TIMES, June 25, 2024.

<https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html>

⁴⁸ *Research into trans medicine has been manipulated Court documents offer a window into how this happened*, ECONOMIST, June 27, 2024. <https://www.economist.com/united-states/2024/06/27/research-into-trans-medicine-has-been-manipulated>. ; <https://t.co/IMjFRdk4bz> [court documents].

(including on minors), acknowledges that children adopting transgender identities may be influenced by peers sort of “social contagion.”

There are people in my community who will deny that there’s any sort of ‘social contagion’ — I shouldn’t say social contagion, but at least peer influence on some of these decisions,” Bowers said in reference to the growing number of children who identify as transgender. “I think that’s just not recognizing human behavior.”⁴⁹

Dr. Laura Edwards-Leeper, the psychologist who participated with the creation of the United States’ first gender clinic for children and Dr. Erica Anderson, a trans-identified male, former WPATH board member, President of USPATH (the U.S. arm of WPATH), and former child and adolescent child psychologist at the Child and Adolescent Gender Clinic at Benioff Children’s Hospital at the University of California, authored a 2021 opinion piece in the Washington Post which cautioned that the peer influence of a trans-identified child must be explored when determining treatments of trans-identifying youth.⁵⁰

⁴⁹ Lauren Duggan, *President of Transgender Medical Org. Says Peer Pressure Can Lead Kids to Transition*, DAILY CALLER, Jan. 24, 2023. <https://dailycaller.com/2023/01/24/wpath-peer-influence-transgender-kids-marci-bowers/>.

⁵⁰ Laura Edwards-Leeper & Erica Anderson, *The mental health establishment is failing trans kids*, WASHINGTON POST, Nov. 24, 2021. <https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/>

The power of social contagion in transgender identities in youth is undeniable. In Sweden in 2019 a popular female hand ball player announced that she identifies as a man, after which new referrals of 13- to 18-year olds to Sweden’s gender clinic jumped from 118 to 146, a 23.7 percent increase.⁵¹ By contrast, following a two-part documentary series called “The Trans Train and Teenage Girls,”⁵² that highlighted the harms of gender interventions and detransitioners, referrals declined for the youth cohort from 146 to 109 – a drop of 25.4 percent after the first part and 82 to 77 – a drop of 6.1 percent after the second part of the series. In recognition of the upswing in youth adopting transgender identities, the United Kingdom is proposing laws to remove lessons related to transgenderism from their government schools.⁵³

⁵¹ Malin Indremo, Anna Clara Jodensvi, & Hans Arinell, *Association of Media Coverage on Transgender Health with Referrals to Child and Adolescent Gender Identity Clinics in Sweden*, JAMA Feb. 2, 2022. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788580>.

⁵² Mission: Investigate, *The trans train and teenage girls*. SWEDISH PUBLIC SERVICE TELEVISION CO. April 3, 2019. https://www.youtube.com/watch?v=MVEZ7gELcgY&list=PLlzZcJ_wPqcUTVOyMitdezb95YqCi2ZZZ

⁵³ Alice Evans, *Schools told not to teach about gender identity*, BBC NEWS, May 16, 2024. <https://www.bbc.com/news/education-69017920>

Increased societal acceptance of trans-identities cannot possibly account for the exponential growth in just the younger generation of children, youth and young adults adopting gender identities in first world countries (see graphic depictions in Exhibit A). If acceptance is the cause, the increases would be seen in every age group. However, the meteoric rise is only in females and youth, the demographics most susceptible to social and peer contagion.

Mr. Kluge, through his accommodation in refusing to partake in the social transition of his students, was actually safeguarding students and protecting them from being infected by the transgender social contagion. This Court should reverse the district court's grant of summary judgment.

II. Stories From Our Duty's Members Illustrate That Adoption Of A Transgender Identity In A New Cohort Of Youth Is A Result Of Social Contagion.

Our Duty provides these stories to help the Court better understand the power of peer-to-peer social contagion as it relates to transgenderism. The adoption of a transgender identity is markedly different from sexual orientation, as it can carry with it a heavy medical burden that turns healthy children into perpetual medical patients.

A. Jill Hoover, Mother of Trans-Identified Adolescent

Jill Hoover and her 17-year-old son, T, live in Maryland. T has high-functioning autism,⁵⁴ which is a prevalent factor in adoption of transgender identities. Over the lockdowns during the pandemic, T spent much of his time on-line, playing video games, in chat rooms on Reddit and Discord, and watching YouTube videos. His ability to maintain in-person friendships fractured and his friend group became exclusively online. The family moved to a new school district as T started high school. This high school had a significant number of trans-identified students, including many in his classes. T joined the Gender Sexuality Alliance (“GSA”) club as a way to make friends. Within four months of beginning

⁵⁴ See, e.g., Hilary Cass, THE CASS REPORT, April 2024. <https://cass.independent-review.uk/home/publications/final-report>. (16.7 percent of the youth with gender dysphoria also were diagnosed with autism); Jennifer Murray, *et al.*, *Autism and transgender identity: Implications for depression and anxiety*, 69 RESEARCH IN AUTISM SPECTRUM DISORDERS 101466 (Jan. 2020), <https://doi.org/10.1016/j.rasd.2019.101466>. (“An online study of 727 individuals revealed a substantial overlap between transgender identity and autism”); R. Kaltiala-Heino, M. Sumia, M. Työläjäarvi, *et al.* *Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development*, 9 CHILD ADOLESC. PSYCHIATRY MENT. HEALTH 9 (2015). <https://doi.org/10.1186/s13034-015-0042-y> (26 percent of the 47 youth seeking gender interventions in Finland’s study were autistic.)

high school, T announced that he was no longer a boy. Hoover also believes that T was influenced by the autism study group of ten members, all but three who adopted a trans-identity, which was affirmed by the medical group conducting the study.

B. Erin Lee, Mother of Formerly Trans-Identified Adolescent

Erin Lee and her then 12-year-old daughter, C.L. live in Colorado. Her daughter was enrolled in middle school within Poudre School District. C.L. was new to town and the school. Her favorite teacher invited her to “Art Club.” However, it was not art club but Gender Sexuality Alliance club. A third party came to the club with a variety of LGBTQ flags, bracelets and other “swag” which was handed out to the students who claimed a gender identity that did not align with their sex. Those who claimed transgender identities were also lauded. The invited instructor’s comment that anyone who is not completely comfortable with their biological sex is transgender combined with the peer pressure to belong, led C.L. to adopt a transgender identity. Afterward, she became despondent and suicidal, as did other 12-year-old students in that club and related clubs at other schools in the District. Lee, along with another

set of parents whose daughter attempted suicide, filed suit. Both of their daughters, after being removed from the club, returned to identifying as their sex. Neither 12-year-old had struggled with gender before joining the “Art Club.”

