No. 25-1189

In the Supreme Court of the United States

ROCKLIN UNIFIED SCHOOL DISTRICT,
Petitioner,

v.

PUBLIC EMPLOYMENT RELATIONS BOARD *ET AL.*,
Respondents.

On Petition for a Writ of Certiorari to
the Court of Appeal for the State of California
Third Appellate District

BRIEF FOR *AMICUS CURIAE* OUR DUTY–USA IN SUPPORT OF PETITIONER

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INTEREST OF *AMICUS CURIAE*[1]

Our Duty—USA ("Our Duty") is a secular nonprofit corporation with more than 1,000 members from all fifty states who have varied political backgrounds, ethnicities, and sexual orientations but share the experience of raising former and current trans-identified children. The members' children adopted transgender identities after being introduced to the concept through school settings, peer groups and on-line. Our Duty appreciates that the distress is genuine, but the adoption of transgender identities is not organic, and the cure is not drugs or surgeries.

Our Duty members have children who have been influenced by teachers, peers and social media to adopt trans identities only to later drop the identity when they are removed from the schools or other indoctrinating settings. Consequently, Amicus has a compelling interest in protecting the fundamental constitutional rights of parents to direct the upbringing and education of their children as Petitioner's policy does in this case. Amicus applauds Petitioner's parent- and child-protective policy and asks this Court to grant the Petition and reverse Respondents' attack on parents' fundamental rights.

SUMMARY OF ARGUMENT

Rocklin Unified School District ("RUSD") boldly took a stand to protect fundamental parental

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[1] All parties were timely notified of the filing of this brief. This brief was not authored in whole or in part by counsel for any party and no person or entity other than *amicus curiae* or its counsel has made a monetary contribution toward the brief's preparation or submission.

rights and the safety of its students when it adopted policies requiring that parents be notified when their children assert a discordant "gender identity" at school. Implementing such a policy should not be noteworthy in light of Cal. Educ. Code § 51101(a) which provides that parents are "mutually supportive and respectful partners in the education of their children" who have the right to information from the school. But it is noteworthy because California education officials have determined that when the information involves a child's "gender identity" parents are no longer partners but adversaries from whom information must be withheld. App. 24a-32a.

Instead of siding with RUSD and supporting its parent- and child-protective policy revisions, the Rocklin Teachers Professional Association (RTPA) immediately sought to have the policies rescinded. Wielding a strained interpretation of collective bargaining requirements, RTPA, through the Public Employees Relation Board ("PERB") fought RUSD to deprive parents of information related to their children's "gender identity." PERB ruled that RUSD had committed an unfair labor practice when it revised its policies to provide parental notification without giving RTPA the opportunity to bargain over the change. App. 4a. PERB ordered RUSD to rescind the parental notification policies. App. 49a.

PERB's order is a direct attack on parental rights. Acting through PERB, RTPA is joining state education officials to treat parents as adversaries who cannot be trusted with information related to their children's upbringing and mental health. PERB's order infringes parents' fundamental rights to "not to

be shut out of participation in decisions regarding their children's mental health" and to direct the religious development of their children. *Mirabelli v. Bonta,* 146 S. Ct. 797, 803 (2026) (per curiam); *Mahmoud v. Taylor,* 606 U.S. 522, 559 (2025).

Sex-rejecting interventions, including social transition at school, leading to administration of puberty blockers and cross-sex hormones, and surgery are fiercely debated and of questionable efficacy. Excluding parents from these decisions leaves them in the hands of immature adolescents who are incapable of appreciating the gravity of the decisions. RUSD's parental notification policies protect parental participation in these life-altering decisions. PERB's order places adolescents' health in jeopardy.

ARGUMENT

I. RUSD's parental notification policies protect parents' fundamental constitutional rights to make decisions about consequential and controversial sex-rejecting interventions for their children.

