

No. 24-539

IN THE
Supreme Court of the United States

KALEY CHILES,

Petitioner,

v.

PATTY SALAZAR, IN HER OFFICIAL CAPACITY
AS EXECUTIVE DIRECTOR OF THE COLORADO
DEPARTMENT OF REGULATORY AGENCIES, *et al.*,

Respondents.

ON WRIT OF CERTIORARI TO THE
UNITED STATES COURT OF APPEALS FOR THE TENTH CIRCUIT

**BRIEF OF *AMICUS CURIAE*
WOMEN'S LIBERATION FRONT
IN SUPPORT OF REVERSAL**

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INTEREST OF AMICI CURIAE¹

Amicus is the Women’s Liberation Front (“WoLF”), a non-profit radical feminist organization dedicated to the liberation of women and girls by abolishing sex discrimination.²

As a radical feminist organization, WoLF rejects gender identity beliefs because they are founded on regressive sex stereotypes and undermine women’s sex-based rights (including the rights of lesbian and bisexual women who comprise nearly 40% of WoLF’s membership). This case merges two cohorts, those who are same-sex attracted and those who identify as “transgender.”

1. No counsel for any party authored any part of this brief, and no party, their counsel, or anyone other than WoLF, has made a monetary contribution intended to fund its preparation or submission.

2. *Amicus* uses “sex” throughout to refer to the fundamental distinction, found in most species of animals and plants, based on the type of gametes each individual’s body is organized to produce. In humans these fundamental sex differences divide people into two sexual reproductive categories: Females are those whose bodies are organized to support the production of ova and the creation of offspring through sexual reproduction, and males are those whose bodies are organized to support the production of sperm. Sex in humans is determined at conception and remains fixed throughout all life stages, regardless of individual life experiences such as aging, illness, or infertility, and regardless of whether an individual has a “difference (or disorder) of sexual development” (DSD), sometimes incorrectly labeled “intersex.” See Sex, Male, and Female, Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health (7th ed. 2003), <https://medical.dictionaty.thefreedictionary.com> (last visited June 4, 2025); Miriam Grossman, *Lost in Trans Nation*, p. xxv-xxvi, Skyhorse Publishing, 2023.

These two groups are very different and have different legal rights and different requirements for counseling. WoLF's interest in this case also stems from its interest in protecting girls from ideologically-based interference in their freedom of beliefs and from coerced indoctrination into misogynistic ideologies. WoLF's goals are thwarted when the state abandons its responsibility to maintain neutrality with respect to religious belief and objective reality.

ISSUE PRESENTED

The question before this Court is whether a law that restricts certain kinds of conversations between counselors and their clients, based on the viewpoints expressed, properly regulates professional conduct or violates the Free Speech Clause, or freedom of association.

SUMMARY OF THE ARGUMENT

This case involves a challenge to a law in Colorado, the Minor Conversion Therapy Law ("the MCTL") that prohibits the practice of "conversion therapy" on minors by licensed therapists or counselors that Colorado regulators believe are attempts to change a minor's sexual orientation or gender identity.³ A licensed professional counselor in Colorado, Kaley Chiles, has challenged the law on grounds that it violates the Free Speech and Free Exercise Clauses of the First Amendment.

Sexual orientation and 'gender identity' are not identical and have been wrongly categorized together in

3. Colo. Rev. Stat. § 12-245-101.

policy, legal opinions, and legislation. This case merges two cohorts, those who are same-sex attracted and those who identify as “transgender.” Many who identify as transgender at one point and later change their minds – many of whom do so after hormones and surgery – have reported that they were, in fact, “just a gay kid.”⁴ Yet they live with permanent damage to their reproductive and sexual organs and suffer a multitude of other physical and mental health problems. Laws such as this, which prevent a therapist from exploring the child’s belief that they are a different sex, will literally “trans away the gay.”⁵

“Conversion therapy” was often used to “treat” lesbians and gay men in an attempt to change their sexual orientation to heterosexual. Often the therapy was psychologically or physically damaging and sometimes

4. “Detransition” and “Desist” are terms which are not standardized in literature. For the purposes of this brief, a desister is a person who identifies as transgender but stops before medicalization. A detransitioner is a person who medically transitioned but later understands that sex cannot really be changed. *What do the terms ‘detransition’ and ‘desistance’ mean?*, Clinical Advisory Network on Sex and Gender, <https://can-sg.org/frequently-asked-questions/what-do-the-terms-detransition-and-desistance-mean> (last visited June 11, 2025).