C. Gaby Clark, Mother of Desisted Female

In 2021, Gabrielle Clark noticed that her 12-year-old daughter J. and her friends were acting strangely. J. who normally had a cheery disposition suddenly became attention-seeking and obsessed with TikTok and her appearance. Clark discovered that J. and her three friends, the only black students in their public school, had simultaneously adopted transgender identities after learning about gender identities from a teacher. Already feeling “othered,” J. adopted the identity to distinguish herself and obtain accolades from her teachers. J went from zero to sixty in a flash, demanding that Clark schedule her for breast removal. J’s mental health plummeted, as evidenced by self-harm, cutting, scratching and biting herself. After being informed that the school would treat J as a male despite Clark’s contrary directive, Clark moved her family from Nevada to Texas. Removal from the peer group, affirming school and the internet resulted in J returning to comfort in her sexed body.

D. Chris G⁵⁵, Mother of Desisted Female

Chris G. and her daughter J. live in California. J. is now 25, identifies as non-binary and had her un-diseased breasts amputated. J., who is gifted and artsy, has been diagnosed with autism and obsessive-compulsive disorder. Throughout her adolescence, J. also suffered from a severe restrictive eating disorder resulting in body image issues. J. was introduced to the idea of transgenderism through a female friend who claimed that she was non-binary. A cluster of her classmates/friends of about eight girls and one boy all chose new names and changed their hair styles and clothing to match their newly minted non-binary/transgender identities. This friend group also explored different mental health diagnoses; all self-diagnosing with one disorder or another. J. also spent an enormous amount of time on websites such as Deviant Art, Tumblr and YouTube prior to announcing her non-binary identity. Chris'

⁵⁵ Due to the frequent and intense animus that is often directed at parents or children who resist the push to pursue a “gender transition,” some Our Duty members use pseudonyms in this brief to protect themselves and their children from retaliation. The identity of each member whose story is told here is known to Our Duty.

youngest, autistic, daughter idolizes her older sister, and is emulating her by also adopting a nonbinary/transgender identity.

E. Erin Friday, Mother of Formerly Trans-Identified Adolescent

Californian Erin Friday's daughter K. at age 13 announced that she was really a boy without any prior indication of childhood gender confusion. Two years prior, K. and her entire friend group each chose an identity on the LGBTQ spectrum following the gender identity portion of their public school sex-education course. Those identities morphed with many students landing ultimately on transgender/non-binary. About half of her Girl Scout troop also identified as transgender or non-binary. Because of COVID-19 lockdowns, K. lived virtually, watching a steady stream of gender-bending Anime programs, YouTube and Instagram videos, TikTok, and other social media, including sites that provided scripts to adolescents on how to get hormones and use suicide as a tool to "blackmail" parents. Older trans-identified teens provided on-line questionnaires for confirming the younger teens' transgender status, tutorials on where to obtain body altering clothing, and counseled that parents who do not accept the gender identity are bigoted and must be rejected. K's teachers refused to call her by her birth name and recognize

her sex as directed by Ms. Friday. K. was disenrolled from the affirming school, had her “transgender” friend group dismantled, internet access removed, and underlying mental health issues addressed. K. no longer identifies as a boy and has embraced her female body.

F. Beth D., Mother of Trans-Identified Adolescent

Beth D. is a mother of a male who believes that he is a female. Beth and her family lived in New Mexico. Her son, D., is highly gifted and until middle school, had a tight knit friend group until he started to have a harder time maintaining friendships. D. is sensitive and embraced social justice while loathing that he is perceived to be a “white male oppressor.” D.’s New Mexico school was small and filled with transgender flags and signage, and every three months or so, the students were invited to an online “Trans 101” class by the Transgender Resources Center. D. spent a lot of his time gaming and in chats on Discord and Reddit. He found friendship through transgenderism, which gained him social capital and placed him into the “marginalized” bucket. His friends transitioned from being males and females to identifying as transgender or non-binary. By the end of high school, about 25 of his friend group of 32 had adopted a transgender/non-binary identity. When D. spends time in nature and

away from the friend group, he drops his female persona only to have it return when he re-joins the peer group. Beth fears that D. will medically and irreversibly harm his healthy body with hormones and surgeries as he enters college instead of accepting his sexed body.

G. Brette Smith, Mother of Formerly Trans-Identified Adolescent

Brette Smith's then-14-year-old daughter Anna had a tough time during the COVID pandemic. To escape the loneliness of lockdowns she found community in online chat groups and social media, where she quickly discovered transgender identities. Her Illinois high school, peers, and a handful of "trusted" teachers had been socially affirming Anna behind her mother's back. Anna's entire social group was also trans-identified or non-binary, adopting these identities as part of being a member of the group. Having been coached to believe that her mother was transphobic for not affirming her newly adopted identity, and taught by her teachers that teens whose parents will not affirm their "authentic" trans self often commit suicide, Anna attempted suicide by swallowing a handful of Xanax. Thankfully, Anna survived. Brette stood by Anna's side as she recovered at an inpatient mental health facility where it was determined that she had major depressive disorder and was likely on the

autism spectrum. Anna’s care team determined that her trans identity was a maladaptive response to feeling different from how she perceived girls were supposed to feel. Anna’s peer group not only abandoned her after she re-identified with her female sex, but ruthlessly ridiculed her and are likely the source of death threats she received to the point where she needed to move schools. Anna now bravely speaks out publicly about what she calls the “trans cult.”

H. Wendell Perez, Father of Desisted Female

Wendell Perez is the father of AP, a female living in Florida. When AP was 12 years old and in sixth grade, Wendell and his wife learned their daughter had just attempted suicide for the *second time* that school year. At the same meeting, the Perezes learned a school counselor had been meeting with AP weekly for months, influencing her to socially transition and instructing AP’s teachers to use her “chosen” male name in class, but to keep her gender identity secret from her parents. AP admitted to her parents that she had wanted to flee girlhood because she lacked physical strength and thought that male hormones would be the best way to shield herself from unwanted male bullying. The “cool” LGBTQ posters and materials in the school counselor’s office had also

convinced her that her interest in sports and video games indicated that she was a boy trapped in a girl's body.

AP's parents removed her from school and provided her with mental health treatment. Her treatment helped AP gain a deeper and clearer understanding of her troubles, which led her to re-identify with her sex. Now AP is deeply disturbed about the transgender agenda in schools which she feels led to her wanting to take her life.

I. Jessica M., Mother of Desisting Female

Jessica M. is the mother of M, a 15-year-old female. When M. was 13 and in eighth grade she was subjected to California's mandated sex education curriculum for public schools, which exposed her to a wide range of sexual and gender identities. After the sex-ed class, M. and her friends each selected sexual and gender identities; M. chose bisexual. Shortly thereafter, M. started cutting herself. During ninth grade, a school counselor approached M. after noticing that M. had been dressed in anime clothes—skirts, cat ears, chokers, and long socks—and invited her to a lunchtime meet up of a group of trans-identifying older students. Shortly thereafter, M informed her mom that was transgender, and her mental health plummeted. After Jessica learned that M was obsessed

with all things transgender on social media, she took her phone and removed her from the school. Since leaving school and moving from California, M's mental health has steadily improved, she no longer self-harms, and is showing signs of desistance from her trans identity.

