

No. 25-840

In the Supreme Court of the United States

INTERNATIONAL PARTNERS FOR ETHICAL CARE, ET AL.,

Petitioners,

v.

BOB FERGUSON, GOVERNOR OF WASHINGTON, ET AL.,

Respondents.

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

**BRIEF FOR *AMICI CURIAE*
OUR DUTY-USA AND CHILD & PARENTAL
RIGHTS CAMPAIGN IN SUPPORT OF
PETITIONERS**

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**INTRODUCTION AND
INTEREST OF *AMICI CURIAE*¹**

Our Duty-USA (“Our Duty”) is a nonprofit whose members across the United States have varied political backgrounds, ethnicities, and sexual orientations, but share the experience of raising children who formerly or currently reject their sex. Members have had schools secretly socially transition their children, deceive them when they inquire about their children’s identities, refuse to comply with their demands to cease affirming their child’s rejection of their sex, and report them to child welfare agencies for refusing to endorse their child’s sex rejection. As detailed below, some Our Duty members are directly affected by the Washington legislative scheme at issue in this case.

Child & Parental Rights Campaign, Inc. (CPRC) is a nonprofit, public-interest law firm that represents parents like Petitioner parents across the country in challenging governmental actions that threaten parental rights, including, as is true here, a statutory scheme to hide children who assert a discordant “gender identity” from fit parents. CPRC represents parents who have challenged policies which conceal from parents that their children are being treated as something other than their sex at school or who have lost custody of their gender confused child to child protective services. The

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 *amici curiae* or their counsel has made a monetary contribution toward the brief’s preparation or submission.

Washington statute at issue here presents an even more dangerous scenario for parental rights as parents can be denied custody of their children without due process if they fail to “affirm” their child’s asserted discordant “gender identity.”

SUMMARY OF ARGUMENT

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

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

the child's request and the state's agenda to facilitate "gender affirming" treatment.

Prior to 2023, Washington's FRA required that a licensed youth shelter housing a runaway minor notify the child's parents within 72 hours and to provide parents with the child's location, a description of the child's physical and emotional condition and the circumstances of the youth's contact with the shelter. WASH. REV. CODE § 13.32A.082 (1)(b)(i), (2)(c) (2013). The only exception to the mandatory parental notification requirement was "compelling reasons," narrowly defined as circumstances indicating that notification would subject the minor to abuse or neglect. That framework respected the presumption that fit parents act in their children's best interests while permitting state intervention only when genuine danger existed. *Id.*, See *Parham v. J.R.*, 442 U.S. 584, 602 (1979)

The 2023 amendments to the FRA radically altered the rights and obligations governing runaway youth who say they are experiencing confusion about their sex, transforming a framework that respected parental rights into one that supplants them unless the parents adhere to the state's viewpoint on "gender affirming treatment." SB5599, 68th Leg., Reg. Sess. (Wash. 2023). SB5599 expanded the definition of "compelling reasons" to delay (or deny) parental notice to also include "[w]hen a minor is seeking or receiving protected health care services" and expanded the definition of "protected health care services" to include "gender-affirming treatment[.]" WASH. REV. CODE §§13.32A.082(2)(c)(ii), (2)(d) (2023). By defining a minor's pursuit of "protected health care services,"

including “gender affirming treatment,” as a *per se* “compelling reason” to bypass parental notification, the State created an irrebuttable presumption that non-affirming parents are dangerous, equating disagreement over controversial medical interventions with abuse or neglect, and authorizing intrusions into both physical and legal custody without any individualized finding of unfitness, even in cases involving concededly fit, loving parents. That is precisely the kind of practice this Court condemned in *Stanley v. Illinois*, 405 U.S. 645, 651–53, 656–57 (1972) where the State purported to dispense with individualized hearings and simply assume that an unwed father was unfit when fundamental family integrity and custodial rights were at stake.