5. *Sex, Gender, and Gender Identity: A Re-evaluation of the Evidence*, Cambridge University Press, July 21, 2020, found at <https://www.cambridge.org/core/journals/bjpsych-bulletin/article/sex-gender-and-gender-identity-a-reevaluation-of-the-evidence/76A3DC54F3BD91E8D631B93397698B1A>; *Time to Stop Transitioning the Gay Away*, LGB Alliance, <https://lgballiance.org.uk/conversion-practices-bill-blog/> (citing a Stonewall report showing that the vast majority of young people receiving sex trait modifications are attracted to their own sex) (last viewed June 11, 2025).

religious in nature. It was also unsuccessful. One of the most important achievements of the gay rights movement was the removal of homosexuality as a mental disorder in the Diagnostic and Statistical Manual in 1973 and the elimination, in some jurisdictions, of the practice of conversion therapy.

Understanding that a person cannot be “counseled” out of their sexual orientation was another monumental recognition by the psychiatric and medical communities. Unfortunately, this premise is now used to prohibit exploratory therapy with minors who question whether they suffer from gender dysphoria or a transgender identity. Sexual orientation and gender identity are different and should not be paired in legal or medical analysis. Sexual orientation is not a matter of identity but of the classifications of homosexuality, heterosexuality, or bisexuality. Nevertheless, advocates for gender identity have linked sexual orientation in their advocacy to gender identity and promote the belief that what is inappropriate when counseling a minor about sexual orientation is also inappropriate for a minor suffering from gender dysphoria.

The Colorado law prohibits what society has come to understand as “exploratory therapy.” Rather than asking a child what gender identity is, why they feel they are transgender, what that feels like, or when did they start thinking about it, and how do they envision their future, the child is immediately “affirmed.” Therapists may not pursue underlying conditions, comorbid conditions, or explore deeply the minor’s thoughts and feelings. Under this model, parents have been advised that if they do not immediately “affirm” their child that the child may

commit suicide. This claim has been proved to be false, yet it persists.⁶ On December 4, 2024, at an argument before this Court, Chase Strangio admitted that the evidence did not prove the assertion that children will commit suicide if not affirmed.⁷ A more relevant and recent study shows the opposite is true. Children who get sex trait modifications are more likely to commit suicide.⁸

Colo. Rev. Stat. § 12-245-202(3.5) (a) defines “conversion therapy” as “any practice or treatment by a licensee, registrant, or certificate holder that attempts or purports to change an individual’s sexual orientation or gender identity, including efforts to change behaviors or gender

6. See Transgender Trend, *Suicide Facts and Myths*, <https://www.transgendertrend.com/the-suicide-myth/> (last visited June 4, 2025); *Correction of a Key Study: No Evidence of “Gender Affirming” Surgeries Improving Mental Health*, August 2020, https://www.segm.org/ajp_correction_2020, (last visited June 4, 2025); Leo Sapir, *Reckless and Irresponsible*, City Journal, <https://www.city-journal.org/article/reckless-and-irresponsible>, May 17, 2023.

7. Leo Sapir, *ACLU Attorney Confesses Transgender Suicide Claim is a Myth*, City Journal, <https://www.city-journal.org/article/aclu-attorney-confesses-transgender-suicide-claim-is-a-myth> (last visited June 4, 2025). December 5, 2024 (citing excerpt from transcript of oral argument in *U.S. v. Skrmetti*, United States Supreme Court, December 4, 2024).

8. See Joshua E Lewis, et al., *Examining the Gender Specific Mental Health Risks After Gender Affirming Surgery: A National Database Study*, Journal of Sexual Medicine, February 23, 2025, <https://academic.oup.com/jsm/advance-article-abstract/doi/10.1093/jsxmed/qdaf026/8042063> (last visited June 11, 2025). See also Michael Biggs, *Suicide by Clinic-Referred Transgender Adolescents in the United Kingdom*, Vol. 51, p. 685-690, 2022.

expressions or to eliminate or reduce sexual or romantic attraction or feelings toward individuals of the same sex.” The result is no meaningful therapy at all. The therapist “affirms” the minor and passes them over to endocrinologists and surgeons with the promise that these medical interventions will improve their mental health. The drastic and untested medicalization of children results in further mental health problems as well as significant, lifelong, harmful medical side effects. Should the therapist attempt to understand the child with gender dysphoria or help the child understand his or her gender dysphoria, the therapist may have their license challenged.

It is not hyperbole to characterize what is happening to minors as pure experimentation with no controls or standards. The effects have been devastating to children and families. In addition, women, lesbians, gay men, and bisexuals have lost important rights and all face erasure of their legal status by the gender identity movement.