CONCLUSION

Mr. Kluge's accommodation served BCSC's students by safeguarding them from a social contagion—transgenderism—which carries with it the potential of life-long consequences. His actions were a signal to other students that at least some teachers do not believe that humans can change sex or that a belief does not trump biological reality. For the foregoing reasons, the judgment should be reversed.

Dated: July 17, 2024

/s/Mary E. McAlister

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EXHIBIT A:

Graphic Depictions Of Surge In Gender Identity Adoption And Gender Treatments In Youth Across First World Countries⁵⁶

I. UNITED STATES

A. Three-year Near Doubling of 13- to 17-year-olds Adopting Transgender Identity⁵⁷

AGES	2017	2020
13-17	10% of transgender population	18% of transgender identifying population
13-24		43% of transgender identifying population

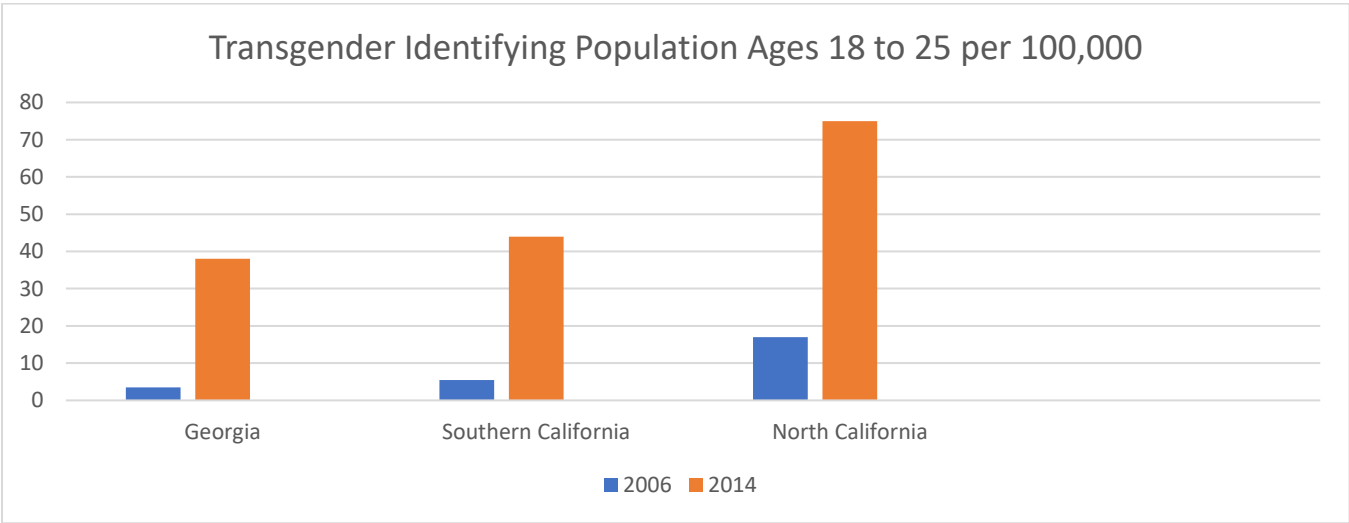
⁵⁶ These graphs and charts were excerpted from studies referenced by Amicus Our Duty in its Amicus Brief.

⁵⁷ Jody L. Herman, Andrew R. Flores, & Kathryn K. O'Neill, *How Many Adults and Youth Identify as Transgender in the United States?* UCLA SCHOOL OF LAW WILLIAMS INSTITUTE (June 2022). <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf>. [Accessed July 5, 2024].

Table 1. Percent of each age group that identifies as transgender in the U.S.

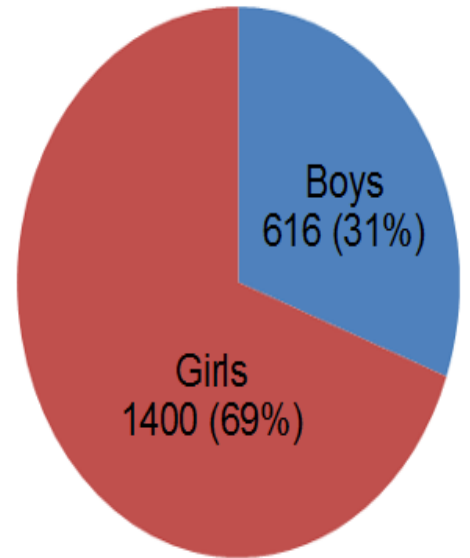
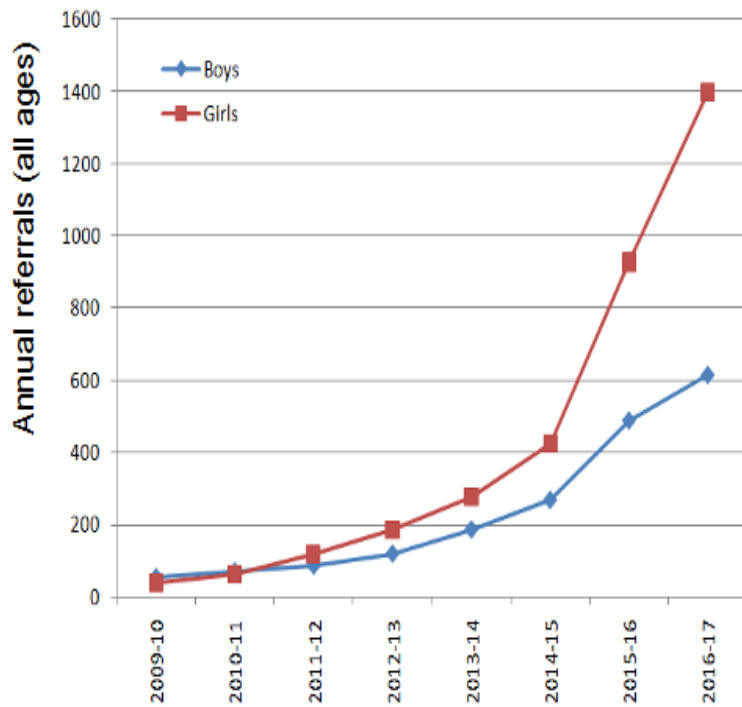
	PERCENT	NUMBER
13 to 17	1.4%	300,100
18 to 24	1.3%	398,900
25 to 64	0.5%	766,500
65 and older	0.3%	171,700
13 and older	0.6%	1,637,200

Unprecedented Increase of 18-to 25-year-olds Identifying as Transgender between 2006-2014⁵⁸



⁵⁸ Qi Zhang, et. al., *Changes in Size and Demographic Composition of Transgender and Gender Non-Binary Population Receiving Care at Integrated Health Systems*, 27 ENDOCRINE PRACTICE, 5:390-395. Dec. 15, 2020. [https://www.endocrinepractice.org/article/S1530-891X\(20\)48407-1/abstract](https://www.endocrinepractice.org/article/S1530-891X(20)48407-1/abstract). [Accessed July 5, 2024].

20- to 40-fold rise in Youth Claiming a Trans-Identity⁵⁹



Annual referrals for 2016/17 (all ages)

⁵⁹ Colin Wright, Ph.D., *New Documents Reveal Shocking Surge in Trans-Identified Students in Davis, CA Schools*, REALITY'S LAST STAND, Jan. 17, 2023. <https://www.realitylaststand.com/p/breaking-new-documents-reveal-shocking>.