Under SB 5599 shelters must notify DCYF instead of parents when a minor seeks or receives “protected health care services,” now defined to include surgeries, hormones, and behavioral health services intended to affirm a child’s gender identity. WASH. REV. CODE §§ 13.32A.082 (2)(c)(ii), (2)(d), 74.09.675. DCYF is required to make a “good faith attempt” to notify the parent, but not to tell the parent where the child is or provide information on the child’s physical and emotional condition or to return the child pending investigation. Instead, DCYF is to “offer services to the youth and the family designed to resolve the conflict, including offering family reconciliation services, and accomplish a reunification of the family.” WASH. REV. CODE § 13.32A.082(3)(a). DCYF must also “offer to make referrals on behalf of the minor for appropriate behavioral health services; and [o]ffer services designed to resolve the conflict and

accomplish a reunification of the family.” WASH. REV. CODE §§ 13.32A.082(3)(b).

In practice, this scheme authorizes the State to conceal children from fit parents, assume decision-making authority over medical and psychological care, and condition reunification on compliance with State-managed “conflict resolution,” all without prior notice, a hearing, or any judicial finding of abuse or neglect. *See* WASH. REV. CODE §§ 13.32A.082(1)(b)(i), (2)(c)(ii), (3)(a)–(b). As a result, parents may be excluded from any decision-making and even any contact with their child for extended periods while the State facilitates potentially irreversible medical interventions. Under *Mathews v. Eldridge*, 424 U.S. 319, 335 (1976), the parents’ fundamental interest and the severe risk of erroneous deprivation far outweigh any generalized state interest, demonstrating that the revised statutes violate procedural due process.

The Ninth Circuit’s ruling upholding the lower court’s conclusion that the parents lacked standing because their alleged injuries were “self-inflicted” misconstrues standing doctrine and the nature of the injury and assumes, without authority, that parents inflict injury when they choose to raise their child as their sex. *See FEC v. Ted Cruz for Senate*, 596 U.S. 289, 296-298 (2022) (The Court squarely rejects the idea that a plaintiff’s injury is “self-inflicted” merely because a plaintiff engaged in conduct that triggered the challenged restriction). Parents are the express objects of a statutory scheme designed to sideline “non-affirming” parents. The panel’s decision conflicts with this Court’s precedents and the Ninth Circuit’s

own parental rights cases, leaving parents with no meaningful way to invoke pre-deprivation protections before their rights are effectively eviscerated. See *International Partners for Ethical Care, Inc. v. Ferguson*, 161 F.4th 604, 608-612 (9th Cir. 2025) (VanDyke, J., dissenting from denial of reh’g *en banc*); *Ram v. Rubin*, 118 F.3d 1306, 1310–11 (9th Cir. 1997).

This Court’s intervention is necessary to preserve parents’ fundamental rights to direct the upbringing of their children, restore parents’ procedural due process rights, reaffirm the sanctity of the parent-child relationship, and ensure that fit and loving parents remain the primary guardians of their children.

ARGUMENT

I. Washington’s Statutory Scheme Infringes Parents’ Fundamental Right to Direct the Upbringing of Their Children.

A. The Law Is Unconstitutional on Its Face.

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

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

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

Troxel, 530 U.S. at 68 (quoting *Parham* 442 U.S. at 602). “Accordingly, so long as a parent adequately cares for his or her children (*i.e.*, is fit), there will normally be no reason for the State to inject itself into the private realm of the family to further question the ability of that parent to make the best decisions

concerning the rearing of that parent's children." *Id.* at 68-70.

As was true of the decisional framework in *Troxel*, the framework adopted by the Washington legislature here "directly contravenes the traditional presumption that a fit parent will act in the best interest of his or her child" and violates the parents' fundamental rights. *Id.* at 69-70. By adding a minor's pursuit of "protected health care services" that includes "gender affirming treatment" to the list of "compelling reasons," the State has enacted a procedural presumption that a parent is unfit for merely disagreeing with the state's viewpoint on "gender-affirming treatment." This presumption strips that parent of his or her authority over medical decision-making and equates refusal to consent to "gender affirming treatment" to abuse or neglect. With no judicial determination that the parent is unable to adequately care for his or her children, Washington has supplanted fit parents with the State in the very domain where parental authority is strongest: decisions about profound medical and psychological interventions. As this Court said in *Stanley*, 405 U.S. at 657, such bypassing of an individualized judicial determination of fitness for a procedural presumption cannot stand. Absent a judicial determination of unfitness, parents "retain a substantial, if not the dominant, role" in medical and mental health decision-making. *Parham*, 442 U.S. at 604.