I. Sexual Orientation and Gender Identity Are Distinct and Should Be Addressed Separately In Medicine, Mental Health, Law, And Public Policy.

A. Definitions and Differences

Confusion features prominently in several critical fields surrounding the definition of terms in gender identity ideology, and the language has changed rapidly and significantly in recent years.⁹ Defining “gender

9. Until recently, “*transsexual*” was widely understood to mean a person who desires to live as a member of the opposite sex, and was accompanied by discomfort with their sex. *Transgender*,

identity” without resorting to stereotypes is impossible. Obfuscation of common words, such as the clear and simple definition of a woman: adult human female, creates uncertainty in language as well as in the fields of medicine, mental health, law, and policy. Such confusion does not help the client with medical or mental health treatment. The confusion does not assist the judiciary in sorting through claims related to sex, sexual orientation, and gender identity. And such obfuscation ensures that any debate will be futile.

For example, the American Psychological Association tells us that:

“Transgender is an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth. Gender identity refers to a person’s internal sense of being male, female or something else; gender expression refers to the way a person communicates gender identity to

however, has become a much broader category. The new terminology reflects a conceptual shift from clinical disorder to personal identity. Crucially, gender dysphoria is no longer integral to the condition. The World Health Organization has renamed ‘gender identity disorder’ as ‘gender incongruence’ and reclassified it as a ‘condition related to sexual health’ rather than retaining it in the chapter pertaining to ‘mental and behavioural disorders’. This has created a discrepancy in the classification system, reflecting a political rather than scientific decision-making process. World Health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*: 362. WHO, 1992.

*others through behavior, clothing, hairstyles, voice or body characteristics.”*¹⁰

This leaves us with an entirely subjective definition of gender identity. Some women, including liberal feminists, report that they support all that the transgender movement demands from women, such as unquestioned entrance into their intimate places, single sex-spaces, sport and other competitions, awards, and to be considered a member of the sex class “woman.”

But not all women agree with this. Often, women or men who speak about their opposition are “canceled:” they lose their speaking platforms, are removed from internet forums, social media is blocked, they are disciplined at work or lose their jobs completely, are kicked off of sports teams, and lose speaking engagements.¹¹ Women who do not agree with the transgender movement agenda are effectively silenced on this issue in the public realm.¹²

In fact, most people do not agree with the transgender activists who attempt to allow men into women’s sex class

10. American Psychological Association, *Understanding Transgender People, Gender Identity, and Gender Expression*, June 10, 2023, <https://www.apa.org/topics/lgbtq/transgender-people-gender-identity-genderexpression> (last viewed June 11, 2025).

11. See *List of Women Cancelled in the United States Over Gender Ideology*, <https://womensliberationfront.org/list-of-cancelled-women> (last visited June 4, 2025). <https://womensliberationfront.org/list-of-cancelled-women>.

12. *Id.* See also Janice Raymond, *DoubleThink*, Spinifex Press, 2021.

or women's private spaces such as bathrooms, spas, or locker rooms. They also do not support men participating in women's sports, receiving women's awards, or being housed in women's prisons, homeless shelters, or domestic violence shelters. A national poll conducted by Spry Strategies for WoLF in 2020 revealed that approximately 2/3's of voters do not support men in women's spaces.¹³ A recent Gallup poll confirms these numbers.¹⁴

Radical feminists persist in grounding feminism in the physical reality of the world. Women have been oppressed, controlled, and defined by men's use of their bodies and labors for thousands of years. Additionally, women face many physical issues related to their role in reproduction. Historically, for thousands of years, women have had to struggle to be seen not just as equals to men, but also as human. "The female is, as it were, a mutilated male."¹⁵ Not until 1971 did the United States Supreme Court declare that women were "persons."¹⁶ Women's rights must be based on the physical reality of sex. If women's sex class is flooded with men, women will not exist as a clear legal category. If anyone can be a woman, then no one is.

13. Women's Liberation Front, *National Poll Reveals Majority of Voters Support Protecting Single-Sex Spaces*, Spry Strategies, found at <https://womensliberationfront.org/news/national-poll-support-for-womens-spaces> (2020)

14. Gallup, *Two-Thirds in U.S. Prefer Birth Sex on IDs, in Athletics*, June 10, 2025, found at <https://news.gallup.com/poll/691454/two-thirds-prefer-birth-sex-ids-athletics.aspx>

15. Aristotle, translation by Arthur Leslie Peck, William Heinemann, *Aristotle: Generation of Animals (Greek)*, London 1943, pp. 82-101.

