

IN THE
Supreme Court of the United States

INTERNATIONAL PARTNERS FOR
ETHICAL CARE, INC., *et al.*,

Petitioners,

v.

BOB FERGUSON, GOVERNOR OF WASHINGTON, *et al.*,

Respondents.

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

**BRIEF OF LAVENDER RIGHTS PROJECT, LEGAL
VOICE, AND SIX OTHER ORGANIZATIONS AS
AMICI CURIAE FOR RESPONDENTS**

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INTEREST OF AMICI CURIAE¹

Amici curiae are non-profit, non-partisan, public interest organizations that advocate for and serve transgender youth throughout the State of Washington. These organizations are experts on the legal, social, and economic barriers faced by transgender youth. Amici are deeply invested in ensuring dignity and safety for all gender-diverse and transgender people, especially youth.

Lavender Rights Project (LRP) is a Black Trans-led non-profit organization located in Seattle, Washington. LRP advances gender self-determination, collective safety, and community-rooted systems of care through impacting the criminalization system, housing justice, and policy advocacy. LRP serves and is guided by Black, Indigenous, and gender-diverse communities in Washington. Through legal intervention, community mobilization, and permanent supportive housing, LRP advocates for Black and gender-diverse communities by centering those most marginalized.

Legal Voice's mission is to advance gender justice in the Northwest, which includes supporting the autonomy of transgender youth. In pursuit of its mission, Legal Voice uses a combination of litigation, policy advocacy, and community education to advance economic justice, eradicate gender discrimination, ensure access to health care, protect reproductive freedom, and end gender-based

1. No counsel for a party authored this brief in whole or in part. No person other than amici curiae or their counsel made a monetary contribution to the preparation or submission of this brief.

violence. Legal Voice has participated as counsel and as amicus curiae in cases throughout the Northwest and the country.

Gender Justice League (GJL) is a Seattle-based non-profit that supports the agency and safety of Two-Spirit, Trans, and Gender Diverse survivors of gender-based violence, sexual assault, and crime. Over fourteen years, GJL has served more than 3,000 trans people from over twenty-seven states in seeking safety, creating community, and building power to win human rights.

Northwest Reproductive Equity is a regional non-profit organization focusing on grassroots capacity building, community and lawmaker issue education, policy change, and leadership development. Its mission is to protect, restore, and expand every person's right and ability to access the full range of affordable, quality, and unbiased abortion, sexual, and reproductive health care information and services through movement-building, community education, and grassroots advocacy.

QLaw Foundation of Washington ("QLaw") promotes the dignity and respect of 2SLGBTQIA+ individuals, families, and communities in Washington. QLaw executes its mission by providing legal services to 2SLGBTQIA+ communities through free legal clinics, direct representation, impact litigation, and policy advocacy. For eighteen years, QLaw has engaged in extensive litigation, appellate work, and amicus support in the Western District of Washington, the Ninth Circuit, and the United States Supreme Court, as well as in Washington State courts. Serving over 100 clients every year, QLaw has extensive understanding of the issues

facing 2SLGBTQIA+ communities, including transgender and youth homelessness.

United Territories of Pacific Islanders Alliance (UTOPIA) Washington is a trans-led, Pacific Islander LGBTQIA+ non-profit organization based in Kent, Washington. UTOPIA Washington provides culturally responsive advocacy and community-based services to LGBTQIA+ individuals and other underserved populations, including health care, food access, harm reduction, resource navigation, and wraparound support services.

Spectrum Center Spokane (“Spectrum”) is an intersectional and intergenerational organization that uplifts the 2SLGBTQIA+ community in Eastern Washington and North Idaho. Spectrum advances equity through community care, advocacy, and education, with the vision that 2SLGBTQIA+ individuals thrive in communities where people are loved, respected, and free from harm.

TransFamilies is a non-profit organization that has been supporting transgender people and their families since 2008. It runs parent support groups and special topics groups. All of its programs are available online and available to families throughout the United States, including Washington.