A. RUSD's policies protect parents' fundamental right to direct mental health decision-making for their children.

As was true of the injunction reinstated in *Mirabelli,* 146 S. Ct. at 803, RUSD's parental notification policy "promotes child safety by guaranteeing fit parents a role in some of the most consequential decisions in their children's lives." Respondents claim that California's parental

concealment policies advance student safety. To the contrary, "those policies cut out the primary protectors of children's best interests: their parents." *Id.* at 802-803 (citing *Troxel v. Granville*, 530 U.S. 57, 68–69 (2000) (plurality opinion)).

> Under long-established precedent, parents—not the State—have primary authority with respect to "the upbringing and education of children." *Pierce v. Society of Sisters*, 268 U.S. 510, 534–535, 45 S.Ct. 571, 69 L.Ed. 1070 (1925); *accord, Meyer v. Nebraska*, 262 U.S. 390, 399–400, 43 S.Ct. 625, 67 L.Ed. 1042 (1923). The right protected by these precedents includes the right not to be shut out of participation in decisions regarding their children's mental health. *Parham v. J. R.*, 442 U.S. 584, 602, 99 S.Ct. 2493, 61 L.Ed.2d 101 (1979). Gender dysphoria is a condition that has an important bearing on a child's mental health, but when a child exhibits symptoms of gender dysphoria at school, California's policies conceal that information from parents and facilitate a degree of gender transitioning during school hours. These policies likely violate parents' rights to direct the upbringing and education of their children.

Id. at 803. By enacting parental notification policies, RUSD protected those long-established constitutional rights and concomitantly, the safety of the district's students. Instead of championing those rights on behalf of their student charges, Respondents are

directing RUSD to rescind its policies and violate those rights. This Court should grant the Petition and reverse.

B. RUSD's policies protect parents' fundamental right to direct the religious upbringing of their children.

In *Mirabelli*, this Court addressed the same parental secrecy policies implemented by California education officials that are the genesis of RTPA's opposition to RUSD's parental notification policies. 146 S. Ct. at 800-801. As well as likely violating parents' right to direct mental health decision-making, the state policies also likely violate the parents' Free Exercise right to guide the religious development of their children under *Mahmoud,* 606 U.S. at 559. *Mirabelli,* 146 S. Ct. at 802. RUSD's parental notification policies protect those rights. PERB's order would place RUSD in the position of violating those rights.

> The parents who assert a free exercise claim have sincere religious beliefs about sex and gender, and they feel a religious obligation to raise their children in accordance with those beliefs. California's policies [RTPA's position] violate those beliefs and "impos[e] the kind of burden on religious exercise that [*Wisconsin v.*] *Yoder* [406 U.S. 205 (1972)] found unacceptable." [*Mahmoud,*] 606 U.S., at 550, 145 S. Ct. 2332. Indeed, the intrusion on parents' free exercise rights here—unconsented

> facilitation of a child's gender transition—is greater than the introduction of LGBTQ storybooks we considered sufficient to trigger strict scrutiny in *Mahmoud*. *See id.*, at 563, 145 S. Ct. 2332.

Id. The California policies that RTPA is championing "cut out the primary protectors of children's best interests: their parents." *Id.* By contrast, RUSD's parental notification policies ensure that parents remain primary protectors while also serving the state's compelling interest in student safety and privacy. *Id.* at 802-803.

Underlying California's parental secrecy policies and RTPA's challenge to RUSD's parental notification policies is a presumption that parents are "unsafe" and incapable of making appropriate decisions—medical and otherwise—for their children. State officials and RTPA assume that only parents who believe in and approve of the concept of "gender identity" are capable of effectively helping their children cope with gender dysphoria or any other mental distress that may be causing them to want to be perceived as something other than their sex. Parents are prevented from exploring the causes of their children's sex rejection and helping them accept their natural bodies. Instead, parents are secretly presumed abusive *in absentia* without due process while the school cements with their children the harmful notion that they are born in the wrong body.