16. *Richardson v. Fronterio*, 411 U.S. 677 (1973).

In 5th and 14th Amendment determinations on whether a law is discriminatory, this Court has held that suspect classes are protected, which are often defined as having “immutable” characteristics. In *Frontiero v. Richardson*, this Court held unconstitutional a federal statute that imposed a burden on female service members but not male service members seeking benefits for their spouse.¹⁷ In determining immutability as a characteristic of sex, this Court held that, “sex, like race and national origin, is an immutable characteristic determined solely by the accident of birth,” and that discrimination “because of...sex would seem to violate ‘the basic concept of our system that legal burdens should bear some relationship to individual responsibility.’” Further, this Court stated that “sex characteristic frequently bears no relation to ability to perform or contribute to society.”

Despite the effort by activists to change our language and thereby change our reality, the basic meaning of the words and physicality of our world have not changed. The term sex is used to differentiate between *male* and *female* based on physiological characteristics related to reproductive roles. Male and female are marked by the kinds of gametes we are designed to produce, sperm or egg. It remains constant regardless of social settings. Sex is binary and biological.¹⁸

Gender differentiates between *masculine* and *feminine* based on a society’s ideas about the roles and

17. *Id.*

18. Zachary A. Elliot, *Binary Debunking the Sex Spectrum Myth*, p. 1-2, (Paradox Press 2023); W. Goymann, H. Brumm, P. Kappeler, *BioEssays* 45 (2) (2022) (biological sex is binary, even though there is a rainbow of sex roles).

characteristics associated with being male or female. These concepts can vary across different societies and change over time within the same society. Gender is socially constructed, and in contemporary societies, it has been influenced by historical patterns of institutionalized male dominance.¹⁹

Sex is a physical and observable reality for women, not an inner experience or one that changes depending on what one is wearing. Similarly, sexual orientation is also a physical reality. The Court addressed the concept of immutability in *Obergefell v. Hodges*, holding that homosexuality is “both a normal expression of human sexuality and immutable.”²⁰ The legal recognition and acceptance of homosexuality and bisexuality is a recent achievement, after many decades of civil rights advocacy.

“Conversion” therapy describes a variety of interventions intended to alter or suppress sexual orientation. Historically, homosexuality was classified as a psychopathology, and many gays and lesbians who sought help were subjected to “conversion” or “reparative” therapy to alter their pattern of attraction and expression. Conversion therapy took many forms, from talk therapy, hypnosis, and verbal abuse to aversive treatments such as electroshock, nausea-inducing medications, asexualizing medications such as cross-sex hormones, and corrective

19. Robert Jensen, *Defining Sex/Gender: Beyond Trans Ideology*, It’s Debatable: Talking Authentically about Tricky Topics (Northampton, MA: Olive Branch Press, 2024). <https://robertwjensen.org/books/its-debatable/>, last viewed June 11, 2025.

20. *Obergefell v. Hodges*, 576 U.S. 644, 661 (2015).

rape.²¹ These practices reflected cultural beliefs that homosexuals were inferior and immoral. In certain jurisdictions where homosexuality was criminalized, extreme measures such as chemical castration were occasionally employed as punitive actions, and aversion practices are still common in some countries.²² In other countries, homosexuals are pressured to undergo gender reassignment surgeries as a means of “reversing” their sexual orientation.²³

The APA defines sexual orientation as “a complex human characteristic involving attractions, behaviors, emotions, and identity.” According to the APA, “sexual orientation refers to an individual’s patterns of sexual, romantic, and affectional arousal and desire for other persons based on those persons’ gender and sex characteristics. Sexual orientation is tied to physiological

21. Erin Blakemore, *Gay Conversion Therapy’s Disturbing 19-Century Origins*, History.com, published June 22, 2018, last updated May 28, 2025, found at <https://www.history.com/articles/gay-conversion-therapy-origins-19th-century>; See also American Psychological Association, *APA Resolution on Sexual Orientation Change Efforts*, February 2021, found at <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf> (last viewed June 11, 2025)

22. Riley Sparks, Ginevra Falciani, and Renate Mattar, *Where Conversion Therapy is Banned and Where Its Practices Are Ever More Extreme*, WorldCrunch, found at <https://worldcrunch.com/in-the-news/conversion-therapy-around-the-world/>, (last viewed June 11, 2025) (For example, in Uganda and Zimbabwe electric shocks are still used in “aversion therapy.”)