Young Adults 5 Times More Likely than those 50 + to Identify as Transgender or Non-Binary⁶⁰

In U.S., young adults are the most likely to be transgender or nonbinary

% of U.S. adults who say their gender is different from their sex assigned at birth



Note: Trans men are those who said they were assigned female at birth and described their gender as a man. Trans women are those who said they were assigned male at birth and described their gender as a woman. Figures may not add to subtotals due to rounding.

Source: Survey of U.S. adults conducted May 16-22, 2022.

PEW RESEARCH CENTER

⁶⁰ Anna Brown, *About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth*, Pew Research, (June 7, 2022), <https://www.pewresearch.org/short-reads/2022/06/07/about-5-of-young-adults-in-the-u-s-say-their-gender-is-different-from-their-sex-assigned-at-birth/>.

Medical Interventions Soar for Gender-Confused Children⁶¹

AGES	2013	2020
12-17	3.7 per 100,000 had gender-related double mastectomies	47.7 per 100,000 had gender-related double mastectomies

Puberty blockers

U.S. patients ages 6-17 with a prior gender dysphoria diagnosis initiating puberty blocker treatment



Source: Komodo Health Inc

⁶¹ Annie Tang, MD *et al.*, *Gender-Affirming Mastectomy Trends and Surgical Outcomes in Adolescents*, 88 ANNALS OF PLASTIC SURGERY, 4: S325-S331 May 2022. <https://journals.lww.com/annalsplasticsurgery/fulltext/2022/05004/gender-affirming-mastectomy-trends-and-surgical.4.aspx>. [Accessed July 5, 2024]; Robin Respaut & Chad Terhune, *Putting numbers on the rise in children seeking gender care*, REUTERS (October 6, 2022), <https://www.reuters.com/investigates/special-report/usa-transyouth-data/>.

Hormone therapy

U.S. patients ages 6-17 with a prior gender dysphoria diagnosis initiating hormone treatment



Source: Komodo Health Inc

Diagnoses of youths with gender dysphoria surge

New diagnoses in the United States of patients ages 6-17



Source: Komodo Health Inc

Diagnoses among Medicaid patients in selected states



Note: Massachusetts and Washington include data for patients between 0 and 17 years of age. California, Michigan, New York and Pennsylvania include data for patients between 9 and 17 years of age.

Source: State Medicaid agencies

Seattle School District saw an 834% increase in non-binary identities in 3 years (2019-2022)⁶²

**Seattle Public Schools
P223 Enrollment Report
September 9, 2019**

School: District Total

Gr:		Regular Program	Bilingual Served	Spec. Ed. Served	Male	Female	Non-Binary	Total Student Count	P223 Total Count	P223 Total FTE
	Preschool	649	1	885	884	649	1	1534	0	.00
	State FDK	3775	508	292	2378	2153	7	4538	4538	4537.80
	1	3460	842	388	2336	2264	4	4604	4604	4603.78
	2	3290	759	486	2206	2232	4	4442	4442	4441.52
	3	3258	611	668	2279	2155	1	4435	4435	4434.80
	4	3288	512	724	2242	2175	2	4419	4419	4417.68
	5	3393	475	784	2318	2189	5	4512	4512	4510.25
	6	3151	369	628	2083	1938	3	4024	4024	4024.00
	7	3229	298	643	2156	1902	4	4062	4062	4009.65
	8	2975	303	563	1916	1823	3	3742	3742	3695.20
	9	3103	296	496	1990	1811	8	3809	3809	3798.00
	10	2905	376	436	1907	1716	5	3628	3628	3612.94
	11	3019	328	457	1889	1816	2	3707	3486	3148.88
	12	3067	407	582	2024	1933	4	3961	3400	2964.35
	Total	42562	6085	8032	28608	26756	53	55417	53101	52198.86

NOTES: Does not include F1 Visa or over age 21 students.
 State FDK = OSPI full-day funded Kindergarten program.
 High Schools only: the Total Student Count includes full-time Running Start students.
 Students who receive services in both ELL and Special Education are listed in both categories.

Report created on 9/23/2019

⁶² Ari Hoffman, *Seattle Public Schools sees 853 percent increase in 'non-binary' students over 3 years*, POST MILLENNIAL, (October 2022),

**Seattle Public Schools
P223 Enrollment Report
September 19, 2022**

School: District Total

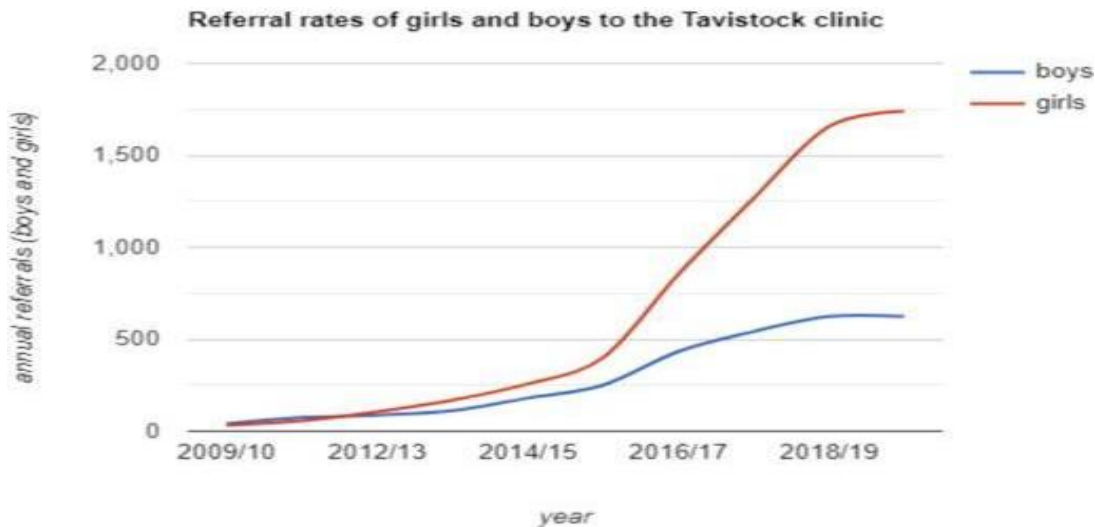
Gr.		Regular Program	Bilingual Served	Spec. Ed. Served	Male	Female	Non-Binary	Total Student Count	P223 Total Count	P223 Total FTE
Gr.	Preschool	686	0	316	536	463	3	1002	0	.00
	K	3584	22	263	1950	1900	16	3866	3866	3866.00
	1	3092	606	409	2024	2000	11	4035	4035	4034.80
	2	2794	605	448	1904	1850	9	3763	3763	3762.71
	3	2827	727	571	2115	1891	15	4021	4021	4020.01
	4	2871	630	594	2022	1957	27	4006	4006	4005.02
	5	2857	503	648	1956	1927	27	3910	3910	3908.81
	6	2628	452	641	1875	1700	29	3604	3604	3601.40
	7	2783	394	532	1866	1707	45	3618	3618	3605.10
	8	2944	392	581	1992	1766	51	3809	3809	3795.18
	9	3099	327	513	2000	1767	77	3844	3844	3836.36
	10	3156	391	548	2108	1821	77	4006	4006	3986.29
	11	3073	361	463	1894	1844	66	3804	3693	3404.15
	12	3332	467	638	2309	1959	52	4320	3936	3496.44
	Total	39726	5877	7165	26551	24552	505	51608	50111	49322.27

NOTES: Does not include F1 Visa or over age 21 students.
High Schools only; the Total Student Count includes full-time Running Start students.
Students who receive services in both ELL and Special Education are listed in both categories.