SUMMARY OF THE ARGUMENT

In 2023, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 5599 to address the crisis of transgender youth homelessness.

ESSB 5599, 68th Leg., Reg. Sess. (Wash. 2023), *enacted as* 2023 Wash. Sess. Laws, ch. 408 (amending Wash. Rev. Code § 13.32A.082). The bill amended the Family Reconciliation Act, requiring the Department of Children, Youth, and Families (DCYF) to notify parents and offer voluntary family reunification and mental health services to youth and their families, if a young person appears at a homeless shelter and is seeking gender-affirming treatment. *Id.* Petitioners are parents who fear a highly-attenuated chain of “mights”—that their children *might* be transgender, *might* run away, *might* find space at a homeless shelter, and then *might* somehow access gender-affirming treatment against the parents’ wishes, despite laws requiring parental consent for medical care.

The Ninth Circuit correctly held that Petitioners do not have standing in this case. Pet.App.4a–5a. The object of ESSB 5599 is protecting and stabilizing youth in crisis, not curtailing the rights of parents. This is demonstrated through the plain meaning of the statute and the legislative record, as well as the needs and interests of youth. Petitioners are unable to show injury in fact because their hypothetical chain of events is based on fallacies and incorrect assumptions. They ignore the fact that accessing gender-affirming care in Washington is a thoughtful, lengthy process that requires parental involvement at various stages. Most importantly, parenting a transgender child is not itself an injury or harm. ESSB 5599 gives both parents and children an opportunity to learn about optional supportive services and ultimately recommit to an enriching relationship.

The Court should affirm the lower courts and its own precedent by holding that Petitioners lack standing.

ARGUMENT

I. PETITIONERS FAIL TO SHOW INJURY AND ARE NOT THE OBJECTS OF THE FAMILY RECONCILIATION ACT

To establish standing, Petitioners must demonstrate that they have suffered an injury in fact. *Clapper v. Amnesty Int’l USA*, 568 U.S. 398, 409 (2013). This requires proof of a “concrete, particularized” injury that is “actual or imminent.” *Id.* (citation modified). Petitioners have failed to make such a showing, pointing to only their self-imposed parenting choices and attenuated, improbable, hypothetical future harms, rather than actual injuries. To avoid the requirement of actual or imminent harm, Petitioners allege they are the “objects of the laws here.” Pet’rs’ Br. at 24. Even if this were true, Petitioners must still demonstrate injury, causation, and redressability. *See Lujan v. Defs. of Wildlife*, 504 U.S. 555, 560–61 (1992). They cannot, as they claim, establish standing merely from being the objects of the law. Pet’rs’ Br. at 21–22. And moreover, Petitioners fail to even demonstrate that they are the objects of the law. The objects of the Family Reconciliation Act amendments are young people and the shelters and agencies who serve them.

A. The Purpose of the Family Reconciliation Act Amendments is to Protect and Stabilize Youth and to Promote Healthy Parent-Child Relationships

The Washington State Legislature enacted the Family Reconciliation Act and its amendments to protect and stabilize youth who are at risk of homelessness. Wash. Rev. Code § 13.32A.010; 2023 Wash. Sess. Laws ch. 408,

§ 1.² The Family Reconciliation Act amendments were not enacted to target parents, and they do not do so. *See* Wash. Rev. Code § 13.32A.082 (2023). The statute’s plain language, its legislative history, and the role of DCYF in supporting youth in Washington demonstrate that the true object of the law is young people and their safety.