23. See also Ali Hamedani, *The Gay People Pushed to Change Their Gender*, November 5, 2014, found at <https://www.bbc.com/news/magazine-29832690> (last viewed June 11, 2025).

drives and biological systems that are beyond conscious choice and involve profound emotional feelings.”²⁴

Sexual orientation is verifiable. Homosexual and bisexual behavior does not require the use of harmful medical interventions. By contrast, gender identity is an unverifiable and unfalsifiable trait and is mutable. Sexual orientation may not be something that everyone in our society accepts for personal, cultural, or religious reasons. However, sexual orientation does not require that society re-define the meaning of words, change the therapeutic model of exploration and talk, require that women give up sex-based rights to accommodate men, or encourage chemical and surgical body modification.

In recent advocacy, including before this Court, transgender advocates have argued that excluding men who identify as women from the class “woman” is the same as excluding Black people from white establishments. This, they argue, has caused a new “Jim Crow” by not permitting men in the sex class “woman.” This is a logical fallacy as there are significant differences between race and sex.

In *United States v. Virginia*, this Court struck down a male-only admission policy at the Virginia Military Institute.²⁵ Discussing the difference between race and gender, Justice Ginsburg wrote “[s]upposed ‘inherent differences’ are no longer accepted as a ground for race

24. American Psychological Association, *Understanding Sexual Orientation and Homosexuality*, 2008, found at <https://www.apa.org/topics/lgbtq/orientation> (last viewed June 11, 2025).

25. 518 U.S. 515, 533 (1996).

or national origin classifications . . . [p]hysical differences between men and women, however, are enduring: ‘The two sexes are not fungible; a community made up exclusively of one [sex] is different from a community composed of both.’²⁶ In this holding, the Court recognized the inherent physical characteristic differences that support the proposition that women are different from men in a way that Black people are not different from white people. This distinction is the basis for the intermediate scrutiny standard.²⁷ To argue that certain males are women and ignore the inherent and serious physical differences is a disservice to race and sex.

B. Therapy

The Colorado law merges two cohorts, those who are same-sex attracted and those who identify as “transgender.” These two groups are very different and have different requirements for counseling. Unlike simple affirmation of one’s sexual orientation and discussion of how the client experiences his or her orientation, the “affirmation” of gender identity often entails harmful pharmacological and surgical interventions, endorsing a lifelong medical pathway. No credible evidence exists to support these medical interventions.²⁸ Instead, every systemic review of the literature has concluded that

26. *Id.*

27. *Id.* at 533 (“The heightened review standard our precedent established does not make sex a proscribed classification.”)

28. The Economist, *Where the Trump Administration has Science on its Side*, reproduced at <https://segm.org/Economist-HHS-gender-dysphoria-report>, May 5, 2025 (last viewed June 11, 2025).

evidence to support the necessity of medical intervention is weak or lacking. By framing counseling of a minor presenting with possible gender dysphoria as “conversion therapy” the Colorado statute prevents the minor from having a full understanding of what they are experiencing and interferes with their ability to make informed choices about medical treatment.²⁹

The Cass Review and the report from the Department of Health and Human Services in the United States on the state of the evidence show that affirmation and medicalization is not supported by good evidence. Europe has reached the same conclusion.³⁰

The Colorado statute does not provide for exploration with the client. Counselors are too afraid of losing their license to not follow the requirements of the licensing authority.³¹ Rather, “gender affirming care” in the mental health and medical fields means that counselors risk their

29. R. D’Angelo, *Supporting Autonomy In Young People With Gender Dysphoria: Psychotherapy Is Not Conversion Therapy*, J Med Ethics 2025.

30. Hilary Cass et al., *The Independent Review of Gender Identity Services for Children and Young People* [commonly, the Cass Review], NHS England and NHS Improvement, 2020, found at <https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/> (last accessed June 11, 2025); U.S. Department of Health and Human Services, *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*, May 1, 2025, found at <https://www.hhs.gov/press-room/gender-dysphoria-report-release.html> (last accessed June 11, 2025).

31. *Chiles v. Salazar*, Petitioner Brief at 18.

license if they attempt exploratory or talk therapy about any underlying issue or the minor's life circumstances. They believe they must follow the "affirmation only model."

As a result, a child who meets a therapist who is unable to explore the issues the child presents with will be "affirmed" and socially transitioned before medicalization. Social "transition" is not harmless, as this can lock in a child's self-identification with the wrong sex.³² Once a wrong-sex identity is affixed by social transition, there is evidence that children are likely to pursue irreversible hormonal and surgical interventions such as puberty blockers.³³

Activists often minimize the prevalence of pediatric sex trait modification procedures and deny that such surgeries are performed on minors at all, but data from a recent analysis of insurance claims shows that in the United States between 2019 and 2023: 13,994 minors underwent sex trait modification treatments, 5,747 minors had sex trait modification surgeries; 8,579 minors received hormones and puberty blockers; and 62,682 sex change prescriptions were written for minors.³⁴

32. See e.g., Jane Martin, MD, *What is 'Social Transition' and Why is it Important?*, Clinical Advisory Network on Sex and Gender (can-sg.org) (2023) (citations omitted).

