



PARENT RESOURCE GUIDE



Educating and Equipping Parents on the
Transgender Trend

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INTRODUCTION

Why is it that so many young people today are wondering if they were born in the wrong body?

With popular endorsements coming from the culture, law, and even the medical establishment, the transgender phenomenon has gone from idea to trend.

A compassionate and honest approach to such sexual confusion would be to help children bring their feelings into accord with the reality of their bodies, but transgender activists are pushing an agenda that insists the body should be remade to conform with feelings. As such, the transgender trend spreads a confusing message to all kids, including those who suffer from gender dysphoria, a psychological condition in which a child feels alienated from his or her biological sex.

Regrettably, this trend is also taking root in some schools where policies and curriculum are being used to advance these radical ideas. Students as young as kindergarten are being taught that changing sex is as easy as changing clothes, teen girls are discovering that biological boys have free access to their locker rooms, and parents are kept in the dark when their child has decided to identify as transgender during the school day.

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Schools facing this trend need to hear from the real stakeholders - parents. Parents who are informed about the facts and proactively engage with their school board, administrators, teachers, and other parents in the school community can play an integral role in creating an environment that respects the privacy, safety, and dignity of all students.

Schools are not realms of social experimentation and should never elevate a confusing and unscientific ideology above their responsibility to truthfully educate students about their bodies and the world around them. There are common sense solutions schools can adopt to meet the needs of the entire school community, including students who struggle to accept their biological sex.

This Parent Resource Guide will equip and embolden parents to engage on this important issue through resources, tips, talking points, and a vision for a respectful school climate.

This Parent Resource Guide Will:

- Help you understand the basics of the transgender trend
- Consider the implications of transgender activism and “gender inclusion” policies in schools
- Explain what your parental rights are and give you the tools to protect your child’s constitutional privacy and First Amendment rights
- Encourage parents and school officials to work together to create a respectful school environment
- Help you communicate with your school officials and advocate for common sense policies that will respect the dignity of all students
- Give tips on creating community and support among like-minded parents



Guiding Principles¹

This Parent Resource Guide has been developed by Ask Me First MN, a project of Minnesota Family Council. Here are the principles that provided guidance for this document:

- **All parents can make use of this Parent Resource Guide, regardless of worldview.** Science and reason informed the development of this guide, both of which provide solid common ground among people of all faiths and political allegiances.
- **We believe parents are the primary educators of their children.** Though they may choose to entrust their child to a public school, parents are ultimately responsible for overseeing their child's education. Schools best serve students when they inform, involve, and honor parents. Parents who **proactively** and **positively** engage with school officials are best positioned to influence decision makers. The best possible outcomes result from parents who are **already** involved in the school community.
- **We believe students who identify as transgender deserve the same educational opportunities and resources as their peers and should be treated with respect.** Schools must adopt truthful, compassionate, common sense policy solutions that do not threaten the privacy, safety, and dignity of any student.
- It is our goal to **protect students from harm** stemming from privacy violations and compelled speech, **educate parents** about the transgender trend, and **equip parents** to advocate on their child's behalf.

Parents who **proactively** and **positively** engage with school officials are best positioned to influence decision makers.

¹ This Parent Resource Guide includes footnotes to a variety of sources. We believe the content cited is useful, but do not necessarily agree with the views of every organization to which we have provided links.



CHAPTER 1

TERMINOLOGY

The transgender trend is grounded in the nonsensical “gender ideology” theory, which claims that human identity is unrelated to the body. Gender ideology rejects the natural reality of the human person and instead invents new language as a foundation for its false assertions. Becoming familiar with this fabricated vocabulary allows us to respond to the transgender trend with accuracy, confidence, and truth.

Gender is the idea that our identity is determined by feelings without any reference to the body. When the idea of gender is accepted and the mind is considered superior to the body, there is no limit to who - or what - one might imagine themselves to be. Sexual identity, or one’s sex as male or female, is an unchangeable biological reality; gender says that one can choose, change, or abandon sexual identity altogether. Gender is frequently and incorrectly used as a synonym for sex. When making reference to the body, avoid the term ‘gender’ and use the term ‘sex’ instead.

Gender Dysphoria¹ Gender dysphoria is the condition of feeling a strong desire to identify as something other than one’s sex, accompanied by significant distress. Those who struggle with gender dysphoria should be aided by therapies that guide an individual to a healthy acceptance of their sex. A diagnosis of gender dysphoria does not justify the use of irreversible hormonal and surgical interventions which give false hope, promote a negative view of the body, and ignore mental health needs.

Gender Fluidity describes the nature of gender identity as a chosen state of mind that can fluctuate on a spectrum in the same way feelings can.

Gender Identity is a self-chosen state of mind that is unrelated to the body. Because the body is considered irrelevant, there are an infinite number of possible gender identities. It is important to note that people who identify as “feeling like the opposite sex” or “somewhere in between” do not comprise a third sex. They remain biologically men or biologically women.² (See Appendix 1)

Intersex Conditions, also known as **Disorders of Sexual Development (DSDs)** are exceedingly rare and are medically identifiable anomalies of the sexual binary norm. People who have DSDs are either male or female, but because of ambiguous sexual anatomy usually caused by genetic abnormalities, medical science does not always determine their sex correctly at birth. Individuals with DSDs (also referred to as “intersex”) do not constitute a third sex.³

Sex or Biological Sex is the unchangeable biological reality of being male or female. Sex is not “assigned” at birth, it is determined at conception and then recognized via external genitalia at birth. Sex can also be determined by a person’s XY (male) or XX (female) chromosomes, internal reproductive organs, and secondary sex characteristics. Human sex is an objective, binary trait and does not exist on a spectrum.

Transgender is a term that refers to people who identify as another gender, with gender meaning a state of mind. People who identify as transgender are born with normal male or female anatomies and chromosomes, and may or may not make use of hormones, elect to have sex reassignment surgery, change their legal identity documents, or alter their appearance to reflect their chosen “gender identity.” Transgender status has no basis in observable medical or scientific fact, but is grounded entirely on self-declaration and feelings. It is important to remember that although medical technology has developed the means to hormonally and surgically alter the human body to mimic the opposite sex, it cannot actually change a person’s sex. Transgender identification is a state of mind and does not represent a new sex category or a human trait. **Note:** In this guide, we use the term **“transgender-identified”** to refer to people who feel that they are the opposite sex or another gender identity.

Transition describes the process by which a person makes an effort to be recognized as the opposite sex or another gender identity via social, legal, and/or medical means.

Because gender identity is in no way related to the body, there are an infinite number of terms used to denote these identities. **Agender, gender fluid, androgyne, bigender, genderqueer, non-binary, gender bender, pangender, queer, transmasculine, transfeminine, and trigender** are just a few examples of the confusing, invented language now used to describe one's identity apart from biological sex.

¹ Gender Dysphoria (GD) was previously referred to as “Gender Identity Disorder” (GID) in the Diagnostic and Statistical Manual of The American Psychiatric Association. The diagnostic criteria for GD and GID are the same, except that GD requires that the patient experience a “clinically significant distress or impairment in social, occupational, or other important areas of functioning.” So, for example, a biological male who identifies as a female would not be diagnosed with a psychiatric disorder unless he is experiencing *distress* at the incongruence between his biological sex and “gender identity.”

² “Gender Ideology Harms Children.” *American College of Pediatricians*, accessed January 10, 2018, <https://www.acpeds.org/the-college-speaks/position-statements/gender-ideology-harms-children>.

³ *ibid.*



CHAPTER 2

TRANSGENDERISM: A MOVEMENT BUILT ON CONFUSION

The transgender movement has been racing through our society at a breakneck pace, making false and misleading claims about the human body and sexual identity. This movement is based on the false premise that there is a separation between the mind and the body, and that our sexual identity as male or female is rooted in feelings instead of a biological reality. The following sections will address some of the false claims made by gender ideology and offer counterpoints based on objective reality and common sense.

Is Our Sex a Choice?

The transgender movement feeds off of an idea that says sex is a spectrum or a choice instead of a binary biological reality.