California education officials and by extension, RTPA, presume that schools can only be safe if children who say they want to assume alternative

identities are protected from their own parents who presumably are abusive because they will not support their children's adoption of a discordant identity. Presuming that parents will be abusive with no evidence or opportunity to rebut conflicts with this Court's longstanding precedent that "historically . . . has recognized that natural bonds of affection lead parents to act in the best interests of their children." *Parham*, 442 U.S. at 602. California officials and RTPA are instead adhering to "[t]he statist notion that governmental power should supersede parental authority in all cases because *some* parents abuse and neglect children," which "is repugnant to American tradition." *Id.* at 603 (emphasis in original).

In sharp contrast to California's policies, RUSD's parental notification policies reject any presumption that parents will not act in the best interest of their children and buttress parents' fundamental rights to make mental health decisions and direct the religious upbringing of their children. PERB's order seeking to rescind the policies infringes fundamental constitutional rights and should not be permitted to stand.

II. Parental notification of children's "gender identity" issues is imperative in light of the controversial and untested nature of sex-rejecting interventions and adolescents' immaturity.

"Fierce scientific and policy debates about the safety, efficacy, and propriety" of sex-rejecting

interventions[2] coupled with adolescents' immaturity that "often leads to 'impetuous and ill-considered actions and decisions'"[3] underscore how imperative it is to, as RUSD's policies do, inform parents when their children say they "identify" as something other than their sex and want the school to facilitate social transitioning. "The voices in these debates raise sincere concerns; the implications for all are profound." *Skrmetti*, 605 U.S. at 525. The implications of starting on the path of sex-rejecting interventions are most profound for the children who are put on the path and their parents who, as "primary protectors of [their] children's best interests," *Mirabelli,* 146 S. Ct. at 802-803, must navigate the path with them.

The path of sex-rejecting interventions begins with "social transitioning," *i.e.,* "changing one or more aspects of one's presentation or expression, such as name, appearance, or behavior, with the goal of being perceived and treated as a member of the other sex."[4] While social transition is undertaken outside healthcare settings, including at school, it is regarded "as an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning and longer-term outcomes."[5] This is particularly true because

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[2] *United States v. Skrmetti*, 605 U.S. 495, 525 (2025).

[3] *Id.* at 540-541 (Thomas, J. concurring, citing *Roper v. Simmons*, 543 U.S. 551, 569 (2005)).

[4] U.S. Department of Health and Human Services (HHS), TREATMENT FOR PEDIATRIC GENDER DYSPHORIA: REVIEW OF EVIDENCE AND BEST PRACTICES, 89 (November 2025), https://opa.hhs.gov/sites/default/2025-11/gender-dysphoria-report.pdf

[5] *Id.* citing H. Cass, INDEPENDENT REVIEW OF GENDER IDENTITY SERVICES FOR CHILDREN AND YOUNG PEOPLE: FINAL

social transition may also involve breast binding for females or "tucking" (moving the testes into the inguinal canals and positioning the penis and scrotum in the perineal region) for males, which are non-medical "physical interventions with potentially adverse health effects, unlike haircuts or clothing changes."[6] Addressing those potential health effects and the health effects of medical and surgical interventions on children[7] that follow are part of parents' constitutionally protected fundamental rights. *Parham*, 442 U.S. at 602. The state policy enjoined in *Mirabelli* and Respondents' attempted

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REPORT 158 (April 2024). https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/

[6] *Id.*

[7] Potential outcomes of sex-rejecting medical interventions include sterilization/infertility, sexual dysfunction, increased prevalence of suicides, lowering of IQ and brain development issues, and heart attacks and stroke. See, Philip J. Cheng et al. *Fertility concerns of the transgender patient*, TRANSLATIONAL ANDROLOGY AND UROLOGY, June 2019, doi:10.21037/tau.2019.05.09; M.E. Kerckhof, et al, *Prevalence of Sexual Dysfunctions in Transgender Persons: Results from the ENIGI Follow-Up Study*, 16 J SEX MED. 12:2018-2029. (December 2019) doi: 10.1016/j.jsxm.2019.09.003. Epub 2019 Oct 24. Erratum in: J Sex Med. 2020 Apr;17(4):830. doi: 10.1016/j.jsxm.2020.02.003. PMID: 31668732. Gabrielle M. Etzel, *New study finds 12-fold higher risk of suicide attempt for adult transgender patients*, WASHINGTON EXAMINER, May 17, 2024, https://www.washingtonexaminer.com/policy/healthcare/3007980/new-study-finds-12-fold-higher-risk-of-suicide-attempt-for-adult-transgender-patients/. L. Schwartz, *et al. Emerging and Accumulating Safety Signals for the Use of estrogen Among Transgender Women. Discov. Ment. Health* 5, 88 (2025).