33. See Ruth Hall et al., *Impact of Social Transition in Relation to Gender for Children and Adolescents: A Systematic Review*, Archives Disease Childhood 1 (2024).

34. See Do No Harm, *Stop the Harm Database*, found at <https://stoptheharmdatabase.com/about/> (last viewed June 11, 2025).

II. Many Underlying Conditions May Cause A Minor To Experience “Gender Dysphoria” Therefore Exploratory Therapy Is Critical To The Minor’s Mental and Physical Health.

Gender dysphoria may produce or accompany psychological conditions such as internalized misogyny, internalized homophobia, body dysmorphia, borderline personality disorder, or trauma which may be accompanied by dissociation from the body and the self. A therapist must, therefore, engage in differential diagnosis which requires exploration of the person’s history, motives, sense of self, and expectations.³⁵ The American Psychological Association (APA) has defined “differential diagnosis” as “the process of determining which of two or more diseases or disorders with overlapping symptoms a particular patient has.” And, the distinction between two or more similar conditions by identifying critical symptoms present in one but not the other. <https://dictionary.apa.org/differential-diagnosis>

In other words, exploratory or talk therapy.

35. The UK’s National Health Service (NHS) recently emphasized that a diagnosis of gender dysphoria may actually be secondary to other difficulties. Recent reports state that ‘gender incongruence’ may be related to mental health problems, neurodevelopmental issues, or family and psychosocial complexities in ways that ‘may not be readily apparent and will require careful exploration’. NHS England, *Interim service specification: interim specialist service for children and young people with gender incongruence, 2023*, <https://www.england.nhs.uk/wp-content/uploads/2023/06/Interim-service-specification-for-Specialist-Gender-Incongruence-Services-for-Children-and-Young-People.pdf>, last accessed June 11 2025.

If a minor, or anyone, experiences “gender dysphoria” or even wonders about it and is immediately “affirmed” then potential underlying mental health conditions remain unexplored and untreated. Patients are left with an expectation that their problems will be solved by medical intervention, but they do not experience relief from their mental health concerns and their mental health may worsen. We know that if most children are permitted to go through a natural puberty without blocking and further hormones, they will grow out of gender dysphoria. Notwithstanding this common resolution of gender dysphoria without chemicals or surgery, the American College of Obstetricians and Gynecologists guides its doctors that a hysterectomy is “medically necessary for patients with gender dysphoria who desire this procedure.” <https://unherd.com/2025/06/the-troubling-trends-in-gender-surgery/?us>.

Just as we have no official count of how many minors have gotten pediatric sex trait modifications, we have no official count of how many of these people decide to “detransition.” What is clear is that the number is increasing.³⁶ The number of members in the subreddit “detrans” is now at over 57,000.³⁷

A law that conflates conversion therapy for gender identity with exploratory psychotherapy violates the rights of same sex attracted individuals who may have

36. Jennifer Bilek, *The Long Dark Road of Synthetic Sex*, Substack, <https://jbilek.substack.com/p/the-long-dark-road-of-synthetic-sex> (May 28, 2025).

37. <https://www.reddit.com/r/detrans/> and https://www.reddit.com/r/actual_detrans/, last viewed June 9, 2025.

distress due to their sexual orientation. There is a tension where some lesbians feel that their definition of same-sex attraction is being challenged or invalidated. The Economist has noted that the gender-identity movement can undermine lesbians by promoting the idea that sexual orientation is based on gender identity rather than biological sex, leading to the erasure of lesbian identity.³⁸ Of note, early gender non-conformity and adult same sex orientation are strongly correlated in females.³⁹

The largest cohort of minors reporting gender dysphoria are adolescent and teenage girls, usually with no early indication of confusion about their sex.⁴⁰ This represents a distinct change in the phenomenon as previously the major cohort of minors consisted of boys experienced gender dysphoria as small children. There has been a 5,000 percent increase in the number of adolescent and teenage girls seeking pediatric sex trait modifications.⁴¹ Lisa Littman noticed this and coined the phrase “rapid onset gender dysphoria.”⁴² She studied the subgroups and discovered that almost two-thirds of girls had been diagnosed with at least one psychiatric

38. Sanchez Manning, *Proposed Pride march could be alternative for ‘fed up’ lesbians this summer*, April 27, 2024, <https://www.telegraph.co.uk/news/2024/04/27/alternative-pride-march-could-be-held-for-fed-up-lesbians/> (last viewed June 11, 2025).