The Court has long held that if a statute’s meaning is plain and clear, that meaning must be enforced regardless of other considerations. *E.g.*, *United States v. Ron Pair Enters., Inc.*, 489 U.S. 235, 241 (1989) (“[W]here . . . the statute’s language is plain, ‘the sole function of the courts is to enforce it according to its terms.’” (quoting *Caminetti v. United States*, 242 U.S. 470, 485 (1917))). The plain language of ESSB 5599 explicitly relates to the protection and support of youth in crisis, including outlining alternative notice procedures. *See* 2023 Wash. Sess. Laws, ch. 408, § 1 (stating that “the legislature intends to remove barriers to accessing temporary, licensed shelter accommodations for youth seeking certain protected health care services”); Wash. Rev. Code § 13.32A.082(1)(b)(i) (requiring shelters to notify DCYF

2. ESSB 5599 requires any licensed youth shelter to notify DCYF if a young person seeking protected health services, including gender-affirming care, were to appear at the shelter. Wash. Rev. Code § 13.32A.082(1)(b)(i), (2)(c)–(d) (2023). DCYF is then mandated to make good faith efforts to notify the parents and offer referrals to voluntary family reconciliation and mental health services. *Id.* § 13.32A.082(3). Additionally, Substitute House Bill (SHB) 1406 requires DCYF to offer such reconciliation services within three days of receiving a report that a young person is at a youth shelter. SHB 1406, 68th Leg., Reg. Sess. (Wash. 2023), *enacted as* 2023 Wash. Sess. Laws, ch. 151; *see* Wash. Rev. Code § 13.32A.082(3) (2023).

for youth seeking protected health services). It effects no changes to parental rights.

The statute’s legislative history also makes clear that the object of the law is the protection and stabilization of unhoused youth. For example, Senator Claire Wilson described the bill as centered on “crisis stabilization for young people so they don’t spiral out of control and that we can connect with them and provide them services and supports that they need.” *Executive Session on SB 5599 Before the S. Hum. Servs. Comm.*, 68th Leg., Reg. Sess. at 19:37–19:46 (Wash. Feb. 14, 2023), <https://tvw.org/video/senate-human-services-2023021335>. Senator Joe Nguyen said it simply: “This is about housing and about shelter.” *Id.* at 17:03–17:05. During debate on the House Floor, Representative Julio Cortes explained that the statute’s focus is youth safety: “The purpose of this bill is to help to eliminate the chilling impact parent notifications can sometimes have . . . this bill is intended . . . to ensure that these youth have access to safe housing. From there we will be able to work on family reconciliation services.” *House Floor Debate on ESSB 5599*, 68th Leg., Reg. Sess. at 1:54:44–1:55:13 (Wash. Apr. 12, 2023), <https://tvw.org/video/house-floor-debate-april-12-2023041141/>.

Lawmakers were concerned that some youth could leave the safety of youth shelters for the streets if parents were immediately notified of their whereabouts. *See, e.g., id.* at 2:32:07–2:33:45. ESSB 5599 allows a brief pause and the involvement of DCYF, to encourage youth to remain in shelters while accessing family reconciliation services. Lawmakers in both chambers consistently echoed this sentiment: the focus of this bill was to support and protect youth, not to interfere with or impact parental rights.

DCYF is the state agency focusing on “prevention and better outcomes for children, youth, and families.”³ Prior to the passage of ESSB 5599, DCYF already offered optional reconciliation services to all families who requested them in order to “bring the youth and family together” with the goal of “preserv[ing], strengthen[ing], and reconcil[ing] families[.]”⁴ DCYF has long recognized the important role parents or guardians play in youth development and safety.⁵ Parents or children may request family reconciliation services as an additional support while navigating complex relationships and serious conflict. These voluntary services include referrals for substance abuse treatment or counseling, referrals for mental health services, and short-term family intervention services.⁶ The goal of family reconciliation services is

3. *About Us*, Wash. State Dep’t of Child., Youth & Fams., <https://dcyf.wa.gov/about/about-us> (last visited Oct. 22, 2026).

4. Wash. State Dep’t of Child., Youth & Fams., Family Reconciliation Services: Keeping Families Together 1 (Dec. 2025), https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0037.pdf; *see also* 1990 Wash. Sess. Laws, ch. 276, § 1 (noting the existence of family reconciliation services since at least 1990).