- The sex of a human being is determined at conception, when the sperm carrying an X or Y chromosome unites with the egg to create either a male (XY) or a female (XX). Fertilization is always and only possible through the uniting of the two distinct sex cells - a sperm and an egg.

- Every single cell in our bodies are marked by our XX or XY chromosomes.¹ No part of our bodies can be of the opposite sex; even hair, eyelashes, and teeth all have either male or female chromosomes that correspond with our biological sex. It is impossible, for example, to have a male brain in a female body, or vice versa. The brain is comprised of brain cells that have either male or female chromosomes and cannot possibly oversee the development of a body that is the opposite sex. We are not a blend of male and female parts, we are either male or female from conception.
- Very rarely, a child is conceived with a disorder of sexual development (DSD), also referred to as an intersex condition, usually due to genetic abnormalities.² Many of those who have a DSD are classifiable as male or female through medical tests; a DSD does not comprise a third sex. That a very small number of people have a DSD in no way contradicts the fact that humans are either male or female. In fact, the exception of intersex conditions demonstrates that the rule of a male and female “binary” exists.
- Unlike people with DSDs, “[p]eople who identify as transgender... are usually people who are born with typical male or female anatomies but feel as though they have been born into the ‘wrong body.’”³
- Gender ideology claims that being a woman or a man is a matter of self-declaration: “I am a woman because I say that I am.” But a self-declaration can not change the biological realities of our bodies. Gender ideology frames our identity in terms of choice instead of an objective reality that must be accepted with all of its advantages and limitations.
- The sex differences between women and men do not disappear or change according to how we feel about our bodies. Laws that protect a woman’s equal access to college sports programs are based on the fact that women can not simply identify out of the competitive disadvantages and at risk of physical injury she faces if forced to play against men, who have greater muscle mass and skeletal structure. See Appendix 2 for more information about the physical differences between men and women.⁴

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A New Civil Rights Movement?

Much of the rhetoric used to support gender identity laws is falsely couched in the language of “civil rights,” with proponents arguing that separating people based on sex in intimate spaces like restrooms is reminiscent of Jim Crow laws that mandated racial segregation in all public facilities in the South.

- The Civil Rights Act of 1964 was enacted to protect African Americans from being treated as second-class citizens because of an unchosen, unchangeable, identifiable trait: the color of their skin. In contrast to skin color, gender identity is a subjective, unverifiable, and chosen identity.
- Sex-specific bathrooms do not treat anyone as inferior, they appreciate the biological realities of our bodies. Comparing transgender locker room access to Jim Crow laws is an attempt to silence the legitimate privacy concerns that everyone has when using intimate facilities and is an insult to civil rights heroes.
- It is not bigotry to acknowledge the biological differences between men and women.

Does Transition Prevent Suicide?

Sadly, suicide risk and self-harming behaviors are higher among [transgender-identified adults](#)⁵ and even [children](#) than those who live according to their biological sex.⁶ According to the proponents of the transgender trend, drastic hormonal and surgical interventions prevent the risk of suicide, but studies indicate otherwise: medical transitions have not proven effective at preventing suicide in the long run. Every effort should be made to protect transgender-identified individuals from the terrible tragedy that is suicide, but scientific research demonstrates that the answer is not altering bodies to match feelings.

- High rates of suicidality and self-harm are found in much of the research on transgender-identified people. **Though mental disorders are a known risk factor for suicidality, mental health outcomes are not necessarily improved after [sex reassignment surgery](#)⁷ or [hormonal treatments](#).⁸**
- According to a [long-term study](#) conducted in the LGBT-affirming country of Sweden, transitioning does not prevent suicide.

This 2011 study followed 324 people who had undergone sex-reassignment surgery and found that thirty years after surgery, **transgender adults had a suicide rate nearly 20 times greater than that of the general population.** The conclusion of this study states, **“Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population.”**⁹

- If studies show poor outcomes in adults who underwent a physical transition, why would gender dysphoric children who are already demonstrating mental health struggles be expected to fare better? One study looked at 572 gender dysphoric children and found they **“were 5.1 times more likely than nonreferred children to talk about suicide and 8.6 times more likely to self-harm/attempt suicide.”**¹⁰ A 2015 study found that **“transgender youth had a twofold to threefold increased risk of depression, anxiety disorder, suicidal ideation, suicide attempt, self-harm without lethal intent, and both inpatient and outpatient mental health treatment.”**¹¹
- While there are short-term studies showing some improvement to mental health after transition, the two best and longest-term studies (Dhejne, 2011¹² and Simonsen, 2016¹³) show little or no benefit at all. Long-term studies predict outcomes far more accurately than short-term studies, which may only capture a temporary honeymoon period of emotional relief.

- ¹ Kalpit Shah, Charles E. McCormack, and Neil A. Bradbury, "Do You Know The Sex Of Your Cells?" *American Journal of Physiology* 306, no. 1 (January, 2014), <https://doi.org/10.1152/ajpcell.00281.2013>.
- ² Leonard Sax, "How Common Is Intersex? A Response to Anne Fausto-Sterling," *The Journals of Sex Research* 39, no. 3 (August, 2002): 174-178, https://www.jstor.org/stable/3813612?seq=1#page_scan_tab_contents.
- ³ "What's The Difference Between Being Transgender or Transsexual and Having an Intersex Condition?" *Intersex Society of North America*, accessed January 11, 2018, <http://www.isna.org/faq/transgender>.
- ⁴ Bonnie Berkowitz and Alberto Cuadra, "Gender Performance in Sports," *Washington Post*, February 25, 2014, final edition, <https://www.washingtonpost.com/apps/g/page/national/gender-performance-in-sports/830/>.
- ⁵ John R. Blosnich, et al., "Prevalence of Gender Identity Disorder and Suicide Risk Among Transgender Veterans Utilizing Veterans Health Administration Care," *American Journal of Public Health* 103, no. 10 (September, 2013): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780758>.
- ⁶ Madison Aitken, et al., "Self-Harm and Suicidality in Children Referred for Gender Dysphoria," *Journal of the American Academy of Child and Adolescent Psychiatry* 55, no. 6 (April, 2016): https://www.researchgate.net/publication/300420411_Self-Harm_and_Suicidality_in_Children_Referred_for_Gender_Dysphoria7.
- ⁷ Ellen Marshall, et al., "Non-suicidal Self-injury and Suicidality in Trans People: A Systematic Review of Literature," *International Review of Psychiatry* 28, no. 1 (August, 2015): 58-59, <https://www.ncbi.nlm.nih.gov/pubmed/26329283>.
- ⁸ Henk Asscheman, et al., "A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones," *European Journal of Endocrinology* 164, no. 4 (April 2011): 635-42, ("No suicides occurred after the first two years of hormone treatment, while there were six suicides after 2-5 years, seven after 5-10 years, and four after more than 10 years of cross-sex hormone treatment..."), <https://www.ncbi.nlm.nih.gov/pubmed/21266549>.
- ⁹ Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *Plos One* 6, no. 2 (2011): e16885, <https://doi.org/10.1371/journal.pone.0016885>.
- ¹⁰ Madison Aitken, et al., "Self-Harm and Suicidality in Children Referred for Gender Dysphoria," *Journal of the American Academy of Child and Adolescent Psychiatry* 55, no. 6 (April, 2016): 513-520, [https://www.jaacap.org/article/S0890-8567\(16\)30100-9/abstract?code=jaac-site](https://www.jaacap.org/article/S0890-8567(16)30100-9/abstract?code=jaac-site).
- ¹¹ Sari L. Reisner, et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study," *Journal of Adolescent Health* 56, no. 3 (March, 2015): 274-279, [https://www.jahonline.org/article/S1054-139X\(14\)00693-4/fulltext](https://www.jahonline.org/article/S1054-139X(14)00693-4/fulltext).
- ¹² Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *Plos One* 6, no. 2 (2011): e16885, <https://doi.org/10.1371/journal.pone.0016885>.
- ¹³ Rikke K. Simonsen, et al., "Long-Term Follow-Up of Individuals Undergoing Sex-Reassignment Surgery: Somatic Morbidity and Cause of Death," *Sexual Medicine* 4, no. 1 (March, 2016): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822482/>.