39. Joyce at 92

40. *Id.* at 91

41. Abigail Shrier, *Irreversible Damage*, Regnery Publishing, 2020.

42. Joyce at 95

or developmental condition, and many had self-harmed. Littman postulated that a social and peer contagion was contributing to the dramatic rise in the number of girls seeking pediatric sex trait modifications.⁴³ The high number of adolescent and teenage girls was also observed by pediatrician and former president of the Royal College of paediatrics and Child Health, Hannah Barnes, when she conducted an independent review in 2020 known as The Cass Review, commissioned by the UK's National Health Service (NHS). She observed, "that distressed adolescent girls with no longstanding history of gender dysphoria were requesting to become boys at skyrocketing rates and being prescribed puberty blockers and testosterone with very little medical or psychiatric evaluation, while any adults raising concerns were labelled 'transphobic.'"⁴⁴

A recent evidence review conducted by the United States Department of Health and Human Services is consistent with the Cass Review, conducted in Great Britain.⁴⁵

The United States has experienced periods of social contagion accompanied by professional certainty in the

43. Joyce at 96; See also Joan Acocella, *Creating Hysteria: Women and Multiple Personality Disorder*, Jossey-Bass 1999; Karla Solheim, *The Troubling Trends in Gender Surgery*, UnHerd, <https://unherd.com/2025/06/the-troubling-trends-in-gender-surgery/?us>, June 9, 2025.

44. Hannah Barnes, *Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children*, 2023.

45. U.S. Dept. of Health and Human Services, *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*, May 1, 2025, published at <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>.

past. Between 1985-1995 forty thousand Americans were formally diagnosed with multiple personality disorder. Several million more believed that they had repressed memory of child abuse.⁴⁶ During the 1990s the satanic panic produced patients who described vast networks of satanists, dungeons where children were raped and murdered, and industrial scale child trafficking. All of these phenomena were significantly curtailed after it was realized that they were not, in fact, “real.”⁴⁷

For boys, there is no research showing that puberty blockers are not harmful. In fact, there is no reliable outcome data for this group. “Strip away the affirming language, and much of this practice rests on assumptions, not evidence.”⁴⁸ Used in gender medicalization, they are not mere “pauses” in puberty to give a child time to think. “If a boy starts blockers before sperm development and proceeds to surgery, he will be irreversibly sterile.”⁴⁹ Ninety percent of children placed on puberty blockers go on to use wrong-sex hormones.⁵⁰

46. Joyce at 109. See also Acocella, *Creating Hysteria*.

47. Joyce at 109.

48. Corinna Cohn, *Missing Evidence: Why We Still Don't Know What Surgery Does to Puberty-Blocked Boys*, <https://lgbcouragcoalition.substack.com/p/missing-evidence>, June 10, 2025.

49. *Id.*

50. Benjamin Ryan, *Long-Awaited Puberty Blockers Study is Out in Pre-Print, Finding No Change in Kids' Mental Health*, Hazard Ratio, June 6, 2025 <https://benryan.substack.com/p/long-awaited-puberty-blockers-study>, last accessed June 11, 2025.

Surgical procedures for boys include vaginoplasty. Vaginoplasty has a host of side effects and complications. Leaked internal discussions from the World Professional Association for Transgender Health (WPATH) reveal that concerns have been expressed even among senior surgeons.⁵¹ Dr. Marci Bowers, the organization's current president and a surgeon, reportedly stated that, to his knowledge, no individual who was blocked at Tanner 2 has claimed the ability to orgasm.⁵² The most common problems are structural, such as narrowing of the canal (stenosis), pain with penetration, urinary issues, and the need for constant dilation to maintain depth. More serious outcomes include permanent numbness, tissue necrosis, and fistulas that create unintended pathways to the rectum or urethra. These complications can arise even when the surgeon is highly skilled.⁵³

Another group overly represented among the youth that seek sex trait modifications are children with autistic traits, though the reason for the correlation is uncertain.⁵⁴ Some researchers have posited that the autistic way of thinking results in them less likely to tolerate ambiguity in how they experience themselves or that they are same-sex attracted but that does not fit with their expectations.⁵⁵

51. *Id.*

52. *Id.*

53. *Id.*

54. National Autistic Society, *Autism and Gender Identity*, found at <https://www.autism.org.uk/advice-and-guidance/topics/identity/autism-and-gender-identity> (last viewed June 11, 2025).