There is no set of circumstances under which a State may constitutionally presume that a parent is abusive or neglectful solely because he or she declines

to endorse the State’s preferred “gender affirming” protocol for a child. Under this Court’s precedents, the State’s interest becomes compelling enough to override the decisions of fit parents only when a court has made an individualized finding of unfitness—not when the legislature simply declares that a particular ideological disagreement constitutes harm. *See Stanley*, 405 U.S. at 657-58, *Troxel*, 530 U.S. at 69-70. Washington’s revised FRA is an unconstitutional infringement on fundamental parental rights that should be addressed by this Court.

**B. The Law Is Unconstitutional As
Applied to Fit Parents Who
Disagree with State Ideology.**

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

Debate on SB 5599 (Mar. 1, 2023) (statement of Sen. Marko Liias).

As Petitioner parents alleged in their Verified Complaint, the revisions are chilling Petitioners' exercise of their fundamental rights to direct the upbringing of their children. (App. 70a-77a). As fit parents who have never been found abusive or neglectful, Petitioners are being punished for ideological disagreement with the State's preferred medical orthodoxy. Petitioners have children with gender dysphoria, including children who have previously run away or been socially transitioned at school, and they seek to raise their children in accordance with their sex. Because the statute specifically targets runaway minors "seeking or receiving protected health care services," including "gender affirming treatment," these parents face a state-created threat. Ordinary discipline, disagreement, or refusal to submit to the belief that their child is born wrong may prompt their children to flee to a licensed shelter that will conceal them and trigger DCYF's intervention. Once in DCYF's care and control, the child can obtain sex-rejecting interventions. (See Note 5) And should DCYF conclude that the non-affirming parents should lose custody, the assigned guardian can consent to medical treatments opposed by the otherwise fit parents. As a result, their parenting decisions are overridden and their speech chilled. They refrain from trying to return their children to comfort in their sex so that they can avoid the extreme medical impacts of sex-rejecting interventions, lest they trigger the statutory pathway that will remove their vulnerable child from their home. See App. 70a-77a, *International Partners*

for *Ethical Care, Inc. v. Ferguson*, 161 F.4th at 608 (VanDyke, J., dissenting from denial of reh'g *en banc*).

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

Reunification—if it occurs at all—comes too late. By the time parents regain custody of children who have exploited WASH. REV. CODE § 13.32A.082's shelter and harboring of a runaway provisions, irreversible medical interventions may have already been performed. Parents are left to cope with permanent, life-altering consequences of decisions made by others without their consent. This unconscionable deprivation of fundamental parental rights cannot be justified by the respondents' ideological goals.

II. Washington's Laws Violate the Fourteenth Amendment by Depriving Parents of Their Fundamental Rights Without Procedural Due Process.

The Fourteenth Amendment's Due Process Clause requires "notice and opportunity for hearing appropriate to the nature of the case" before the government may infringe upon a protected liberty interest. *Cleveland Bd. of Ed. v. Loudermill*, 470 U.S. 532, 542 (1985). Washington's statutory scheme authorizes the deprivation of parents' fundamental right to care, custody and control of their children, one of the "oldest of the fundamental liberty interests" recognized by this Court, *Troxel*, 530 U.S. at 65, without providing any pre-deprivation process.

Under Washington's revised FRA state-licensed shelters and DCYF may deprive parents of physical and legal custody by concealing the child and assuming decision-making authority over "protected health care services" with no notice to parents or opportunity to be heard. The law is unconstitutional on its face and as applied to Petitioners.

A. The Law Is Unconstitutional for Failing to Provide Any Pre-Deprivation Process.

On its face, the amended FRA creates an established state procedure for depriving an entire class of parents of their fundamental rights without any pre-deprivation legal safeguards. By expanding what constitutes "compelling reasons" to include when a minor is "seeking or receiving protected health

care services,” including “gender affirming treatment,” the statute creates a legislative presumption that a parent who does not consent to sex-rejecting interventions is abusive or neglectful. Instead of providing parents with a constitutionally required notice and an individualized hearing on parental fitness, the revised FRA bypasses parental notification altogether. The shelter instead notifies DCYF when a runaway minor is seeking sex-rejecting interventions. WASH. REV. CODE §§ 13.32A.082 (1)(b)(i), (2)(c)(ii), 2(d).