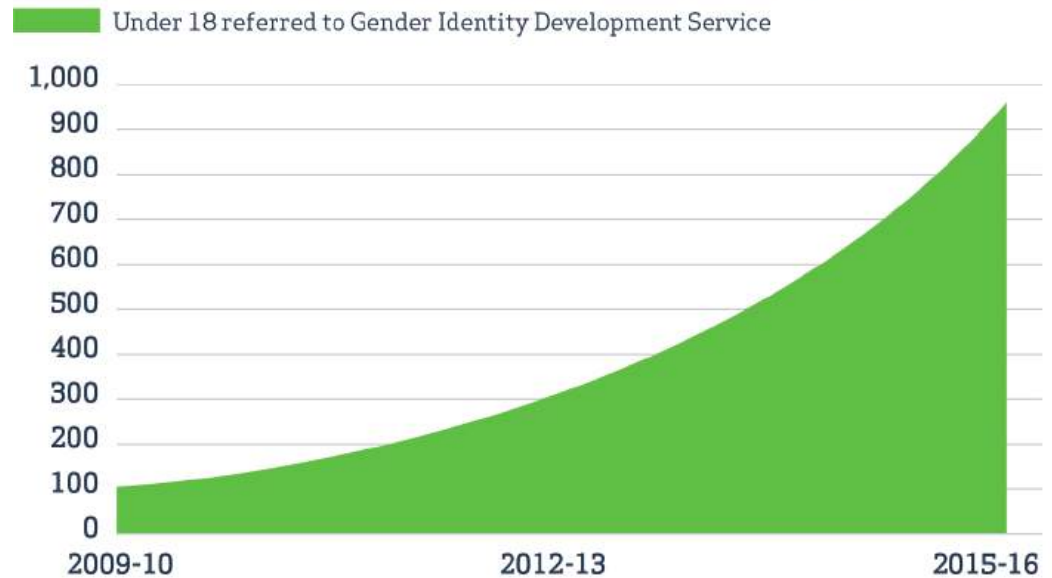
CHAPTER 3

CHILDREN AND THE TRANSGENDER TREND

Though the total number of transgender-identified young people is still quite small, recent data shows teenagers comprise the largest segment of the population who identify as transgender,¹ but stories about children as young as five² “coming out” as transgender are increasingly common. It is important to remember that transgender-identification is based on feelings and has no foundation in observable medical or scientific fact, but the negative health consequences of identifying as transgender are very real.

Knowing that children and teens are surrounded by the transgender trend in culture, schools, and even their friend groups can help parents approach this conversation with care and understanding. Identifying as transgender is an increasingly easy and popular choice for teenagers, especially for those who have transgender-identified friends, those who do not conform to cultural sex stereotypes, or those who are already struggling with mental health issues. Parents should respond by taking positive actions like monitoring their child’s internet use, learning the health risks of affirming transgender identity, and having age-appropriate conversations with their children. Children who see that their parents are not afraid to talk about the transgender trend are more

More children and young people seeking help with gender



Source: The Tavistock and Portman NHS Foundation Trust

Data from the UK show a sharp increase of children and adolescents seeking gender identity treatment. There has been a 930% increase in children referred to London's Tavistock child and adolescent gender clinic over the past six years.³

likely to feel comfortable asking questions and learn to think critically about the issue.

The following section will cover some of the ways in which the transgender trend is directly affecting children, reveal the ethical problems inherent in changing bodies to match minds, and consider the regret of adults who formerly identified as transgender.

A Rapidly Growing Trend

An increasing number of children and teens are struggling to accept their biological sex, and it is likely that a number of factors are contributing to the increase. In the UK, where data on pediatric patients of gender identity clinics is available, an exponential rise in cases can be seen.

- In the U.S., the rise in the number of pediatric gender clinics indicates an increase in transgender-identified children. There are currently at least 48 clinics⁴ across the U.S. that specifically target transgender-identified children, an increase of 15 clinics since 2014.⁵ Just one of these pediatric gender clinics, the Child and Adolescent Gender Center at UCSF, has seen nearly 700 patients ages 3 to 25 since its founding in 2012.⁶

- [YouTube videos](#)⁷ featuring teens who identify as transgender documenting their physical transformations are incredibly popular, with some receiving millions of views. These videos give the impression that it is physically possible to change sex and put a glamorous spin on the permanent physical effects brought on by cross-sex hormones and surgery.
- Another potential cause for an uptick in transgender-identified youth is a phenomenon called [Rapid Onset Gender Dysphoria \(ROGD\)](#),⁸ a condition that typically manifests itself suddenly in adolescent and teen girls who showed no signs of gender dysphoria before puberty.
- ROGD often involves a teen girl who has immersed herself in social media that promotes transitioning and has transgender-identified friends in her peer group. [A 2016 study](#)⁹ of data from 164 parents whose children experienced ROGD “demonstrates the current contagious nature of gender dysphoria among young women...[M]any of the [parents](#) in this survey said that multiple members of their child’s pre-existing friend group were also declaring themselves transgender. To be exact, 50 percent of a youth’s pre-existing friend group became transgender in close to 40 percent of the friend groups described in the study. The average number of friends becoming transgender was 3.5.”¹⁰
- [Some professionals believe](#) that adolescents with ROGD have peer groups that encourage “each other to believe that all unhappiness, anxiety, and life problems are likely due to their being transgender, and that gender transition is the only solution.”¹¹

The “Gender Affirmative” Model

Parents are increasingly being told by [medical](#)¹² and [mental health](#)¹³ professionals that children who express discomfort with their biological sex are likely to be transgender and should be assisted in making a social and medical transition to appear as the opposite sex to prevent self-harm or suicide. Though this perspective runs counter to the many studies that demonstrate children, if left untreated, become comfortable in their biological sex after puberty, it has nonetheless led to a method of treatment known as the “gender affirmative” model in pediatric medicine. This harmful protocol recommends a “social transition” in early childhood, followed by puberty blockers in

Common Steps in Gender Transition			
	Examples	Ages	Reversibility
Social transition	Adopting preferred hairstyles, clothing, name, gender pronouns, restrooms and other facilities	Any	Reversible
Puberty blockers	Gonadotropin-releasing hormone analogs such as leuprolide and histrelin	Early Adolescents	Reversible
Gender-affirming hormone therapy	<ul style="list-style-type: none"> • Testosterone (for those assigned female at birth) • Estrogen plus androgen inhibitor (for those assigned male at birth) 	Older Adolescents (as appropriate) Adults	Partially Reversible
Gender-affirming surgeries	<ul style="list-style-type: none"> • "Top" surgery (to create a male-typical chest shape or enhance breasts) • "Bottom" surgery (surgery on genitals or reproductive organs) • Facial feminization surgeries 	Older Adolescents (as appropriate) Adults	Not Reversible
Legal transition	Changing gender and name recorded on birth certificate, school records and other documents	Any	Reversible

This chart shows the common social, medical and legal steps that LGBT activists recommend for children who are gender dysphoric. From Supporting & Caring for Transgender Children by the Human Rights Campaign Foundation, the American Academy of Pediatrics (AAP), and the American College of Osteopathic Pediatricians (ACOP). Sept., 2016 ¹⁴

early adolescence, and cross-sex hormones (testosterone for girls and estrogen for boys) around age 16.

It is important to remember that although medical technology has developed the means to hormonally and surgically alter the human body to mimic the opposite sex, it cannot actually change a person's sex.