Report created on 9/26/2022

II. UNITED KINGDOM

More than 5000% Uptick in Girls seeking Gender Interventions⁶³



⁶³ Hilary Cass, THE CASS REPORT, April 2024.
<https://cass.independent-review.uk/home/publications/final-report>.

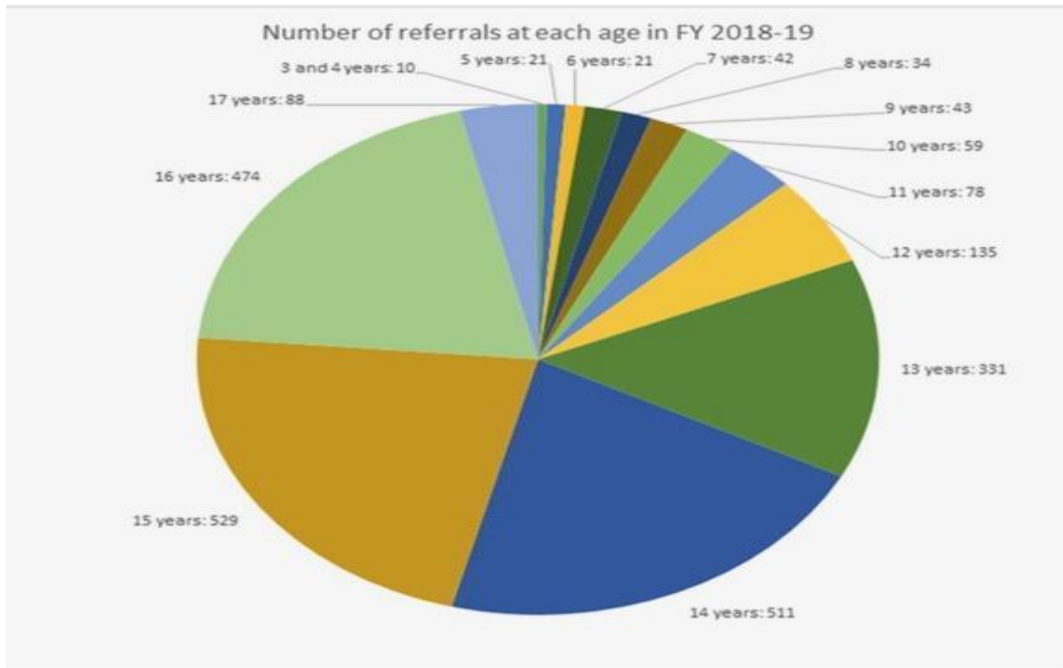
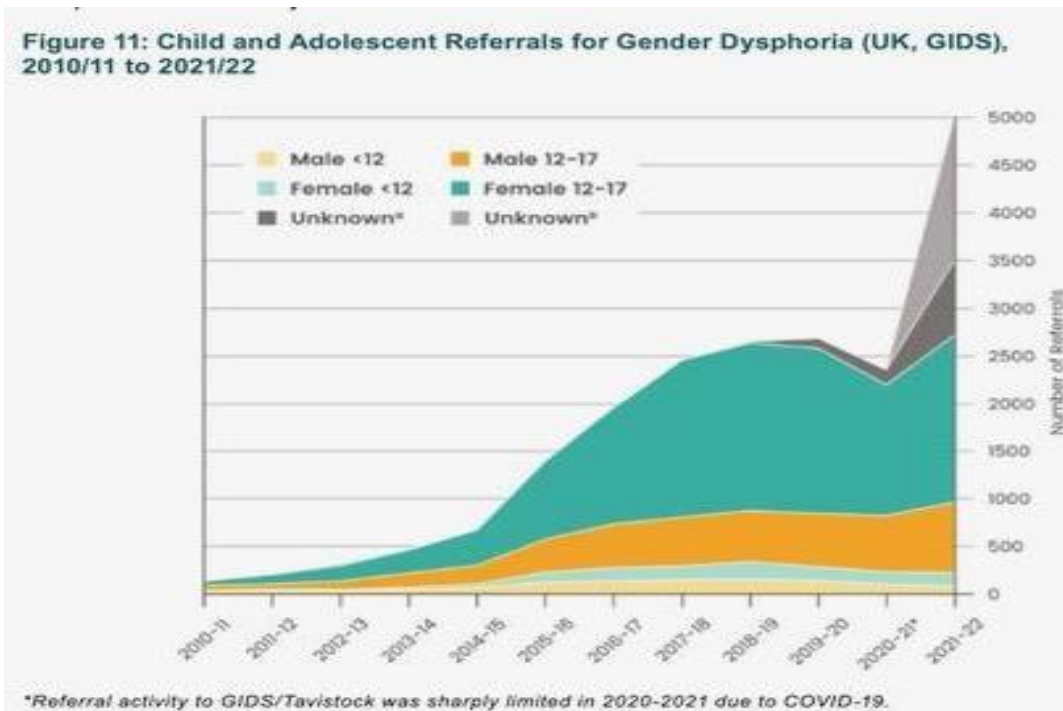
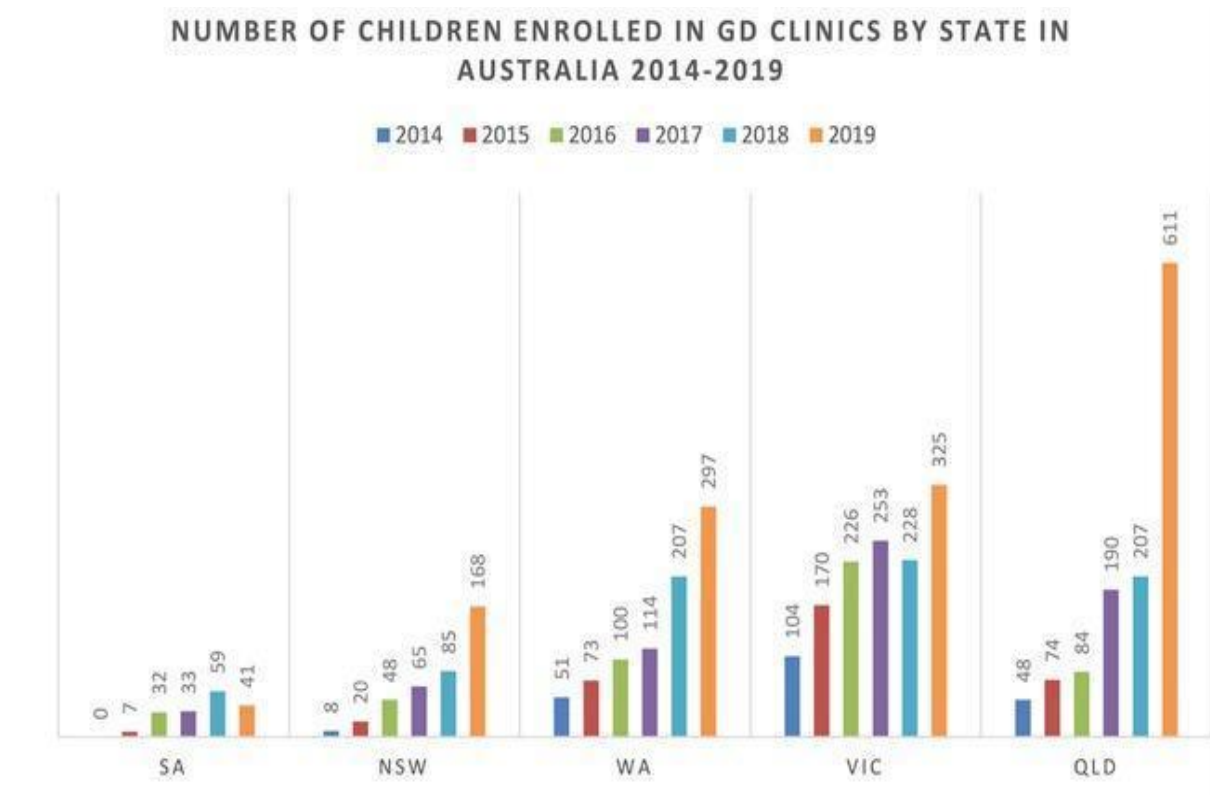