rescission of RUSD's policy here "likely violate those fundamental rights." *Mirabelli,*146 S. Ct. at 803.

Depriving parents of their right to make decisions regarding the fiercely debated risks and adverse effects of sex-rejecting interventions, including social transitioning, has profound consequences for the parents and their children. As Justice Thomas observed in *Skrmetti,* medical professionals have increasingly expressed doubts over the quality of evidence supporting sex-rejecting interventions. 605 U.S. at 537 (Thomas, J. concurring). Public health authorities in different countries have concluded that the interventions "are experimental in practice, and that the evidence supporting their use is of 'very low certainty,' 'insufficient,' and 'inconclusive.'" *Id.* "In countries like 'Sweden, Norway, France, the Netherlands and Britain—long considered exemplars of gender progress—medical professionals have recognized that early research on medical interventions for childhood gender dysphoria was either faulty or incomplete.'" *Id.* at 537-38 (citation omitted). As a result, Sweden, Finland, and the United Kingdom adopted new treatment guidelines for gender dysphoric youth that prioritize noninvasive psychosocial interventions and sharply restrict hormones and surgery. [8]

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[8] COHERE (Council for Choices in Health Care), *Recommendation of the Council for Choices in Health Care in Finland: Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors* (2020), https://segm.org/Finland_deviates_from_WPATH_prioritizing_psychotherapy_no_surgery_for_minors; National Health Service (NHS), *Interim service specification for specialist gender*

In April 2024, the United Kingdom's National Health Service ("NHS") released its independent review of gender identity services for children, the "Cass Review." [9] Confirming and expanding upon the findings of earlier systematic evidence reviews, the Cass Review found that the oft-cited "guidelines" published by the World Professional Association of Transgender Healthcare (WPATH) lack scientific rigor.[10] Investigators also found 1) no evidence that puberty blockers improve body image or dysphoria, 2) insufficient or inconsistent evidence about the effects of puberty suppression on psychological or psychosocial well-being, cognitive development, cardio-metabolic risk or fertility, and 3) positive evidence of compromised bone density and decreased psychological functioning.[11] The NHS responded to the Cass Review by decommissioning the use of puberty blockers for gender dysphoria, requiring review and referral before prescribing wrong sex

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dysphoria services for children and young people—Public consultation (2022). https://www.engage.england.nhs.uk/ specialised-commissioning/gender-dysphoria-services/; NHS, *Regional model for gender care announced for children and young people* (July 28, 2022), http://tavistockandportman.nhs.uk/about-us/news/stories/regional-model-for-gender-care-announced-for-children-and-young-people/; Socialstyrelsen (National Board of Health and Welfare), *Care of children and adolescents with gender dysphoria – Summary* (2022), https://www.socialstyrelsen.se/ globalassets/sharepoint-dokument/ artikelkatalog/kunskapsstod/2022-3-7799.pdf.

[9] Cass, *supra* n. 5.

[10] *Id.* at 28.