5. *E.g.*, *Children and Youth are Supported by Healthy Relationships with Adults*, Wash. State Dep’t of Child., Youth & Fams., <https://dcyf.wa.gov/practice/oiaa/agency-performance/healthy-relationships-adults> (last visited Oct. 22, 2026); *Parents and Caregivers are Supported to Meet the Needs of Children and Youth*, Wash. State Dep’t of Child., Youth & Fams., <https://dcyf.wa.gov/practice/oiaa/agency-performance/supported-meet-needs-children> (last visited Oct. 22, 2026).

6. Family Reconciliation Services: Keeping Families Together, *supra* note 4. Youth in Washington may receive behavioral health services without parental authorization starting at age thirteen. Wash. Rev. Code § 71.34.530.

maintaining and strengthening the family unit. ESSB 5599 does not erase or undermine this goal, which remains a key pillar of the services offered by DCYF.

B. Complex Family Dynamics Are Not Analogous to Economic Inferences and Do Not Demonstrate That Parents Are Objects of the Law

Though the object of ESSB 5599 is to support youth and families, Petitioners insist that they are objects of the law. They cite cases where courts have found standing for non-regulated entities due to interference with economic relationships. Pet’rs’ Br. at 22–23, 28 (citing *Diamond Alt. Energy v. EPA*, 606 U.S. 100, 114 (2025) and *Pierce v. Soc’y of Sisters*, 268 U.S. 510, 535–36 (1925)). But these cases are not analogous to the complex questions of family dynamics, youth interests, and parenting choices at issue here. For example, in *Diamond Alternative Energy*, the Court found standing for fuel producers where third-party automakers were likely to react to government regulation and decrease demand for fuel, based on “commonsense economic principles” and “economic inferences about the operation of the automobile market[.]” 606 U.S. at 116, 120. These economic principles made third-party behavior “predictable,” thereby allowing the Court to infer downstream economic injury to fuel producers. *Id.* at 116–17.

Similarly, in *Pierce*, plaintiff schools had standing to challenge a law prohibiting parents from enrolling their children because the challenged law limited the schools’ customer base. 268 U.S. at 536. The Court recognized that “enforcement of the statute would seriously impair,

perhaps destroy, the profitable features of [plaintiff schools]’ business and greatly diminish the value of their property.” *Id.* at 531. These direct economic harms sufficed to show that “[t]he injury to appellees was present and very real, not a mere possibility in the remote future.” *Id.* at 536.

No such economic principles apply to the complex question of how a young person feels at home and where they might turn for safety and support. There is no “predictable” pattern of behavior akin to “commonsense economic principles” that permits an inference of injury. *Diamond Alt. Energy*, 606 U.S. at 116. The motivations and choices of parents and children in how they behave vary immensely. Family dynamics are unique and fluid. For example, as discussed in Section III, *infra*, many parents are unsure of how to respond to and support their LGBTQ+ children, but their perspectives and approaches evolve over time. Research shows that certain interventions, like providing information and resources to parents of LGBTQ+ kids, can support children and strengthen families.⁷ A wide range of factors beyond a young person’s parents can affect how the young person navigates their gender identity and finds emotional support.⁸ Unlike the economic relationships

7. See Angela Irvine-Baker & Sydney Jacobs Allen, Youth Acceptance Project Interim Evaluation Report 2–3 (Ceres Policy Research, Feb. 2024), <https://sogiecenter.org/wp-content/uploads/2025/12/YAP-Interim-Report-Final-March-12-2024-2.pdf>.

8. See Ruth Ancín-Nicolás et al., *Protective Factors in the LGBTIQ+ Adolescent Experience: A Systematic Review*, 12 Healthcare (Basel) 1865, Sept. 16, 2024, at 1, 2 (protective factors for LGBTIQ+ youth mental health include youth-adult connectivity,

in *Diamond* and *Pierce*, whether and how ESSB 5599 affects Petitioners necessarily depends on a series of unpredictable contingencies—including the young person’s subjective experience, the supports they have or do not have at home and elsewhere, and whether they end up at a youth shelter.