Figure 11: Child and Adolescent Referrals for Gender Dysphoria (UK, GIDS), 2010/11 to 2021/22



III. AUSTRALIA

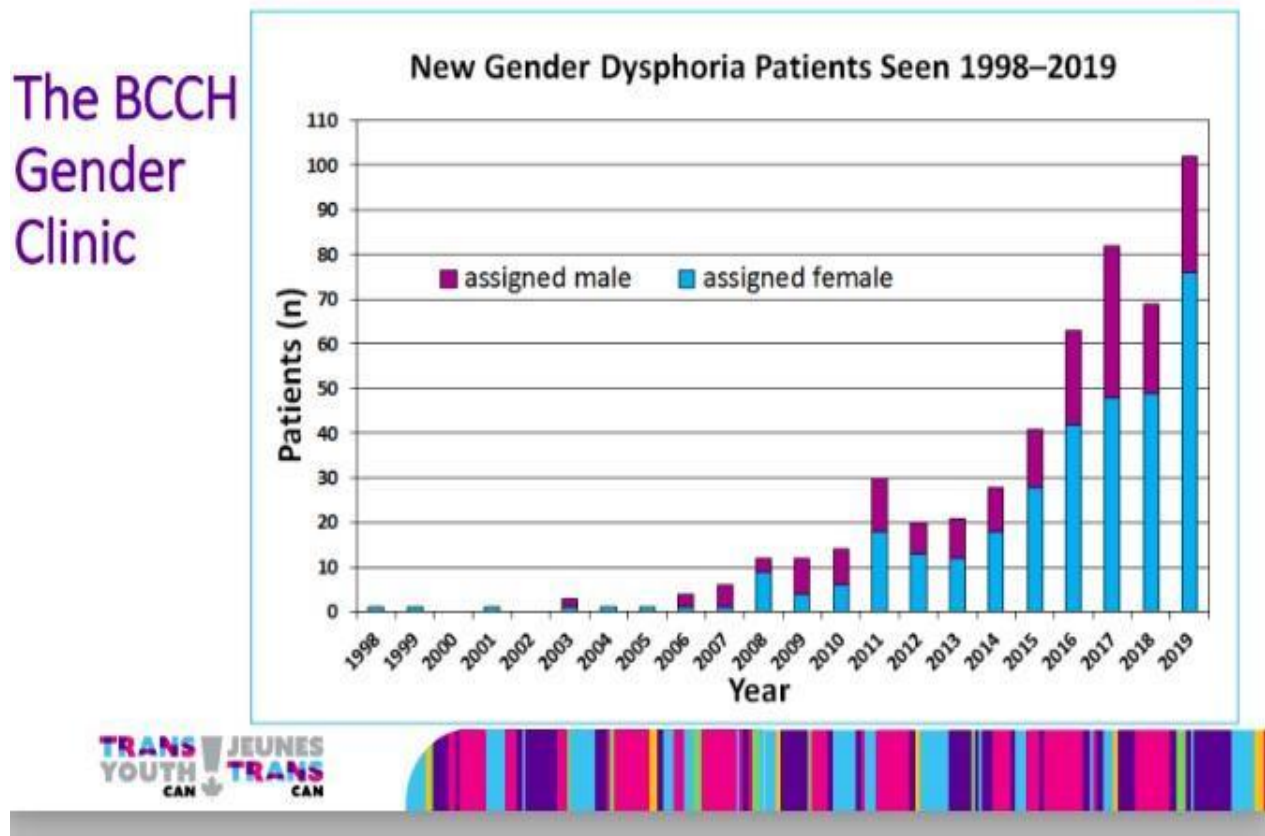
Five-Year Increase of 6 to 12 times In Children Seeking Gender Interventions⁶⁴



⁶⁴ Professor Dianna Kenny PhD, *Children and young people seeking and obtaining treatment for gender dysphoria in Australia: Trends by state over time (2014-2019): Update*, https://napp.org.au/wp-content/uploads/2020/07/GD-Trends-in-Australia_Update-to-2019-13-7-20.pdf .

IV. CANADA

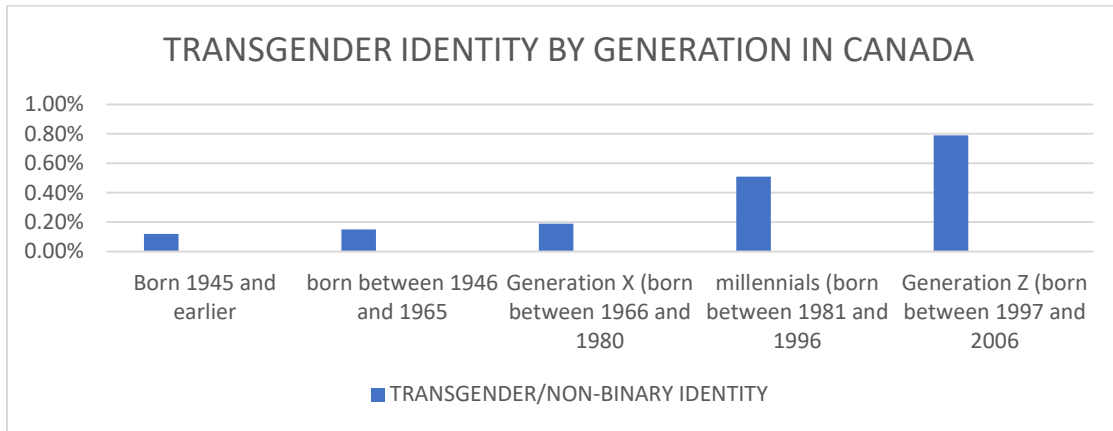
One Canadian Gender Clinic Sees 100-fold increase in Children/Adolescent Patients in 14 Years⁶⁵



⁶⁵ Tran Youth CAN, Vancouver/BCCH Clinic-Community Webinar (Jan. 26, 2021)

<https://transyouthcan.ca/results/vancouver-self-care-and-coping-webinar>.