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

hormones, and restructuring its health care system to prioritize noninvasive interventions.[12]

In November 2025, the U.S. Department of Health and Human Services published the results of a comprehensive evidence review that confirms the international studies' findings of a lack of evidence of efficacy and safety of sex-rejecting interventions for minors.[13] The HHS report found, *inter alia,* that 1) the benefits and harms of social transition remain unknown; 2) puberty blockers, cross-sex hormones and surgeries "consistently produce certain physical and physiological effects; and there is considerable uncertainty regarding their psychological and long-term health outcomes," 3) there is uncertainty regarding the effects of psychotherapy for gender dysphoria, and 4) some of the plausible harms of sex-rejecting interventions are serious, including the likelihood of infertility when puberty blockers are provided at the early stage of puberty and followed by cross-sex hormones.[14] It concluded that the "risk/benefit profile of medical and surgical interventions for children and adolescents with GD [gender dysphoria] is unfavorable."[15]

In 2026 Finnish researchers published a study showing that, contrary to arguments raised by proponents of the interventions, adolescents who

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

[13] HHS Gender Dysphoria Report, *supra* n. 4.

[14] *Id.* at 100.

[15] *Id.* at 135.

underwent medical interventions had from a three-fold to six-fold increased need for specialist-level psychiatric treatment compared to control groups.[16] "Subsequent to medical GR [gender referral], psychiatric treatment needs appear to increase. It should be noted that in some individuals, medical GR appears to be linked to deterioration in mental health." [17]

Parents' fundamental constitutional rights "not to be shut out of participation in decisions regarding their children's mental health," *Mirabelli,* 146 S. Ct. at 803, and to direct the religious development of their children, *Mahmoud,* 606 U.S. at 559, has never been more exigent than in the context of questionable, experimental sex-rejecting interventions. The consequences of children undergoing interventions will affect them physically, mentally, and emotionally for life. Their parents, who will be there to bear these consequences, and not public schools, who will be long gone, must be the primary decision-makers in these weighty decisions. RUSD's parental notification policies ensure that is the case. PERB's order rescinding the policies violates the Constitution. This Court should grant the Petition to reverse the unconstitutional action.

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[16] S. Ruuska, *et. al. Psychiatric Morbidity Among Adolescents and Young Adults Who Contacted Specialised Gender Identity Services in Finland in 1996–2019: A Register Study*, ACTA PAEDIATRICA, 1, 6 (2026) https://doi.org/10.1111/apa.70533

[17] *Id.* at 7.

III. Amicus Parent Stories Demonstrate the human toll that depriving parents of notice has on children and families.

These vignettes of mostly California parents whose children were secretly socially transitioned at school demonstrate that such policies have serious consequences for children and their parents. These consequences offer concrete examples of why RUSD's parental notification policies must be upheld.

A. Erin Friday, President of Our Duty

Erin's daughter, P., was eleven when, following sex-ed class, she and her entire friend group each chose a new identity. P. shifted from across a myriad of identities, ultimately choosing to identify as transgender at thirteen. Her friends' identities likewise morphed.

During P.'s freshman year (online due to lockdowns), Erin overheard teachers referring to her with a male name and pronouns. School officials told Erin that per school policy and the law, they had to follow her daughter's request and not inform her parents. They stated that school was meant to be a "safe space" for P. Meanwhile, they clearly telegraphed that Erin was "unsafe" by calling Child Protective Services ("CPS") on her.

Erin removed P. from school and requested records pursuant to FERPA to see whether the school would produce the social transition plan or any other evidence that it was socially transitioning her daughter; it did not.

After getting the support she needed, P. stopped rejecting her sex and now accepts her female body as an adult.

Erin has since spoken to nearly five hundred parents whose children suddenly adopted sex-rejecting identities and who have battled schools to protect their children from being socially transitioned. Many parents fear objecting to it or even asking if their child is being transitioned, because they are afraid CPS will be called. Many parents report that school counselors are persuading students that they are "transgender" and that schools relentlessly push transgenderism in every classroom.

Erin advises parents to unenroll from public schools if possible and homeschool. She suggests families move to a different state, where secrecy policies are not state policy. Teachers and school board members who disapprove of indoctrinating students and deceiving parents also contact Erin seeking advice on combating secrecy policies. The teachers voice confusion as to what the law requires—whether they can be honest with parents or must lie, so most stay silent for fear of losing their jobs.

Erin's experience with all of the parents she has spoken to is that all of them have responded lovingly towards their confused children.