C. At-Risk Youth Are the True Object of the Law

Petitioners’ standing, and their assertions about parental rights, cannot be analyzed in a vacuum. The interests of the Petitioners’ children matter, too, and must be considered as part of the calculus in assessing any argument that there has been an infringement of the parents’ rights. It is well-established that young people have their own rights separate from those of their parents, including rights to speak their minds, to receive education, and to access health care. *See, e.g., Tinker v. Des Moines Indep. Cmty. Sch. Dist.*, 393 U.S. 503, 505–06 (1969); *Pierce*, 268 U.S. at 535; *Carey v. Population Servs., Int’l*, 431 U.S. 678, 693 (1977). In the seminal case of *Parham v. J.R.*, the Court upheld a statute that allowed a child’s parent or guardian to initiate the child’s voluntary admission to a psychiatric hospital, provided that “some kind of inquiry [is] made by a ‘neutral factfinder’ to determine whether the statutory requirements for admission are satisfied.” 442 U.S. 584, 606 (1979). But the Court also recognized youth’s independent constitutional rights and emphasized that youth’s interests in bodily autonomy and freedom from restraint must be respected. *Id.* at 600–01, 606–07. Youth in Washington deserve access to shelter, mental

school connectedness, community involvement, personal resilience, self-esteem, and access to supportive friends, family and community).

health care, and services supporting reunification with their families.

Recognizing the importance of youth health and safety, ESSB 5599 addresses the needs of youth who are in crisis and have left home by ensuring they have a place to stay and receive referrals for needed services. *See* Wash. Rev. Code § 13.32A.082(1)–(3). These young people face serious safety risks if they are on the streets, and they may have significant mental health needs. Access to mental health care is especially important for transgender youth and youth experiencing gender dysphoria. Research shows that a disproportionate number of transgender young people face serious mental health challenges, often due to stigma and lack of support.⁹ In 2024, forty percent of transgender and nonbinary youth seriously considered attempting suicide.¹⁰ These same youth report increased rates of depression and anxiety compared to their cisgender peers,¹¹ making access to mental health care essential to their wellbeing and survival. The object of ESSB 5599 is to make sure these youth are sheltered and stabilized, while simultaneously facilitating reunification with their parents.

9. *See* The Trevor Project, The Trevor Project Research Brief: Gender-Affirming Care for Youth 1 (Jan. 2020), <https://doi.org/10.70226/MGYH9930>.

10. Ronita Nath et al., The Trevor Project, 2025 U.S. National Survey on the Mental Health of LGBTQ+ Young People (2026), <https://www.thetrevorproject.org/survey-2025/>.

11. *Id.*; *see also* Natalie Wittlin et al., *Mental Health of Transgender and Gender Diverse Youth*, 19 Ann. Rev. Clinical Psych. 207, 2024, at 1, 4, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9936952/>.

II. THE PROCESS OF YOUTH ACCESSING GENDER-AFFIRMING CARE IN WASHINGTON STATE IS THOUGHTFULLY CONSIDERED AND INVOLVES PARENTS

Petitioners lack standing because their claims rely on a fundamental misunderstanding of how young people access health care and gender-affirming care in Washington. Their theories of standing are premised on the belief that their children may run away, find a bed at a youth shelter, and ultimately access gender-affirming treatment without their consent. *See* Pet’rs’ Br. at 17. That belief is unsupported by the law and the reality of accessing gender-affirming medical treatment in Washington. Therefore, the Petitioners do not have an injury that is “concrete, particularized, and actual or imminent” in this case. *Clapper*, 568 U.S. at 409 (citation modified).

In Washington, the process of accessing gender-affirming treatment is deliberate, lengthy, and requires parental involvement. Gender-affirming medical treatment requires parental consent for patients under eighteen.¹² Starting gender-affirming medical treatment is dependent on a diagnosis of gender dysphoria by a mental health provider or physician, after which a team of medical providers work with a patient and their family to create an individualized care plan.¹³ This care begins

12. *See* Wash. Rev. Code § 26.28.015(5) (establishing age of majority to consent to medical care); *Gender Clinic*, Seattle Children’s, <https://www.seattlechildrens.org/clinics/gender-clinic/> (last visited Oct. 22, 2026).