Generational Disparity between Transgender Youth and Older Adults⁶⁶



(Statistics Canada)

13-Fold Increase in 12-to 17-year-old Females having Gender-Related Double Mastectomies⁶⁷

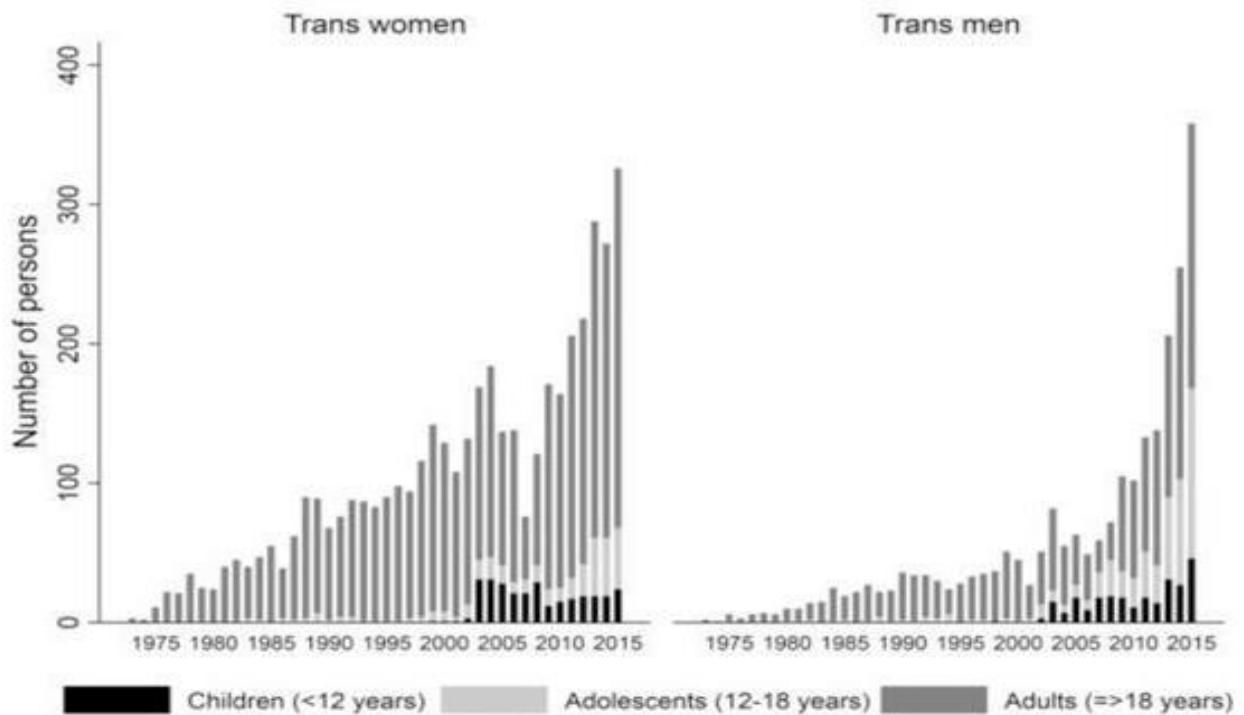
AGES	2013	2020
12-17	3.7 per 100,000 had gender-related double mastectomies	47.7 per 100,000 had gender-related double mastectomies

⁶⁶ <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/cg-b001-eng.htm>.

⁶⁷ Sharon Kirkey, *Hundreds of trans teens under 18 have had breast removed in Canada, new data show*, NATIONAL POST, Sept. 29, 2023. <https://nationalpost.com/news/canada/transgender-top-surgery-canadian-children>

V. NETHERLANDS

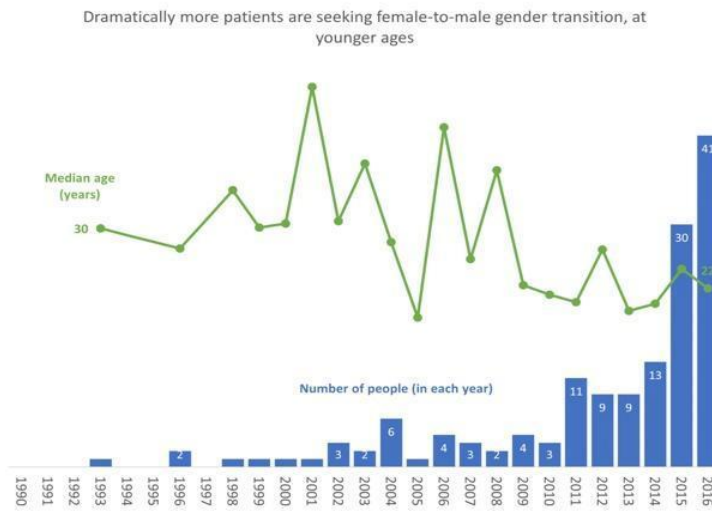
The number of people assessed per year in one clinic increased 20-fold from 34 in 1980 to 686 in 2015.⁶⁸



⁶⁸ Chantal M. Wierpjes, et al., *The Amsterdam Cohort of Gender Dysphoria Study (1972-2015): Trends in Prevalence, Treatment, and Regrets*. <http://www.ncbi.nlm.nih.gov/pubmed/29463477>.

VI. NEW ZEALAND

Increase from 1 in 1990-95 to 41 in 2016 ⁶⁹



Number and median age of people seeking female-to-male gender transition at Wellington Endocrine Service. Adapted from Delahunt et al. (2018), *New Zealand Medical Journal*

⁶⁹ *Medical gender transition in New Zealand: How common is it really?* THE STANDARD, Nov. 22, 2022.

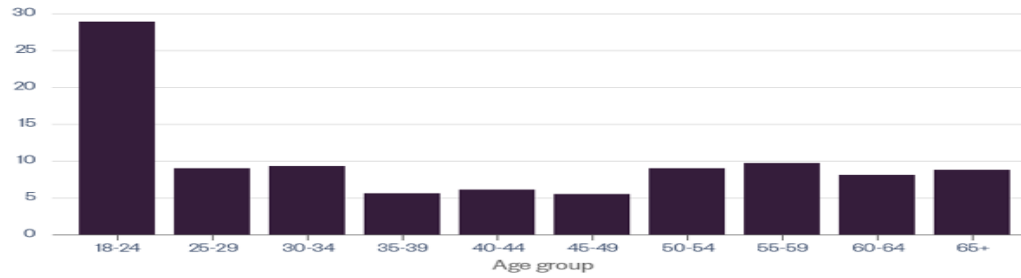
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7216046/>.