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

The same must be true here where the State displaces parental custody before it even attempts notice. The statutory trigger operates without any prior judicial determination that the parents are unfit or that notifying them would endanger the child.

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

B. Application of the *Mathews v. Eldridge* Factors Confirms the Procedural Due Process Violation.

The nature of the process due in particular proceedings turns on a balancing of three factors: 1) the private interests affected by the proceeding; 2) the risk of error created by the State's chosen procedure; and 3) the countervailing governmental interest supporting use of the challenged procedure. *Mathews v. Eldridge*, 424 U.S. at 335. Balancing those factors in this case confirms that the statutory scheme violates procedural due process.

First, the private interest here is paramount. Few state actions are as severe as interference with the parent-child relationship. *Santosky v. Kramer*, 455 U.S. 745, 759 (1982). Although Washington has not formally instituted deprivation proceedings or a court entered a termination decree, concealing children for extended periods while assuming unilateral authority over irreversible medical interventions operates as a *de facto* termination of parental rights for as long as the State maintains control. It is, in practical effect, the kind of "severe

and...irreversible” intrusion on the family that this Court has associated with termination proceedings. *See id.*

The combination of concealment, prolonged stage-managed separation, and control over a child’s access to sex-rejecting treatments means that, for as long as the statutory trigger is engaged, the core incidents of custody are effectively transferred from the parents to the State. Parents are stripped of the physical possession of their child and the authority to make consequential medical and psychological decisions even though no court has found them unfit. That severity of intrusion places Washington’s scheme squarely within the category of state actions that demand the most stringent procedural safeguards

Second, the risk of erroneous deprivation is extreme. Washington’s laws operate on a blanket presumption that “non-affirming” parents are dangerous, a “procedure by presumption” that “needlessly risks running roughshod over the important interests of both parent and child.” *Stanley*, 405 U.S. at 657. The State is facilitating potentially irreversible medical or surgical treatments for a minor who claims a transgender identity contrary to the judgment of fit parents whom the Constitution presumes act in their children’s best interests. *See Parham*, 442 U.S. at 602. The probable value of additional safeguards, such as timely notice and an opportunity for an individualized hearing before parental authority is displaced, is immense, because they are the only means of ensuring that the child’s

circumstances and the parents' fitness are actually evaluated. *See Stanley*, 405 U.S. at 656–57.

Third, the State's interest is at its weakest when it seeks to interfere with the decisions of fit parents, and it “registers no gain towards its declared goals when it separates children from the custody of fit parents.” *Stanley*, 405 U.S. at 652–53. The state's interest is particularly weak here where the state is not, as was true in *United States v. Skrametti*, 605 U.S. 495 (2025), exercising its legitimate authority to regulate the medical profession in a way that might affect parental rights. Instead of exercising its legitimate authority to regulate medicine, Washington is interfering with parental decision-making solely to pursue a state-imposed ideological agenda.

That kind of legislative decree contravenes precedent. Washington cannot transform ideological disagreement into a compelling interest that justifies suspending the fundamental rights of fit parents.

III. The Ninth Circuit's Standing Analysis Creates a Chilling Effect on Parental Rights.

The Ninth Circuit panel mischaracterized Petitioners' injuries as “self-inflicted.” *International Partners for Ethical Care Inc v. Ferguson*, 146 F.4th 841, 849 (9th Cir. 2025). However, the parents are not choosing to cabin their conduct and speech but are responding to a coercive statutory scheme that expressly subordinates their rights. When, as is true here, the plaintiff is an object of the action (or forgone action) at issue “there is ordinarily little question that the action or inaction has caused him injury”. *Lujan v. Defenders of Wildlife*, 504 U.S. 555, 561–62 (1992).

Here, Washington has deliberately constructed a framework that makes the ordinary exercise of parental authority, including refusal to consent to sex-rejecting interventions, dangerous by routing disfavored families into a pathway of concealment and State-directed intervention. The resulting chilling of Petitioners' parenting and compelled self-censorship are therefore present injuries fairly traceable to the statute's coercive design, not voluntary choices that somehow defeat Article III standing. See *International Partners for Ethical Care*, 161 F.4th at 609-611 (VanDyke, J., dissenting from denial of reh'g *en banc*).