B. Abigail Martinez

The avoidably tragic story of Abigail and her daughter, Yaeli, began when Yaeli began high school, after a difficult middle school experience riddled with bullying. Yaeli, looking for a place to fit in, found friendship with a sex-rejecting older female student, who directed her to the school's LGBTQ club. Yaeli

joined without Abigail's knowledge. Through the club, Yaeli was readily persuaded that her growing severe depression could be resolved if she "transitioned." Yaeli shed her feminine appearance and the public high school, in keeping with its policy, treated Yaeli as a boy without consulting her mom. Abigail sought help for her daughter's depression from the school's psychologist, unaware that the psychologist was actually working to solidify Yaeli's sex-rejecting identity, and against Abigail.

When Yaeli attempted suicide in high school, the school's principal met Abigail at the hospital demanding that she call Yaeli by her chosen male name, asking why she can't just capitulate. But Abigail knew that Yaeli's mental health issues did not stem from Abigail failing to affirm her delusion, but rather that the adoption of a male identity was an outgrowth of her depression. The school and the "trans" friend's parent continued their coercive tactics against Abigail, even hiding Yaeli, as Abigail searched frantically for her daughter who went missing. Led by the school psychologist into calling CPS against her mother in order to get the sex-rejecting interventions she wanted, Yaeli filed false claims of physical and mental abuse and was removed from the home. While CPS quickly cleared Abigail of the physical abuse allegations, the state took custody based on emotional abuse claims. While in state custody, Yaeli was placed on testosterone and cycled through foster homes and facilities, sleeping on couches and living in abject poverty. Abigail was granted limited supervised visits with Yaeli but was forbidden from discussing the harms of sex-rejecting interventions or her religious faith. After about three years following Yaeli's removal, Abigail was absolved of all abuse claims;

however, it was too late. Yaeli's physical suffering from the effects of testosterone in her tiny female body was too much, and she committed suicide by kneeing in front of an oncoming train.

C. Lydia McLaughlin

Lydia's daughter T. adopted a transgender identity, even though she had no prior body discomfort. T simultaneously started self-harming. T.'s public high school solidified her sex-rejecting identity by indoctrinating her with lessons about "transgenderism" and enthusiastically using the male name and pronouns T. requested. Solely by happenstance, Lydia discovered that the school was socially transitioning T.

Lydia demanded that teachers stop referring to her daughter as male. The teachers assured her they would, but this was a lie. Afterwards, the principal told T. that her transgender identity would be their secret, colluding with her against her mom. Lydia made a FERPA request to determine if the school was continuing to defy her instruction, but the school refused to provide T's records. After engaging an attorney, the school provided the records evidencing that indeed the school was continuing to socially transition T.

As T. fell deeper into the identity, she wore a breast binder and developed an explosive temper, accusing her parents of abuse and developing an eating disorder.

Despite T.'s vitriol, Lydia refused to affirm the maladaptive identity, knowing the danger of surrendering to her daughter's demands. She required the school to treat T. as a girl threatening

legal action and showered her daughter with affection. T., now a college student, has completely dropped her trans identity and embraced her womanhood.

D. Sue Y.

When Sue Y.'s daughter G. turned 12, her demeanor changed. G. began dressing in dark, oversized clothes, and becoming easily agitated and suicidal. Amidst these changes, G. announced she was "transgender."

Sue promptly took G. to a Kaiser gender clinic. Outside her mother's presence, a Kaiser clinician told G. about hormonal treatments and surgeries "to make her authentic." The clinic then told Sue she had to choose between "a dead daughter or a live son." Terrified, Sue followed the clinic's advice and placed G. on puberty blockers and directed G.'s school to cooperate with the social transition, which it did.

Sue committed to G.'s "transition" for years, but G.'s mental health deteriorated. G. was self-harming, suicidal, borderline anorexic, and in and out of psychiatric hospitals.