55. Joyce at 97-98.

Adult men who seek sex trait modifications in adulthood often suffer from a paraphilia called autogynephilia. Paraphilias are an almost exclusively male phenomenon.⁵⁶ Although it is customary practice to include “T” with “LGB” in discussing these issues, the research on “conversion therapy” has investigated only sexual orientation, and its results cannot be generalized and applied to gender identity simply because they both reflect departures from cultural norms. The conversion therapy that was practiced on gays and lesbians tried to suppress their sexual orientation.⁵⁷ Transgender advocates identify any kind of therapy that attempts to understand the minor or discuss the minor’s feelings as “conversion” therapy.

Medical interventions also can cause serious side effects. Puberty blockers have significant detrimental effects on bone density. Sterility is a known effect when puberty blockers are followed by wrong sex hormones. Puberty blockers may interfere with normal cognitive development.⁵⁸

In girls, wrong-sex hormones cause irreversible changes such as deepening of the voice, increased facial and body hair, and balding. Long term use of hormone therapy increases the risk of cardiovascular disease,

56. *Id.* at 92.

57. Lucy Griffin, Katie Clyde, Richard Byng and Susan Bewley, *Sex, Gender And Gender Identity, A Re-Evaluation Of The Evidence*, published online by Cambridge University Press: 21 July 2020.

58. See Sallie Baxendale, *The impact of suppressing puberty on neuropsychological function: A review*, ACTA PAEDIATRICA (February 9, 2024), <https://doi.org/10.1111/apa.17150> (last visited June 11, 2025).

stroke and cancer, leading to a black box warning for these drugs in the USA.⁵⁹ Females taking sufficient levels of testosterone to induce changes in their body increases the risk of erythrocytosis, myocardial infarction, liver dysfunction, coronary artery disease, cerebrovascular disease, hypertension, and breast and uterine cancer. Males taking sufficient levels of estrogen to induce changes may experience sexual dysfunction and increased the risk of hypertriglyceridemia.⁶⁰

III. Gender Identity Erases Women and Same Sex Attracted People From Law and Policy and Jeopardizes Their Medical Health

Despite the efforts of this Court in *Bostock v. Clayton County* to limit its holding that sex discrimination applies only to Title VII, it has been used in Title IX complaints.⁶¹ Furthermore, “gender identity” has been redefined in some situations to include (or subsume) sex and sexual orientation, thereby erasing or undermining the definitions of the latter two characteristics. As a result, both women’s rights and gay rights become subsumed by “gender identity” and males are given preference in this hierarchy of rights. Prioritizing “gender identity” over sex effectively denies women and girls the right to equal protection under the law which is guaranteed to them under the 14th Amendment.

59. National Academy of Sciences, *Boxed Warnings on U.S. Food and Drug Administration-Approved Estrogen and Testosterone Products*, 2020, found at <https://www.ncbi.nlm.nih.gov/books/NBK562883/>.

60. Baxendale

61. 540 U.S. 644, 681 (2020).

This confusion also spreads into the medical field. In one instance, a doctor was unable to provide sex-specific care for his male patient because the patient was coded in the medical records as female. Moreover, the patient, who was at risk for prostate cancer, insisted that he could not possibly have a prostate because he “identifies as a woman.”⁶²

Gay men and lesbians also find that their legal status takes a back seat to gender identity.⁶³ New organizations have been created to preserve the rights that lesbians, gay men, and bisexual people have fought for, to stop the medical treatment of children for gender confusion, and to fight for sex-based rights. Even people who identify as transgender have joined with lesbians, gay men, and bisexuals to reform gender medicine for children.⁶⁴ These groups recognize that the children and young adults being medicalized for not conforming to sex-based stereotypes are disproportionately same-sex attracted (LGB).⁶⁵

62. *Neese v. Becerra*, No. 23-10078 (5th Cir. 2024).

63. See The LGB Alliance USA, <https://lgbausa.org/>, and Gays Against Groomers, <https://www.gaysagainstgroomers.com/> (last visited June 11, 2025) (organizations fighting the sexualization, indoctrination, and medicalization of children).

64. See The LGB Courage Coalition <https://www.lgbtcourage.org/> (last visited June 4, 2025).

65. See, e.g. Lisa Littman, *Rapid-Onset Gender Dysphoria in Adolescents and Young Adults: A Study of Parental Reports*, 13 PLoS One 1 (2018).

CONCLUSION

The decision below should be reversed.

Respectfully submitted,

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