The panel also improperly dismissed the substantial risk of future harm. Petitioners' children have already exhibited gender dysphoria, and the statute creates concrete incentives for children to run away to obtain treatment they believe they want. This substantial risk of *de facto* loss of custody suffices for standing. See *Clapper v. Amnesty Int'l USA*, 568 U.S. 398, 414 n.5 (2013) (a "substantial risk" of harm can satisfy the injury in fact requirement); *Massachusetts v. EPA*, 549 U.S. 497, 521–25 & n.23 (2007) (recognizing standing based on risk of serious future injury).

Finally, the decision conflicts with the Ninth Circuit's own parental rights jurisprudence affirming that the State may not interfere with the fundamental right of parents to the care and custody of their children without pre-deprivation notice and a hearing. In *Ram v. Rubin*, the court concluded that it was clearly established that due process required notice and a hearing before the state interfered with

a parent's custodial rights. 118 F.3d at 1310–11. By denying standing to parents in the disfavored category of “non-affirming” until after their children have been concealed and their rights have been gravely impaired, the panel nullified those protections.

This Court's review is necessary to make clear that courts cannot use Article III standing to shield a statutory scheme that prospectively abolishes fundamental parental rights without due process of law.

IV. Amicus Our Duty Members' Stories Show the Real Harms of Washington's Statutory Scheme.

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

Julie Barrett³

Julie Barrett's twin daughters, H1 and H2, experienced unspeakable sexual trauma as young children. Unsurprisingly, the trauma resulted in severe mental health issues. H1 began to act out

³ Abigail Shrier, *When the State Comes for Your Kids: Social Workers, Youth Shelters, and the Threat to Parental Rights*, CITY JOURNAL, June 8, 2021, <https://www.city-journal.org/article/when-the-state-comes-for-your-kids>.

during Covid lockdowns when she was 14. During youth group at her church, H1. informed her pastor that she was suicidal, and she was brought to Seattle Children's Hospital. Julie expected that the hospital would partner with her to get H1 the help that she needed but because of Washington's laws permitting minors aged 13 and older to decide their own inpatient treatment, H1 discharged herself to a homeless youth shelter ("Center").

Julie's attempts to contact her daughter were blocked by the Center, where an unlicensed social worker helped H1 engage an attorney from Legal Counsel for Youth and Children to fill out a petition for Child in Need of Services that would shift legal guardianship to the Center. Reunification was clearly not the goal.

Neither the hospital nor the Center called DCYF to report suspected child abuse. The Center seized control of the child without any due process. Julie had to engage the police to forcibly extract H1 from the Center. Ultimately, Julie placed H1 in various out-of-state inpatient facilities, not trusting Washington. While the healing process had additional impediments, H1 is an adult and with the help of her mother, is living independently and working on getting her GED.

H2 also struggled and due to her autism and other mental health issues, had an individualized education program. The same Center that interfered with H1's relationship with her family held a presentation for H2's class about transgender identities, distributing "goodie bags" including the number for the Center. H2 then adopted a transgender identity which was supported by the

school without Julie's knowledge. H2 acknowledged that she did it because "trans" students were given favored status in the class. Julie removed H2 from school, but her mental health continued to decline. H2 used the Center's number when she was angry about having to clean her room. Julie was able to intervene before the Center got H2 in its clutches and enrolled her in an out-of-state program for troubled teens.

H2, now 19, holds a job and is in technical school. Julie never had any charges filed against her for child abuse, but Washington's child-shelter system treated her as unfit trying to wrangle her children with no due process.

Diana L.⁴

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

T. was also being coached online that running away would be a solution to non-affirming parents.

⁴ To protect against potential child welfare intervention, some Our Duty members employ pseudonyms.

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

Kristina S.

Kristina S. and her family resided in Washington until 2022, when they relocated due to concerns regarding their minor daughter Z.'s transgender identification and Washington's parental authority laws. Z., exposed to gender identity concepts through internet content, peers, and Anime subculture, experienced sudden-onset gender dysphoria during early adolescence with no prior childhood indicators.

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

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

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

Brooke G.