13. *See, e.g., Refer a Patient*, Seattle Children’s, <https://www.seattlechildrens.org/clinics/gender-clinic/refer-a-patient/> (last

with mental health support focused on family discussion, decision-making, and mental health documentation.¹⁴ There are typically multiple mental health visits before starting medical treatment, the involvement of the parent or caregiver is required, and gender-affirming medical care is contingent on parental consent.¹⁵ Accessing gender-affirming medical treatment is neither swift nor thoughtless, and is not left up to youth alone.

Youth aged thirteen and older can access outpatient mental health care in Washington without parental authorization. Wash. Rev. Code § 71.34.530. This mental health care is available to all youth regardless of their gender identity. *See id.* Youth who are in crisis, including transgender youth, often need referrals to mental health services, as discussed in Section I, *supra*. ESSB 5599 does not change a young person's right to access mental health services.

Gender-affirming care is a deliberate process involving a personalized care plan, which requires time to develop. The only services that youth may receive referrals for in the short period of time between when they present at a shelter and when their parents are contacted are

visited Oct. 23, 2026); *What to Expect*, Seattle Children's, <https://www.seattlechildrens.org/clinics/gender-clinic/what-to-expect/> (last visited Oct. 23, 2026) (describing process for accessing gender-affirming medical treatment at one of the primary pediatric health care centers in Washington).

14. *What to Expect*, Seattle Children's, <https://www.seattlechildrens.org/clinics/gender-clinic/what-to-expect/> (last visited Oct. 23, 2026).

15. *Id.*

optional mental health services, which also take time to access. Youth access to these services, along with family reconciliation, is critical to youth health and safety.

III. PARENTING A TRANSGENDER CHILD IS NOT AN INJURY OR HARM

Petitioners' standing argument hinges on the occurrence of a "highly attenuated chain of possibilities," *Clapper*, 568 U.S. at 410, which Petitioners assert exposes them to the "threat" of injury, Pet'rs' Br. at 21. The threatened injury that Petitioners seek to avoid is being forced to parent in a certain way. *Id.* But ESSB 5599 does not require Petitioners to parent in a particular way. While some parents may find it challenging to have children who identify differently from how their parents raised them, that itself does not rise to the level of a constitutional harm. Many parents of transgender children have an evolving perspective on how to parent their children, and ultimately, the relationship between a supportive parent and their child can be a source of strength and positive outcomes for both. As demonstrated in their published accounts, many parents of transgender children celebrate and take pride in parenting them.

A. Parents Describe Parenting Their Transgender Children as Positive and Rewarding

In published accounts, parents describe their commitment to affirm and support their transgender child:

I'm writing this essay while looking at two pictures of the same person. One is an old

picture of Sarah when she was thirteen years old, her beautiful self smiling back at me. Next to this picture is one of my son . . . after coming out as transgender. This is a photograph of my wonderful boy, now with short hair, the same big, brown eyes, wearing his signature leather jacket and looking into the camera with confidence and a broad grin—someone I would not have missed knowing for anything in the world.¹⁶

Even parents who forthrightly acknowledge their initial misgivings recount celebrating the joy they have experienced while witnessing and participating in the growth of their child, who blossoms with the benefit of parental support:

This child, while wonderful and exuberant, and happy beyond anything I'd ever seen before, was not the son I'd always known. I was grieving the loss of my son while watching this happy confident new child emerge This child, who could never tell me any toy that she wanted, suddenly had a list a mile long. I felt horrible that I'd never bothered to take her down the aisles of pink and purple. I never would have said my child had been unhappy until I saw who she was becoming.¹⁷

16. Nancy Moore, *Sean*, in *Transitions of the Heart: Stories of Love, Struggle and Acceptance by Mothers of Transgender and Gender Variant Children* 1, 1–2 (Rachel Pepper ed., 2012).