- Though activists call this protocol "gender affirming," in reality there is nothing affirming about it. "Gender affirmation" is simply a euphemism for irreversible and harmful pediatric medical procedures.
- The "gender affirmative" approach includes a "social transition" for children as young as two years old, which entails dressing them in clothing typical of the opposite sex, changing their hairstyle and name, and making use of opposite-sex restrooms. When children socially transition, they end up on a fast-moving conveyor belt towards hormones and surgery and they are less likely to become comfortable living as their biological sex.¹⁵

- After social transition, the “gender affirmative” model recommends the use of puberty blocking drugs in adolescence to prevent a gender dysphoric child from seeing their body develop biologically appropriate secondary sex characteristics.
- The use of puberty-blocking drugs in otherwise healthy adolescents to delay a normal stage of development is relatively new and the long-term effects are unknown. Adverse event reports filed with the FDA by women who took puberty blockers as children to stop precocious puberty or to increase height describe effects like [brittle bones and joint problems](#).¹⁶ It is currently unknown if puberty will proceed as normal if blockers are stopped or if they have any effect on the still-developing brain.
- In the vast majority of cases, gender dysphoric children come to accept their biological sex after naturally passing through puberty. Research shows that 80-90% of children who are gender dysphoric eventually become comfortable living as their biological sex.¹⁷

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- The “gender affirmative” model enables and cements false beliefs that children have about themselves. However, mental health practitioners must consider it their duty to help their patients accept reality, and not to enable false beliefs. “For instance, an anorexic child is not encouraged to lose weight. She is not treated with liposuction; instead, she is encouraged to align her belief with reality – i.e., to see herself as she really is.”¹⁸
- Because the vast majority of children find that their gender dysphoria subsides after puberty, it is evident there is a need for therapists who will patiently guide young people to mental congruence with their bodily sex. Sadly, some states have banned therapeutic approaches that seek to help those with gender dysphoria live comfortably in their own bodies. These bans

prevent gender dysphoric children and adults from getting the help they need. “In states that have therapy bans, many therapists are afraid, because of the law and legal counsel, to see sexual and gender variant individuals whose goal is change, so many now get no professional mental health services. Like other individuals who have sexual or gender variations, some are sexual abuse victims and are suicidal. Bans are harmful and unjust.”¹⁹

Are We Sterilizing Children?

The “gender affirmative” model of medical treatment is new, poorly studied, and rife with ethical problems. Because this treatment protocol prevents the natural sexual maturation of a child’s reproductive organs, it often results in permanent sterility for the children to whom it is prescribed. Minor children cannot possibly consent to, or even understand, the risks inherent in this approach.

- Sex gametes (sperm²⁰ and ova²¹), require natural puberty to mature to the point that they are viable for reproduction. Administering cross-sex hormones in young children concurrently or immediately following puberty blockers means that these reproductive cells will never mature and infertility is the result.²²
- In addition to potentially causing sterilization, cross-sex hormones (testosterone for girls and estrogen for boys) come with permanent side effects including the growth of breast tissue in males and a lowered voice in females.²³ Cross-sex hormones may also cause serious adverse effects including cardiovascular and gynecological risks, gallstones, blood clots, decreased bone mineral density, decreased insulin sensitivity, and cancer.²⁴
- Surgery used to remove or reshape body parts is always irreversible, and procedures that involve the removal of reproductive organs are necessarily sterilizing.
- Parents can consent on behalf of their children to medically necessary treatments like chemotherapy that can cause permanent infertility as an unintended and unfortunate result, but “gender affirming” treatments that are cosmetic in nature should never be misunderstood as medically necessary. A child

or teen is not mature enough to consent to procedures that cause sterility and their parents must not be allowed to make a decision of such grave consequence for their child. Sterilization is not just an unfortunate and unintended result of “gender affirming” procedures, it is a direct violation of a child’s human right to one day choose to procreate.

- Studies show that in many cases children diagnosed as gender dysphoric will later self-identify as same-sex attracted.²⁵ Feelings of same-sex attraction should in no way indicate the need for hormone treatments or surgical procedures on children and teens that could leave them permanently sterilized.

Regret is Real

Many transgender-identified people eventually discover transitioning does not solve the distress they feel about their bodies and they make the decision to return to identifying as their biological sex. Describing themselves as “detransitioners,” they are often ostracized by transgender activists because their regret calls into question the false idea that feelings trump the biological reality of the body.

- The proper response to gender dysphoria must never involve shaping the body to fit the mind. Some detransitioners explain that they were never offered comprehensive psychological care before they were referred for hormonal and medical procedures that could not be rectified when they changed their minds.²⁶ [Walt Heyer](#), a man who identified as a woman for nearly a decade, puts it this way, “Many of us who have gone through this ‘transformation’ realized too late that it was not a medical necessity or required treatment for our problems. At best, transition was a short-lived reprieve from the agony of feeling that one’s biological sex is incorrect.”²⁷

At best, transition was a short-lived reprieve from the agony of feeling that one’s biological sex is incorrect.

- If allowed to experience natural puberty, the vast majority of children who experience gender dysphoria grow out of those feelings and eventually feel comfortable with their biological sex. Detransitioners were led to falsely believe that their confusion was set in stone. As one detransitioner said, “I was told that my transgender feelings were permanent, immutable, physically deep-seated in my brain and could NEVER change, and that the only way I would ever find peace was to become female. The problem is, I don’t have those feelings anymore.”²⁸
- Many detransitioners explain that their behaviors and preferences as children did not conform with those typical of their sex. Sex stereotypes vary between cultures and historical eras, and conformity to them is not an accurate indication of one’s biological identity. Men and women have a wide variation of personality traits that in no way contradict their sex; for example, girls who prefer to play sports do not become boys, and boys who prefer to play with dolls do not become girls. Reinforcing the idea that these preferences indicate a need to change the body is fueling the transgender trend and the inevitable regret that many of its victims experience.

¹ Jody L. Herman, et al., “Age of Individuals Who Identify as Transgender in the United States,” *The Williams Institute* (January, 2017): <https://williamsinstitute.law.ucla.edu/wp-content/uploads/TransAgeReport.pdf>.

² Kelsey Harkness, “Kindergarten Students Forced to Confront Gender Identity,” *The Daily Signal*, February 29, 2018, <https://www.dailysignal.com/2016/02/29/kindergarten-students-forced-to-confront-gender-identity/>.

³ Calum McKenzie, “Child Gender Identity Referrals Show Huge Rise in Six Years,” *BBC News*, February 11, 2016, <http://www.bbc.com/news/uk-england-nottinghamshire-35532491>.

⁴ “Interactive Map: Clinical Care Programs for Gender Expansive Children and Adolescents,” *Human Rights Campaign*, accessed March 1, 2018, <https://www.hrc.org/resources/interactive-map-clinical-care-programs-for-gender-nonconforming-childr>.

⁵ Sam Hsieh, et al., “Resource List: Clinical Care Programs for Gender-Nonconforming Children and Adolescents,” *Pediatric Annals* 43, no. 6, (June, 2014): <https://www.healio.com/pediatrics/journals/pedann/2014-6-43-6/%7Bf491520a-f29e-4193-afe9-da441ff757e7%7D/resource-list-clinical-care-programs-for-gender-nonconforming-children-and-adolescents>.

⁶ Sara Solovitch, “When Kids Come in Saying They Are Transgender (Or No Gender), These Doctors Try to Help,” *Washington Post*, January 21, 2018, https://www.washingtonpost.com/national/health-science/when-kids-come-in-saying-they-are-transgender-or-no-gender-these-doctors-try-to-help/2018/01/19/f635e5fa-dac0-11e7-a841-2066faf731ef_story.html?utm_term=.960628713eda.

⁷ “Dear BuzzFeed: My Gender Transition from Female to Male,” *BuzzFeed Video*, accessed March 1, 2018, <https://www.youtube.com/watch?v=RYuipbRGU5s>.

⁸ Lisa Marchiano, “Misunderstanding a New Kind of Gender Dysphoria,” *Quillette*, October 6, 2017, <http://quillette.com/2017/10/06/misunderstanding-new-kind-gender-dysphoria/>.