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

Shortly after A.'s thirteenth birthday, she presented her parents with a written declaration of an obviously fabricated childhood narrative of having a male identity. A. requested "transition," including surgical intervention and to stop using her given name and sex-based pronouns.

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

Following the school's secret social transition, A.'s behavior deteriorated significantly. Academic performance declined, and she engaged in property vandalism, insubordination toward educators, theft from peers, and self-harm. A. deliberately terminated

existing friendships, discontinued athletic and hobby participation, and discarded personal possessions.

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

Brooke's strategy resulted in A.'s return to her previous beneficial behavior patterns and reestablishment of comfort with her sex. A. now views her transgender identification with regret. Brooke subsequently learned that a former peer, who was trans-identified, had been encouraging A. to run away from home. This would have granted A. an opportunity to obtain sex-rejecting interventions without parental consent, pursuant to Washington's RFA law, especially when DCYF takes custody from the parents.⁵

⁵ See Wash. State Dep't of Child., Youth & Fams., *Admin. Policy* ch. 6.04 (Oct. 20, 2022), <https://www.dcyf.wa.gov/sites/default/files/pdf/Admin-6.04.pdf> (requiring DCYF to "[a]ssist children, youth, and young adults" who are "[s]eeking affirming medical, behavioral, and mental health services"); see also WASH. REV. CODE §§ 71.34.500, .530 (permitting minors age thirteen and older to obtain inpatient and outpatient mental health treatment without parental consent); WASH. REV. CODE §§ 48.43.005, .505 (defining minors who may obtain health care without parental consent as "protected individuals" and requiring insurers to restrict disclosure of gender-affirming care to policyholders); *Smith v. Seibly*, 431 P.2d 719, 723 (Wash. 1967) (recognizing Washington's mature minor doctrine); 182 WASH. ADMIN. CODE 505-0211 (2024) WASH. REV. CODE § 7.70.065(2)(a)(ii) (authorizing Apple Health coverage for sex-related medical interventions for minors and permitting

Katie S.

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

Katie retained a therapist for B. who without knowledge or consent employed a transgender-affirming treatment approach. The therapist coached B. on disclosure strategies to parents, recommended parental use of chosen name and pronouns, and suggested parental participation in transgender advocacy support groups. Both parents refused to advance the child’s false identity.

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

DCYF to assume medical decision-making authority for children in care).

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

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

Our Duty's members' experiences are not outliers. A Pakistani immigrant father fled with his family from Washington after Seattle Children's Hospital recommended that he take his very distressed neurodivergent teenage son to a gender clinic in 2020. Fortunately, the father was counseled by an attorney and a trusted psychiatrist to feign support of his son's newly acquired "transgender" identity to regain control over his son's medical treatment and avoid DCYF attempting to sever his parental rights.⁶

In 2019, a then-16-year-old daughter who struggled with an eating disorder, had other mental health issues and had adopted a "transgender identity" at age 13 following a sexual assault in

⁶ See note 3.

elementary school, was admitted into a Washington State hospital due to a suicide attempt. Her parents explained to the hospital's social worker that they were not affirming her transgender identity. A kind nurse warned the parents that the hospital's social worker was working to remove their control over the child. To dodge child welfare's involvement, the parents immediately took their daughter home. The young girl ultimately stopped identifying as transgender.⁷

An Indian family went into hiding when they discovered that their daughter's Washington teacher was aggressively promoting the transgender identity foisted upon her. While the family was on the run, the school administrator contacted the parents, querying them about their whereabouts. The teacher who had been promoting the transgender identity emailed the minor that she could come live with her. The family fled back to India.⁸

These experiences are the foreseeable and intended operation of Washington's statutory scheme as applied to fit, "non-affirming" parents. They underscore that the constitutional injuries are not abstract because they have already forced families to flee the State, split households, and endure *de facto* loss of custody and decision-making authority over their own children.

⁷ *Id.*

⁸ Michael Torres, *We Thought She Was a Great Teacher*, CITY JOURNAL, Winter 2024, <https://www.city-journal.org/article/we-thought-she-was-a-great-teacher>.

CONCLUSION

For the foregoing reasons, this Court should grant the Petition for a Writ of Certiorari.

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