17. Melissa McLaren, *A Twin Story*, in *Transitions of the Heart*, *supra* note 16, at 32.

I wasn't sure if I could do this. But we moved forward slowly. . . . And that was really hard, because I had been the parent who knew my child. . . . I realized how selfish I'd been, because my child had been able to come to me and say . . . "No, really, I'm transgender." And we were going through this amazing process of transition, and I got to be part of it.¹⁸

I could be an ally in this process that had no name, or I could be someone to avoid. I chose to keep my focus on my child and not on the larger implications and issues. Sarah slowly built a second family of support in a "trans-friendly" community nearby and made abiding friendships there. Yet I didn't feel supplanted. Mostly what I felt was grateful.¹⁹

Physician Paria Hassouri, MD, describes how she and her husband arrived at the decision to affirm and support their transgender adolescent daughter after initially fearing the reaction of their extended family and professional and religious communities.²⁰ Hassouri's sentiments are echoed by Jamie Bruesehoff, a lifelong Lutheran church leader and the spouse of a pastor. Bruesehoff's wholehearted affirmation of her transgender daughter is deeply rooted in her Christian values:

18. The Moth: *Leaping Forward* at 3:36–6:37 (Sept. 13, 2016), www.themoth.org/storytellers/cybele-abbett.

19. Moore, *supra* note 16, at 4.

20. Paria Hassouri, *Found in Transition: A Mother's Evolution During Her Child's Gender Change* 59–80, 143–66 (2020).

We, as parents and as the church, don't have to have this all figured out. We won't always understand. We have to learn and do the work, but no one is asking for perfection here. We're going to mess up. We're going to use the wrong words. However, we can be clear that transgender and gender-expansive children are whole and holy. They are not mistakes; they are who God created them to be, and the body of Christ is more fully present when they are here with us.²¹

Bruesehoff rejects the notion that affirming her daughter is a harm:

One of the questions I am most asked is how it felt for *me* when my child transitioned. Was there grief? Was there pain? How did you handle it? . . . At best, these questions are rooted in a narrative that centers the experience of people who love transgender people opposed to transgender people themselves. At worst they center the curiosity of cisgender people who have never met a transgender person (to their knowledge). It suggests that it's somehow *hard* to love a transgender child. But that's not true. I will never allow the primary narrative around my transgender child finally getting to be herself in the world to be that it was so difficult for me. Watching my child step into

21. Jamie Bruesehoff, *Raising Kids Beyond the Binary: Celebrating God's Transgender and Gender-Diverse Children* xvii (2023).

herself, watching her joy explode and her light shine brighter than ever before, was a true and deep joy.²²

Like Bruesehoff, this anonymous parent of a seven-year-old daughter describes joy and pride in parenting her transgender child:

Being a witness to her strength, authenticity, joy, pride, confidence, and truth is one of the most amazing things I've ever seen in my life. And to know that she feels safe with me is my biggest accomplishment.²³

These parents' moving and candid narratives show the struggles and joys of being a family with a transgender child that are ultimately a reward to both the parents and their children.

B. Transgender Youth and Youth Experiencing Gender Dysphoria Benefit from Parental Support

Just as parents describe growth and joy in parenting transgender children, transgender youth and youth experiencing gender dysphoria benefit from having understanding parents. In her account of parenting her adolescent daughter, Jamie Bruesehoff recalls realizing that “youth do not struggle because there is something

22. *Id.* at 60.