- ⁹ Lisa L. Littman, “Rapid Onset of Gender Dysphoria in Adolescents and Young Adults: A Descriptive Study,” *Journal of Adolescent Health* 60, no. 2, (February, 2017): S95-S96 [https://www.jahonline.org/article/S1054-139X\(16\)30765-0/fulltext](https://www.jahonline.org/article/S1054-139X(16)30765-0/fulltext).
- ¹⁰ Susan Nagel, “Wanting to Protect My Daughter’s Health Does Not Make Me a Bigot,” *4th Wave Now*, December 13, 2017, <https://4thwavenow.com/2017/12/13/wanting-to-protect-my-daughters-health-does-not-make-me-a-bigot/>.
- ¹¹ J. Michael Bailey, et al., “Gender Dysphoria is Not One Thing,” *4th Wave Now*, December 7, 2017, <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>.
- ¹² “Removing Financial Barriers to Care of Transgender Patients,” *American Medical Association*, accessed January 10, 2018, http://tgender.net/taw/ama_resolutions.pdf.
- ¹³ “Resolution on Transgender, Gender Identity and Gender Expression Non-Discrimination,” *American Psychological Association*, accessed on January 10, 2018, <https://www.apa.org/about/policy/transgender.aspx>.
- ¹⁴ “Supporting and Caring for Transgender Children,” *The Human Rights Campaign Foundation, The American Academy of Pediatrics, and The American College of Osteopathic Pediatricians*, September, 2016, https://assets2.hrc.org/files/documents/SupportingCaringforTransChildren.pdf?_ga=2.224458202.1137055980.1513215585-933944655.1501083760.
- ¹⁵ T.D. Steensma, et al., “Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study,” *Clinical Child Psychology and Psychiatry* 16, no. 4 (2011): 499-516 <https://www.docdroid.net/5TJFLxG/steensma2011-desistance.pdf>; See also, T.D. Steensma, et al., “Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study,” *Journal of American Academic Child Adolescence Psychiatry* 52, no. 6, (June, 2013): 582-590 <https://www.ncbi.nlm.nih.gov/pubmed/?term=Factors+Associated+With+Desistence+and+Persistence+of+Childhood+Gender+Dysphoria%3A+A+Quantitative+Follow-Up+Study>.
- ¹⁶ Christina Jewett, “Women Fear Drug They Used to Halt Puberty Led to Health Problems,” *Kaiser Health News*, February 2, 2017, <https://khn.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/>.
- ¹⁷ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, *American Psychiatric Association*, 2013 (451-459). See page 455 re: rates of persistence of gender dysphoria.
- ¹⁸ Amicus brief filed by Paul R. McHugh, Paul W. Hurz, and Lawrence S. Mayer, “Gloucester County School Board v. GG,” January 10, 2017, www.scotusblog.com/wp-content/uploads/2017/01/16-273-amicus-petitioner-mchugh.pdf.
- ¹⁹ “What Happens When Therapy is Banned?” *National task Force for Therapy Equality*, accessed March 5, 2018, <http://www.therapyequality.org/factsheet>.
- ²⁰ Howard E. Kulin, et al., “The Onset of Sperm Production in Pubertal Boys. Relationship to Gonadotropin Excretion,” *American Journal of Diseases in Children* 143, no. 2 (March, 1989): 190-193, <https://www.ncbi.nlm.nih.gov/pubmed/2492750>.
- ²¹ “Human Egg Cells,” CK-12.org, accessed January 13, 2018, <https://www.ck12.org/biology/egg-cells/lesson/Human-Egg-Cells-MS-LS/>.
- ²² Joanna Olson-Kennedy, et al., “Management of Gender Nonconformity in Children and Adolescents,” *UpToDate.com*, December 6, 2017, (“Transgender youth who are treated with gonadotropin-releasing hormone (GnRH) analogs the suppress endogenous puberty in Tanner stage 2 and then switched to gender-affirming hormones will not develop sperm or oocytes that are viable for reproduction.”) <https://www.uptodate.com/contents/management-of-gender-nonconformity-in-children-and-adolescents>; See also: Kuper, L.E., “Puberty Blocking Medications: Clinical review,” *IMPACT LGBT Health and Development Program*, 2014, (Page 4: “If puberty blockers are taken for a period of time but then discontinued, they do not appear to impact future fertility (i.e. ability to conceive a child). However, for transgender individuals who do on to take cross-sex hormones, future fertility may be extremely difficult if not impossible.”); See also: Priyanka Boghani, “When Transgender Kids Transition, Medical Risks Are Both Known and Unknown,” June 30, 2015, (“...if a child goes from taking puberty blockers to taking hormones, they may no longer have viable eggs or sperm at the age when they decide they would like to have children. They do have the option to start their puberty and delay their treatment in order to store eggs or sperm, but some of them may not want to.”), <https://www.pbs.org/wgbh/frontline/article/when-transgender-kids-transition-medical-risks-are-both-known-and-unknown/23/>.
- ²³ “Puberty and Physical Intervention,” *Gender Identity Development Service*, accessed January 13, 2018, <http://gids.nhs.uk/puberty-and-physical-intervention>.
- ²⁴ Eva Moore, et al., “Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects,” *The Journal of Clinical Endocrinology & Metabolism* 88, no. 1 (August, 2003): 3467-3473 <http://press.endocrine.org/doi/10.1210/jc.2002-021967>.
- ²⁵ Alexander Korte, et al., “Gender Identity Disorders in Childhood Adolescence; Currently Debated Concepts and Treatment Strategies,” *Deutsches Ärzteblatt International* 105, no. 48, (2008): 834-841 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697020/>; See also: Madeleine S.C. Wallien, et al., “Psychosexual Outcome of Gender-Dysmorphic Children,” *Journal of the American Academy of Child and Adolescent Psychiatry* 47, no. 12 (December, 2008): 1413-1423 <https://www.ncbi.nlm.nih.gov/pubmed/18981931> (“With regard to sexual orientation, the most likely outcome of childhood GID is homosexuality or bisexuality.”).
- ²⁶ Anonymous, “Experience: I Regret Transitioning,” *The Guardian*, February 3, 2017, <https://www.theguardian.com/lifeandstyle/2017/feb/03/experience-i-regret-transitioning>.
- ²⁷ Walt Heyer, “Transgender Identities Are Not Always Permanent,” *The Public Discourse*, September 27, 2016, <http://www.thepublicdiscourse.com/2016/09/17753/>.
- ²⁸ Walt Heyer, “Pushing Kids into Transgenderism Is Medical Malpractice,” *The Federalist*, September 21, 2016, <http://thefederalist.com/2016/09/21/pushing-kids-transgenderism-medical-malpractice/>.



CHAPTER 4

THE TRANSGENDER MOVEMENT AND SCHOOLS

Though the number of students who identify as transgender are few in number, schools are finding themselves at the center of a debate about how to create policies that respect the privacy, safety, and dignity of all the students under their care. Fanning the flames of this debate are well-funded LGBT activist organizations, a rescinded 2016 guidance letter to schools from the Obama administration, aggressive state agency overreach, threats of litigation, and the powerful influence of the media.

As a result, public schools are receiving a strong message from multiple fronts that they must adopt “gender inclusion” policies that replace all references to biological sex with the subjective concept of fluid “gender identity.” These policies are based on two false premises: That there can be a legitimate disconnect between mind and body, and that the compassionate response is to help kids live out that disconnect. In reality, affirming these ideas in policy only encourages more children to unnecessarily question whether they are a boy or a girl. This is harmful to young and impressionable children who trust the adults in their lives to teach them the truth about the world around them.

Students who identify as transgender deserve the same educational opportunities and resources as their peers and should be treated with respect and compassion.

To be clear: Students who identify as transgender deserve the same educational opportunities and resources as their peers and should be treated with respect and compassion. A compassionate response, however, should not mean institutionalizing harmful policies in schools. Schools have a responsibility to teach children the truth about who they are as boys and girls, to reference scientific evidence when making claims about biology, and to consider the serious implications of codifying radical theories in practice and policy. Public schools should never be allowed to become realms of social engineering.

The single best defense against this ideological push in public schools are **parents**. Parents are the backbone of many schools' volunteer programs, they serve as substitute teachers, they donate to capital campaigns, and they serve on committees. More than anything else, parents know what is best for their children. The passion and service that only parents can provide to a school community is exactly what is needed to put the brakes on the transgender trend.

The following sections will consider how gender ideology found its way into the classroom, how this will affect children, and then suggest practical steps for parents and schools to take in an effort to promote the privacy, safety, and dignity of every student.