After an out-of-state psychiatrist advised that G.'s distress stemmed from mental illness, Sue stopped the blockers and stopped affirming the male identity. The school counselor was furious when Sue instructed her and the school staff to stop referring to G. as a boy and called CPS, asserting that raising G. as her sex was abuse. Sue removed G. from public school. G. is now a well-adjusted adult woman who embraces her female sex.

E. Jessica E.

At age 13, Jessica E.'s daughter M. was subjected to California's mandated sex education curriculum, exposing her to a wide range of sexual and so-called gender identities. Following class, her friends each selected "queer" labels. M. began identifying as "bisexual" and shortly thereafter cutting herself. The next year, because M. dressed in "anime-themed" clothes—sometimes a sign of identity crisis—the school counselor invited her to meet trans-identifying older students. In response to these meetings and private school counseling without parental consent, M. began identifying as "transgender."

M. informed her mother about her new identity and her mental health plummeted. Jessica then realized that M. had been obsessively consuming "transgender" content on social media while the school had been affirming her newly adopted identity without parental notification or consent.

Jessica took away M.'s phone and unenrolled her from school. The school counselor, however, refused to stop indoctrinating M. and even tried contacting M. through her brother. Jessica then unenrolled her son and moved to Arizona. M., now a high school graduate, shed her "trans" identity and her mental health improved. M. is both angry and embarrassed that she rejected biological reality as she embarks on a career as a firefighter.

F. Lisa Mullins

Lisa's daughter, M., struggled in middle school as she gained significant weight due to a medical condition. M. was artsy and disliked sports, pushing her out of the "cool" group. When she started high

school during Covid-19 lockdowns, she lost all peer interactions.

M. turned to the internet and fell into the transgender subculture, consuming Anime, YouTube videos, and TikToks with transgender themes. She changed markedly: began wearing cartoon-like makeup, shaving her eyebrows, and decorating her bedroom with witchcraft imagery. She also started cutting. Worried, Lisa listened to some of M.'s online classes and became alarmed by the overt sexual themes with no educational value. She heard the teacher asking whether M. would be comfortable masturbating in a room with another person or engaging in anal sex. Lisa also heard classes promoting transgenderism.

M. began decompensating and cut herself so deeply it required an emergency room visit. A psychiatrist diagnosed M. with depression and anxiety and prescribed medication.

Lisa then discovered M. had changed her name and pronouns at school, using "they/them" and flipping back and forth between male and female names. The school adopted every change M. requested as she circulated through multiple different sex-rejecting identities.

Lisa met with school officials to demand that they stop treating M. as a boy. The school refused, informing Lisa that M. had sole authority over her name and pronouns. But when M. reverted to asking teachers to use her given name, they refused, still using M.'s "trans" names, as did the school counselor. Lisa believes the school's aim was not M's best interests but simply to exert power over "bigots and transphobes" like her.

Lisa toured the school, photographing how the Wellness Center enticed students with an "Explore Me" box filled with "trans tape," used for binding breasts or penises or creating a fake penis "bulge." They also advertised that they provided kids with free breast binders.

In college, M. finally shed her transgender identities, her mental health issues subsided, and her feminine appearance returned. Lisa's family ultimately fled California to safeguard her other child from a school system that willfully deceives parents.

G. Beth Bourne

Beth is the mother of S., a 20-year-old female who began identifying as a transgender boy at age 13, after a series of other LGBTQ identities. Beth surmises that S. wanted to present as a boy as a way to shield herself from the type of terrible sexual assault suffered by her best friend in sixth grade. S. also had long-standing mental health issues that worsened as her identity crisis emerged. A significant contributing factor to S.'s adoption of a transgender identity was her school—Davis Joint Unified High School, which has one in twenty-five students who identify as transgender, 2.8 times the national average. The school was encouraging and counseling Beth that S.'s cutting and anxiety would resolve if she would only treat S. as a boy. At first Beth listened to the "experts" in her desperation to help her child, but over time became alarmed that her daughter's medical team suggested that her mentally unstable daughter undergo life-changing sex-rejecting medical interventions before she could even drive a car. The school counselor habitually pressured Beth to move forward in S.'s "transition" and tried to drive a wedge

between mother and child, using Beth's refusal to go along with it. S.'s affirming father obtained full custody of S. In an extraordinary act of selflessness, Beth gave up visitation with S. in exchange for an agreement that S's father would not allow any sex-rejecting interventions while S. was still a minor, thus giving her time to mature before any permanent damage was done.