Age distribution of transgender and non-binary people in New Zealand

figure.nz

Year ended June 2021, % of people aged 18+

Provider: Stats NZ



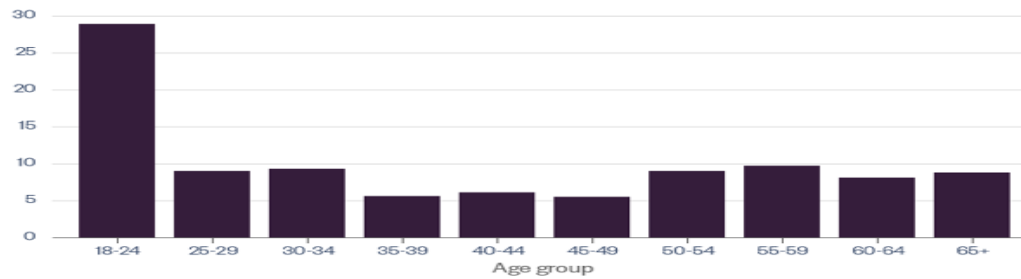
<https://figure.nz/chart/iemkY7Vbn18tNUZQ>.

Age distribution of transgender and non-binary people in New Zealand

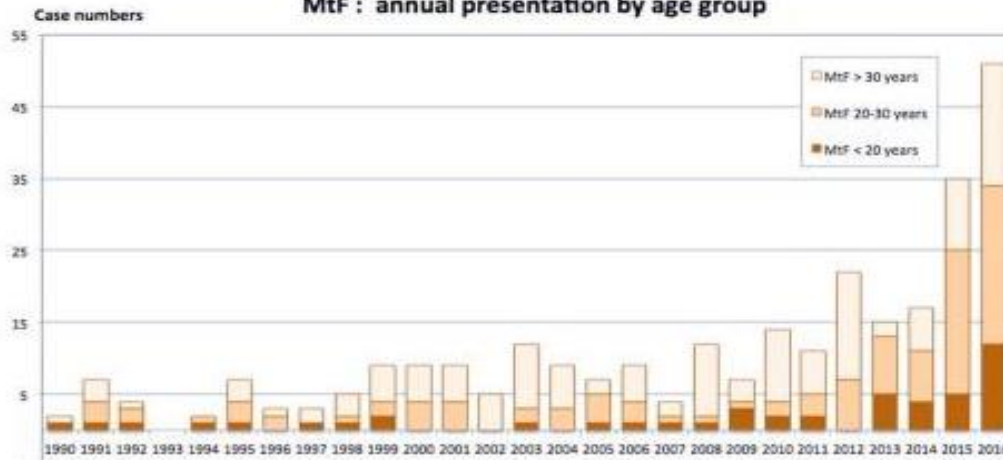
figure.nz

Year ended June 2021, % of people aged 18+

Provider: Stats NZ



MtF : annual presentation by age group



<https://figure.nz/chart/iemkY7Vbn18tNUZQ>.

VII. FINLAND

Almost 6-Fold Increase in Children/Adolescents Seeking Gender Services in Six Years⁷⁰

Table I. Number of new referrals to one of the two child and adolescent gender identity services in Finland 2011*-2017.

2011	14
2012	18
2013	20
2014	24
2015	37
2016	95
2017	81

*The service was first opened in January 2011.

⁷⁰ Kaltiala-Heino Riittakerttu, *Gender dysphoria in adolescents population: 5-year replication study*, April 2019, <https://helda.helsinki.fi/server/api/core/bitstreams/df133a4d-ae91-4925-ac4e-51d26ad75643/content> .

VIII. SWEDEN

Exponential Growth of Children and Youth Seeking Gender Services⁷¹

Figure 2: Number of individuals per 100 000 that have been diagnosed with gender dysphoria from 1998 up until 2015. Taken from: The National Board of Health and Welfare, 2017b.

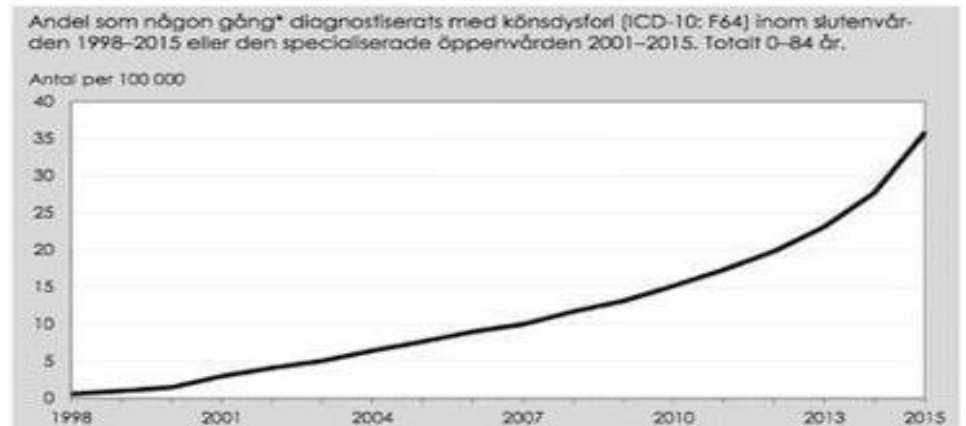


Figure 3: The number of referrals to the team for gender identity evaluation for youth at Astrid Lindgren's children's hospital in Stockholm during the period 2000–2016. (On the y-axis it says "number of care-seekers" which I think is not really correct, the graph shows referrals to the specialised team for youth). Taken from: Frisé, Söder and Rydelius 2017.

⁷¹ Ina Linander, *It was like I had to fit into a category People with trans experiences navigating access to trans-specific healthcare and health*, Nov. 2018.

<https://www.researchgate.net/publication/330310576> It was like I had to fit into a category

People with trans experiences navigating access to trans-specific healthcare and health.

**CERTIFICATE OF COMPLIANCE WITH TYPE-VOLUME
LIMIT, TYPEFACE REQUIREMENTS, AND TYPE-STYLE
REQUIREMENT**

This brief complies with the word-count limitation of Fed. R. App. P. 29(a)(5) and Seventh Circuit Rule 32 because, according to the word-count feature of the program used to prepare it and excluding the items listed in Fed. R. App. P. 32(f), the Brief contains 6,330 words. Exhibit A contains 613 words, for a total of 6,943 words.

This amicus brief also complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type-style requirements of Fed. R. App. P. 32(a)(6) and Seventh Circuit Rule 32 because this brief has been prepared in a proportionally spaced typeface using Microsoft Word 365 in 14-point Century Schoolbook font.

/s/ *Mary E. McAlister*
MARY E. MCALISTER

CERTIFICATE OF SERVICE

I hereby certify that on July 17, 2024, I electronically filed the foregoing brief with the United States Court of Appeals for the Seventh Circuit by using the CM/ECF system. I certify that counsel for all parties in this case are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

/s/ Mary E. McAlister
MARY E. MCALISTER