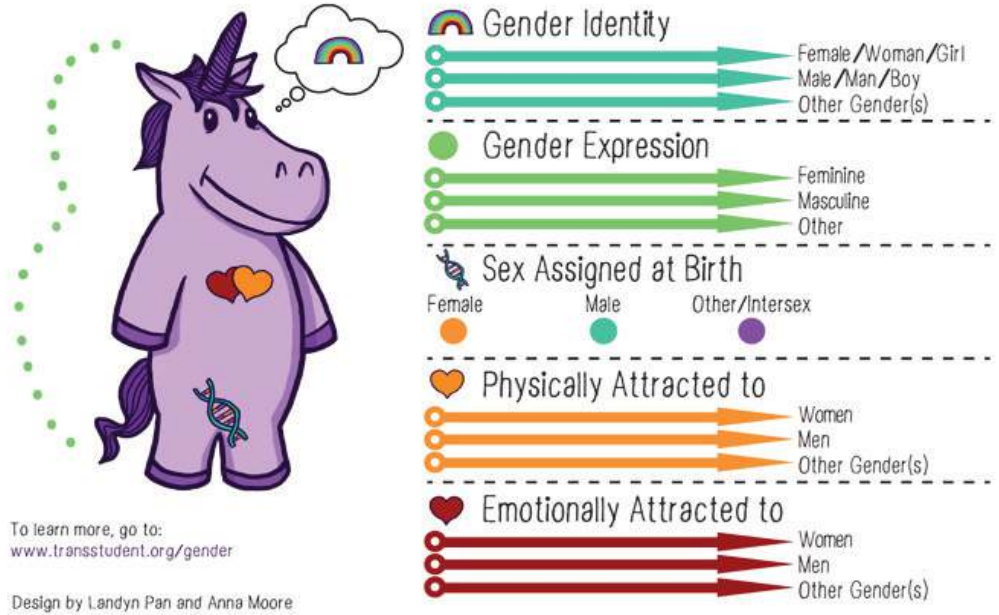
Activism in Schools

Activists are using schools to normalize the transgender trend, which places children in harm's way. True concern for children with gender dysphoria would not manifest itself through the affirmation of false beliefs or by compromising children's privacy, yet this is exactly what transgender activists are campaigning for in public schools across the country. School boards have the responsibility to ensure the privacy, safety, and dignity of the students they serve.

- Funding for transgender advocacy groups that target public schools is enormous, with the top two organizations in the United States, the [Human Rights Campaign](#)¹ and [GLSEN](#)², holding combined assets of over 25 million dollars. These organizations and others like them are organizing nationwide readings of the book, "I am Jazz," [training teachers](#)³ not to address students as "boys and girls," and presenting young children with materials like "[The Gender Unicorn](#)."⁴

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



The "Gender Unicorn" teaches children that their sex is "assigned" instead of observed at birth, which suggests that biological sex is chosen and arbitrarily designated by doctors or parents.⁵

- The above lessons and activities teach children to believe that their body is completely unrelated to their identity. At both the state and the local level, public schools are being used to advance an agenda focused on eradicating sexual difference and introducing the concept of gender identity to impressionable young children.

Gender Inclusion Policies

Many school districts and their governing boards are making the mistake of passing so-called "gender inclusion" policies, billed as the only way to prevent discrimination of students who identify as transgender. In reality these policies put schools in the position of endorsing an ideology that rejects the scientific truth of human biology, making it all the more likely that even children who are not gender dysphoric will become confused about what exactly determines their sex.

- Gender inclusion policies are not required to prevent bullying. In Minnesota, schools are already required to adopt policies that prohibit bullying of any kind against any child for any reason. Bullying is always wrong regardless of why the victim is targeted.



Gender inclusion policies keep schools from disclosing important information to parents.

“School staff shall not disclose any information that may reveal a student’s transgender status to others, including parents or guardians and other school staff, unless legally required to do so or unless the student has authorized such disclosure.”

From GLSEN’s “Model District Policy on Transgender and Gender Nonconforming Students”⁶

- Gender inclusion policies necessitate that a school take a position on a highly sensitive and very controversial issue, on which there is not even agreement among professionals, and one which touches very directly on the deeply-held beliefs of many families. When a school advocates one position on this issue, and then proceeds to educate children in that viewpoint, it creates a very unwelcoming and intolerant school culture for many families.
- Gender inclusion policies institutionalize the idea that it is possible to have been born in the wrong body and typically recommend measures that facilitate social transition in children. Social transition often encourages persistence in gender dysphoria.⁷ Schools should not foster identity confusion by applying pressure to socially transition.
- Gender inclusion policies require students, administration, and staff to affirm the ideology of transgenderism in every aspect of student life: via the use of preferred pronouns, by mandating mixed-sex locker rooms, through allowing students to transition without the knowledge or consent of their parents, and by filling classrooms with books and lessons that explicitly confuse students about themselves. These measures conflict with a school’s educational mission and undermine parents’ and students’ rights.
- Gender inclusion policies disregard parents as irrelevant when their child decides to identify as transgender during the school day.

Legal Pressures: Title IX and Litigation

No federal law requires public schools to allow boys into girls’ restrooms or girls into boys’ restrooms. Unfortunately, schools are being pressured to do so, by being told that Title IX, a federal statute that prohibits sex discrimination, requires schools to allow students who identify as transgender to use the restrooms and locker rooms of the opposite sex. In fact, schools and school districts could be exposing themselves to legal liability for violating students’ privacy rights.

- Title IX is a federal law which prohibits sex discrimination in any federally-funded education program. Its purpose is to protect women and girls from discrimination. It is clear that Title IX recognizes only binary sex. Title IX does not recognize “gender

*Title IX does not
require schools
to eliminate
distinct
facilities for
boys and girls.*

identity” or “gender expression” or a “gender spectrum.” Title IX does not require schools to eliminate distinct facilities for boys and girls. In fact, Title IX specifically states that schools can “maintain separate living facilities for the different sexes,”⁸ and “provide separate toilet, locker room, and shower facilities on the basis of sex”⁹ without committing sex discrimination.

- Recently, however, government agencies have been misinterpreting Title IX by claiming that “sex” also means “gender identity.” Under the Obama Administration, the Department of Education’s Office for Civil Rights (OCR) and the U.S. Department of Justice (DOJ) in 2016 issued a guidance letter,¹⁰ commonly referred to as the “Dear Colleague” letter, to schools reinterpreting “sex” in Title IX. The “Dear Colleague” letter stated that both federal agencies treat a student’s gender identity as the student’s sex for purposes of enforcing Title IX. This letter was an attempt to force schools to ignore the valid privacy and safety concerns that arise when the sexes are mixed in facilities like showers and locker rooms. Many schools had found that common sense solutions, like private single-stall restrooms and showers, were the best way to provide for students who were not comfortable using facilities based on biological sex. But this “Dear Colleague” letter did not promote such compromises and continued to threaten schools with the loss of federal funding.
- The Obama OCR and DOJ also weighed in on lawsuits around the country and declared that discrimination based on gender identity and gender expression are forms of sex discrimination. Schools understood this to mean they could no longer separate facilities based on biological sex. This meant that a boy could attend school sponsored overnight summer camps as a girl, and have full access to the girls’ restroom, locker room, and sleeping quarters. This is a violation of students’ constitutional privacy rights.
- Despite attempts by the Obama OCR and DOJ to change the meaning of “sex” in Title IX, the Obama letter was rescinded in 2017 by the Trump Administration. Schools that continue to rely on the rescinded “Dear Colleague” guidance open themselves up to litigation.



A note about Minnesota:

The Minnesota Human Rights Act does recognize gender identity as a protected class in state law. However, the Minnesota legislature allows schools to separate restrooms, locker rooms and similar private facilities by biological sex.¹¹ The Minnesota Supreme Court has also ruled that “designation of restroom facilities based solely on biological gender does not violate the MHRA [Minnesota Human Rights Act].”¹² This is binding precedent and is the law in Minnesota.