Now an adult, S. has not medicalized and is showing signs of desistence, moving from trans to non-binary, wearing normal bras instead of breast binders, wearing dresses and typical female make up, and changing her name from a clearly male name to a feminine one. Tragically, the chasm between S. and Beth fostered by the school and medical community still has not been bridged, and S. has no direct contact with Beth.

H. Jessica Konen

Jessica is the mother of M., a female. When M. was 11, in 2019, a friend invited her to a gender sexuality club ("GSA"). She joined and then quit but rejoined when a teacher personally invited her back. When the Club teachers asked her for her sexuality, to fit in, M. said she was bisexual, even though she did not understand what that meant. The teachers then convinced her that she was actually a transgender boy and encouraged her to choose a male name. The school then called her the male name and created a secret gender support plan that noted that M.'s parent should not be told. M.'s mental health declined.

M.'s club teachers were then caught on tape at a California Teachers Association meeting admitting how they circumvent parental involvement and root through students' Google searches to find candidates

to recruit for their club. They also instructed teachers to use creative names for the club to hide its true purpose.

After discovering all this, Jessica disenrolled M. from the offending school, and M.'s mental health steadily improved until finally, M. ceased identifying as "transgender."

I. Erin Lee, Colorado

At age 12, Erin's daughter, C.L., announced she was transgender. C.L.'s favorite teacher had invited her to "Art Club." However, it was not actually an art club but instead was a "Genders Sexualities Alliance" ("GSA") club. An outside instructor visited the club bringing a variety of LGBTQ flags, bracelets and other "swag" for students who claimed transgender identities. Because of these tactics, C.L. began identifying as trans. Shortly thereafter, she became despondent and suicidal, as did other 12-year-old students in the club and similar clubs at other schools where this instructor also spoke.

Erin, along with another set of parents whose daughter attempted suicide after adopting the maladaptive identity, filed a lawsuit. After leaving the club, both young girls returned to identifying as their sex.

J. Wendell Perez, Florida.

Wendell is the father of female A.P. When A.P. was twelve years old, Wendell learned that she had attempted suicide at school for the second time that school year. The school had not told him about A.P.'s first attempt. A school counselor had been secretly meeting with A.P. weekly for months, encouraging her to socially transition to a male identity and

instructing A.P.'s teachers to use her chosen male name in class, but not to tell her parents due to their Catholic faith.

A.P.'s thought process was that appearing to be a boy would protect her from bullying she was subjected to by boys. "Cool" LGBTQ posters and materials in the school counselor's office had also influenced her to believe that her interest in sports and video games actually meant she was a boy trapped in a girl's body.

A.P.'s parents removed her from school and with the help of her parents' love and compassion, A.P. began re-identifying with her sex.

* * *

Each of these adolescents adopted transgender identities and wished to socially transition to appear as the opposite sex. Each was secretly supported or influenced by their schools. Thanks to parental intervention, each child was able to later have a change of heart, thereby avoiding the worst consequences of medical gender interventions, except for Yaeli, the one child taken from her parent. These stories are cautionary tales, highlighting the dangers that indoctrinating schools pose to young people and the critical importance of parental involvement in children's healthy development. RUSD's policies ensure that parents remain involved.

CONCLUSION

RUSD's parental notification policies are consistent with the Supreme Court's decisions in *Mirabelli* and *Mahmoud* and should be applauded and duplicated nationwide, not rescinded in favor of parental secrecy. RTPA and PERB's actions to rescind

the policies under the guise of unfair labor practices deprive parents of their fundamental constitutional rights at a time when they are most exigent.

This Court should grant the Petition to preserve parental rights and children's health.

May 18, 2026

Respectfully Submitted,

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