23. Stephanie Brill & Rachel Pepper, *The Transgender Child: A Handbook for Parents and Professionals Supporting Transgender and Nonbinary Children* 61 (2022).

inherently wrong with them or because they need to be fixed. They struggle because of what they face in the world.”²⁴ In contrast, youth who are supported or affirmed in their identity are better positioned to thrive, as research has consistently established.²⁵

The 2022 U.S. Transgender Survey, which analyzed data from an anonymous survey of 92,329 transgender individuals aged sixteen and older from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases, is the largest survey of its kind.²⁶ Respondents with supportive families reported less suicidality, and better health, than those with unsupportive families.²⁷ The survey’s findings are consistent with earlier studies of adults, based on nationally representative samples, which documented the importance of social support as a protective factor for mental health.²⁸

24. Bruesehoff, *supra* note 21, at 68.

25. Jack Turban, *The Evidence for Trans Youth Gender-Affirming Medical Care*, Psychology Today (Oct. 11, 2022), <https://www.psychologytoday.com/us/blog/political-minds/202201/the-evidence-trans-youth-gender-affirming-medical-care> (reviewing research findings).

26. Ankit Rastogi et al., Advocates for Transgender Equality, Health and Wellbeing: A Report of the 2022 U.S. Transgender Survey 6 (June 2025).

27. *Id.* at 83.

28. Evan M. Kleiman & Richard T. Liu, *Social support as a protective factor in suicide: Findings from two nationally representative samples*, 150 J. Affective Disorders 540, Sep. 2013, at 1, 2–5.

A growing body of evidence confirms that social and family support is linked to better outcomes for youth. The Family Acceptance Project, a research, policy and education initiative founded to develop evidence-based frameworks to help families support their LGBT children, reported in 2014 that its research found “a compelling relationship” between the well-being and adjustment of LGBT youth and the youth’s experiences of family acceptance.²⁹ Even a small amount of family support and acceptance “is an important protective factor that helps promote well-being.”³⁰

Similarly, a 2016 study based on a national sample of transgender children ages three to twelve who had socially transitioned (involving change of pronouns, name, hair length, and clothing) and who experienced family support, studied alongside control groups of non-transgender children in the same age range, showed no elevation in depression and only marginally higher anxiety relative to population averages.³¹ A 2018 study based on a cohort sample of transgender youth, which examined use of the youth’s chosen first name as a proxy for gender affirmation, found that youth who were supported in

29. Caitlin Ryan, *Generating a Revolution in Prevention, Wellness & Care for LGBT Children and Youth*, 23 Temp. Pol. & C.R. L. Rev. 331, 337 (2014).

30. *Id.* at 339; see also Jordon D. Bosse et al., *Transgender and nonbinary young adults’ depression and suicidality is associated with sibling and parental acceptance-rejection*, 56 J. Nursing Scholarship 87, 93–94 (2024).

31. Kristina R. Olson et al., *Mental Health of Transgender Children Who Are Supported in Their Identities*, 137 Pediatrics 1, 5, 7 (2016).

the use of their chosen name had reduced mental health disparities.³² Likewise, a 2025 study examined data from ninth- and eleventh-grade youth in foster care, focusing on the interaction between sexual orientation and gender identity, perception of caring relationships, and mental health.³³ The study found a relationship between sexual and/or gender minority youth who perceived that people around them cared about them and reduced mental health concerns.³⁴

Parenting any child is complex, challenging, and dynamic. Parents and children navigating these lifelong relationships are best served when they can access information, resources, and strategies that allow them to build toward mutual understanding and acceptance. These narratives and studies show that supporting a child's journey ultimately strengthens the bond between parent and child and protects the child's well-being and mental and emotional health. ESSB 5599 plays a key role for Washington families experiencing crisis by giving parents and children an opportunity to pause, reset, and come back together with the benefit of referrals to appropriate supportive services.

32. Stephen T. Russell et al., *Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Trans Youth*, 63 *Journal of Adolescent Health* 503, October 2018, at 1, 2–3.

33. G.F. Raber et al., *Perceptions of Caring and Mental Health Among Sexual and Gender Minority Youth in Foster Care*, 13 *LGBT Health* 114, 115 (2026).

34. *Id.* at 118.

CONCLUSION

The Ninth Circuit correctly determined that Petitioners lacked standing to challenge the laws at issue here. Petitioners are unable to articulate concrete, particularized injuries as required under the longstanding precedent of this Court. The Petitioners are not the targets of ESSB 5599—runaway youth are. The Court should affirm the lower courts.

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