- Lawsuits filed against schools that sensibly designate intimate facilities by biological sex are best understood as pressure tactics from activists who would like to see “sex” redefined as including “gender identity” in Title IX. Redefining sex as it has always been understood in Title IX would mean that schools everywhere would be powerless to protect students from discrimination, especially where women have been historically vulnerable to unequal treatment.
- Though it is somewhat unclear exactly how the Trump administration and courts will interpret complaints based on gender identity going forward, it is clear that parent involvement in schools is all the more important. Parents working together with schools create the best solutions to meet student needs.

Privacy Concerns

Schools are responsible for protecting the privacy, safety, and dignity of all students during the school day and must craft policies that make sense for the entire student community.

- “Students have a constitutional right to bodily privacy. Forcing vulnerable students into interactions with opposite sex students in restrooms and locker rooms would violate this basic right to privacy. These scenarios create privacy and safety concerns that should be obvious to anyone truly concerned with the welfare of students.”¹³
- Public schools are places that should respect the rich cultural diversity of the student community. Eradicating widely-held privacy protections in intimate spaces does exactly the opposite by excluding students who adhere to traditions that do not allow men and women to use the same areas for washing, toileting, and changing clothes. Gender ideology falsely labels cultural viewpoints and customs that are based on biological sex as bigoted and backwards. No student should be forced to trade their cultural traditions for an education.
- The demands of an outside activist organization should never be allowed to outweigh the needs of students. Privacy is a basic expectation that all students have when using facilities like restrooms and locker rooms, and parents should know that they can trust school authorities to ensure these protections.

The demands of an outside activist organization should never be allowed to outweigh the needs of students.

- Good school policy will respect the physical differences between the sexes without resorting to an unverifiable gender identity or sex stereotypes as the determination of who is a boy and who is a girl. For example, it makes no sense to determine who uses what bathroom based on feelings, hairstyles, and clothing preferences. Sex is a bodily reality that does not change according to how a student dresses and bodily sex does not simply change when a boy identifies as a girl and enters the girls' locker room. See Appendix 4 for a model Student Physical Privacy Policy.
- Since a transgender identity makes no reference to the body and exists only as a mental state, it is impossible for anyone to know how someone identifies when they are in the locker room or other facilities traditionally separated by biological sex. In fact, how someone identifies is irrelevant. These spaces are separated by sex, not gender identity, because people use restrooms and locker rooms to meet biological needs that differ according to sex and because privacy is necessary when attending to these needs.
- Students are often coping with higher than normal levels of anxiety and shame about their bodies when they enter puberty. Single-sex intimate spaces grant much-needed privacy to students when they are attending to bodily needs.
- Girls often find that changing clothes in the locker room with other girls is an awkward experience - allowing boys into these spaces makes the situation even more awkward. In Illinois, a group of high school girls spoke out after their school district allowed a male student unlimited access to the girls' locker rooms. [A 15-year-old girl stated](#), "I have nothing against [the transgender-identified student]... but when it comes down to it, I don't feel right changing in the same room as a transgender student. The locker room is already filled with so much judgment, and I barely feel OK changing in front of my naturally born girl peers."¹⁴

- Girls need to know they have a right to set boundaries regarding their bodily privacy when they change clothes or shower in a school facility. Policies that strip girls of their right to privacy reinforce the notion they are not in control of who can see their body when they use intimate facilities. With concern about sexual assault at an all-time high, it makes no sense to tell young women to drop their guard.

Policies that strip girls of their right to privacy reinforce the notion they are not in control of who can see their body when they use intimate facilities.

- The schools which adopt gender inclusion policies that allow biological boys who feel that they are female to use the girls' locker room are, in reality, eliminating privacy protections for all students - including those who identify as transgender. Mixed-sex locker rooms and restrooms result in privacy violations of every single student in those areas whenever someone of the opposite sex enters the room.
- Multiple courts have found that adult employees and even prisoners have a right not to be seen by the opposite sex in a state of undress.¹⁵ If a convicted felon deserves privacy when undressing, how much more does a young student?

If a convicted felon deserves privacy when undressing, how much more does a young student?

What's Happening in Minnesota Schools: The Transgender Toolkit

Transgender activism in Minnesota took on a more aggressive stance when Minnesota State High School League (MSHSL) adopted a ["transgender policy"](#)¹⁶ in 2014 that allows boys who self-identify as



*"The Toolkit's recommendations would, if enacted by school districts, seriously endanger students' privacy and safety, undermine parental authority, discriminate against female athletes, violate religious students' free exercise rights, and severely impair an environment conducive to learning. Neither the Toolkit, Title IX, nor any federal or state law, require schools to allow students to use opposite-sex restrooms, locker rooms, showers and overnight accommodations."*²⁰

girls to compete on girls' sports teams. Following the adoption of MSHSL transgender policy, St. Paul Public Schools adopted a [gender inclusion policy](#)¹⁷ that allows students to choose their own names and preferred pronouns, prohibits teachers from referring to students as "boys and girls," and forces students to share locker room and shower facilities with the opposite sex.

In 2017, Minnesota Department of Education (MDE) collaborated with radical transgender activists and created a "[Toolkit for Ensuring Safe and Supportive Schools for Transgender and Gender Nonconforming Students](#)"¹⁸ (Toolkit or Transgender Toolkit) as a means for pushing the transgender trend on Minnesota school boards and administrators. [The Safe and Supportive Schools Act](#)¹⁹ (Minnesota's 2014 anti-bullying law) already required Minnesota schools to protect students from bullying, including that which is based on a person's "actual or perceived gender identity and expression," but the Transgender Toolkit reveals that there is an agenda that goes beyond bullying prevention.

- MDE claims all Minnesota students must have a safe and supportive learning environment, but the Transgender Toolkit does the reverse by forcing girls to share their intimate facilities with the opposite sex. Further, the Toolkit actually instructs schools to segregate girls who object to sharing their locker rooms with boys, so as not to offend any boys who identify as female. Schools should not stigmatize girls for complaining about their loss of bodily privacy. **By doing so, MDE is communicating that a woman should feel comfortable undressing in front of any man.** MDE has clearly put an agenda ahead of student privacy and safety.
- It is important to note that public schools are **not** required to use the Toolkit in formulating their policies and practices; **it exists as a guidance document only.** Still, MDE is actively promoting the Toolkit to every public school in the state and presents it as their interpretation of the law regarding students who identify as the opposite sex, continuing to cite the now-rescinded Obama guidance letter. Under these circumstances, schools are likely to feel considerable pressure to adopt the "best practices" included in the Transgender Toolkit.

WHAT DOES THE TOOLKIT PRESSURE MN SCHOOLS TO DO?



Allow biological boys (who identify as girls) to access girls' showers, changing rooms and restrooms, and even hotel rooms on overnight field trips.



Disregard the will of taxpayers, by spending money on printing, distributing, and implementing radical, activist recommendations that strip minors of basic rights every person should be extended - privacy, safety, and dignity.



Allow students access to the facilities and sports teams of the opposite sex.



Deceive parents by not informing them if their child has changed their name or been given permission to use the bathrooms of the opposite sex.



House students according to their gender identity, instead of separately according to sex, for overnight accommodations when sports teams travel.



Require vocabulary and acceptance of concepts that are unsettled in the medical and psychiatric communities.



Erase the differences between boys and girls, by addressing students as "scholars" instead of "boys and girls."



Ignore the health risks associated with gender affirmative treatment models.



Require teachers, staff, and students to use each other's preferred pronouns instead of the pronouns associated with biological sex. Teachers are instructed to correct students when preferred pronouns are not used.



Expose their schools to liability.



Use resources such as "Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools,"²¹ which teaches children that "there are more than the two gender categories currently recognized by our society."

- ¹ “Human Rights Campaign Assets: 2016,” *Human Rights Campaign*, <https://www.glsen.org/sites/default/files/GLSEN-FY16-Audited-Financials.pdf>.
- ² “GLSEN, Inc. Financial Statements,” *GLSEN*, June 30, 2016 <https://www.glsen.org/sites/default/files/GLSEN-FY16-Audited-Financials.pdf>.
- ³ “Gender and Children: A Place to Begin,” *HRC Foundation: Welcoming Schools*, <http://www.welcomingschools.org/pages/gender-and-children-a-place-to-begin/>.
- ⁴ “The Gender Unicorn,” *Trans Student Educational Resources*, <http://www.transstudent.org/gender>.
- ⁵ *ibid.*
- ⁶ “Model District Policy on Transgender and Gender Nonconforming Students,” *GLSEN*, <https://www.glsen.org/article/transgender-model-district-policy>.
- ⁷ T.D. Steensma, et al., “Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study,” *Clinical Child Psychology and Psychiatry* 16, no. 4 (2011): 514, <https://drive.google.com/file/d/1j-9hp8qQN4znehugVtgyWkZWUj7kcAuX/view>.
- ⁸ 20 USC 1686.
- ⁹ 34 CFR 106.33, <https://www.law.cornell.edu/cfr/text/34/106.33>.
- ¹⁰ “Dear Colleague Letter on Transgender Students,” *U.S. Department of Justice, Civil Rights Division and U.S. Department of Education Office for Civil Rights*, May 13, 2016, <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201605-title-ix-transgender.pdf>.
- ¹¹ Minnesota State Statute 363A.24, Subd. 1.
- ¹² *Goins v. West Group*, 635 N.W2d 717, 725 (Minn. 2001).
- ¹³ “Minnesota Toolkit Letter,” *Alliance Defending Freedom and North Star Law and Policy Center*, August 3, 2017, <http://www.adfmedia.org/files/minntoolkitletter.pdf> (Appendix 3).
- ¹⁴ Kelsey Harkness, “Why These High School Girls Don’t Want a Transgender Student in Their Locker Room,” *Daily Signal*, December 21, 2015, <https://www.dailysignal.com/2015/12/21/why-these-high-school-girls-dont-want-transgender-student-a-in-their-locker-room/>.
- ¹⁵ *Arey v. Robinson*, 819 F. Supp. 478, 487 (D. Md. 1992); *Miles v. Bell*, 621 F. Supp. 51, 67 (D. Conn. 1985); *Sommers v. Budget Mktg, Inc.*, 667 F.2d 748, 750 (8th Cir. 1982); *Rosario v. United States*, 538 F. Supp. 2d 480 (497-98) D.P.R. 2008; *Brooks v. ACF Indus., Inc.*, 537 F. Supp. 1122, 1132 (S.D. W.Va. 1982).
- ¹⁶ “Transgender Eligibility Appeal Procedures for a Male to Female (MTF) Student,” *MSHSL Fair Hearing Procedure*, www.mshsl.org/mshsl/TransgenderEligibilityAppealProcedures.pdf.
- ¹⁷ “Saint Paul Public Schools (SPPS) Policy #500: Gender Inclusion,” *Saint Paul Public Schools*, www.spps.org/cms/lib010/MN01910242/Centricity/Domain/1254/gender_inclusion_policy_final_v3_17_15.pdf.
- ¹⁸ “A Toolkit for Ensuring Safe and Supportive Schools for Transgender and Gender Nonconforming Students,” *Minnesota Department of Education*, <https://static1.squarespace.com/static/53e8f0b2e4b0638731efc6f5/t/59f20e438a02c746600d1a93/1509035591536/Toolkit.pdf>.
- ¹⁹ “School Bullying Policy,” *Minnesota State Statute* 121A.031, <https://www.revisor.mn.gov/statutes/?id=121A.031>.
- ²⁰ “Minnesota Toolkit Letter,” *Alliance Defending Freedom and North Star Law and Policy Center*, August 3, 2017, <http://www.adfmedia.org/files/minntoolkitletter.pdf>.
- ²¹ “Schools in Transition: A guide for Supporting Transgender Students in K-12 Schools,” *Gender Spectrum*, <https://www.genderspectrum.org/staging/wp-content/uploads/2015/08/Schools-in-Transition-2015.pdf>.



CHAPTER 5

PARENTS' AND STUDENTS' RIGHTS

School policies should never violate parents' and students' fundamental Constitutional rights.

What are parents' rights? What are students' rights? What actions can parents take to ensure schools respect the privacy and dignity of all? The following sections will give answers to these questions and practical steps parents can take in their own school district.

Parents' Rights

- The Supreme Court has found that parents have a fundamental right to control the upbringing and education of their children.¹
- Parents have the right to control their child's exposure to sensitive materials like transgender-themed books and curriculum in the classroom.²
- Parents have the right to teach their children that there is a difference between the sexes.³
- In Minnesota:
 - **Parents have the right to review and opt-out of curriculum that they find objectionable.** It is a parent's right to review the content of any instructional materials the school plans to provide.⁴ (See Appendix 5)

- If parents object to the content of instructional materials, they have the right to make reasonable arrangements with school personnel for alternative instruction. **A school cannot impose a penalty on a student who is opted out.**
- If the school has an assembly, classroom lesson, or reading of objectionable materials planned, parents should not be afraid to take their child out of class or the assembly. Parents should inform other parents of objectionable upcoming lessons.
- **See Appendix 6 for a Sample Opt-Out Form Letter and Notification Request you can use at your school.**

MN “Opt-Out Law”

Each school district shall have a procedure for a parent, guardian, or an adult student, 18 years of age or older, to review the content of the instructional materials to be provided to a minor child or to an adult student and, if the parent, guardian, or adult student objects to the content, to make reasonable arrangements with school personnel for alternative instruction. Alternative instruction may be provided by the parent, guardian, or adult student if the alternative instruction, if any, offered by the school board does not meet the concerns of the parent, guardian, or adult student. The school board is not required to pay for the costs of alternative instruction provided by a parent, guardian, or adult student. School personnel may not impose an academic or other penalty upon a student merely for arranging alternative instruction under this section. School personnel may evaluate and assess the quality of the student’s work.

[120B.20 Parental Curriculum Review. Minnesota Statutes 2017](#)

Students' Rights

- Students have the right to bodily privacy. As one court determined, females “using a women’s restroom expect a certain degree of privacy from surveillance or from intrusions, either casual or hostile, by members of the opposite sex.”⁵ Students have the right to protect their modesty and choose not to be seen by the opposite sex when they are undressing, or to see others undressing.⁶
- Students have a Constitutional right to religious freedom and cannot be forced to engage in activities that violate their conscience.
- Students have a Constitutional right to free speech. “When a school requires a student to refer to a classmate using a pronoun that doesn’t match the classmate’s biological sex, the school is requiring the student to make a substantive statement about the nature of sex and gender identity that the student may find objectionable. The First Amendment prohibits the government from forcing individuals to convey messages that they deem objectionable or punish them for refusing to do so.”⁷

¹ *Troxel v. Granville*, 530 U.S. 57, 66 (2000), (“As our case law has developed, the custodial parent has a constitutional right to determine, without undue interference by the State, how to best raise, nurture, and educate the child.”); See also *Wisconsin v. Yoder*, 406 U.S. 205, 233, (1972).

² See generally *Meyer v. Nebraska*, 262 U.S. 390 (1923), (Recognizing a common law right to guide the education of one’s children.) https://scholar.google.com/scholar_case?case=16175793893966768030&q=+Meyer+v.+Nebraska&hl=en&as_sdt=6,243.

³ See generally *Pierce v. Society of Sisters*, 268 U.S. 510 (1925), (Parents and guardians have the right to direct the upbringing and education of children under their control.) https://scholar.google.com/scholar_case?case=6094501649208458004&q=pierce+v+so-ci-ety+of+sisters&hl=en&as_sdt=6,244.

⁴ “Parental Curriculum Review,” *Minnesota State Statute* 120B.20, <https://www.revisor.mn.gov/statutes/?id=120B.20&format=pdf5>.

⁵ *State v. Lawson*, 340P.3d 970, 982 (Wash. Ct. App. 2014) <https://www.revisor.mn.gov/statutes/?id=120B.20&format=pdf5>; See also: “Access to Privacy Facilities: Protecting the Privacy and Dignity of All Students,” *Alliance Defending Freedom*, accessed February 27, 2018, <http://lockerroomprivacy.com/wp-content/uploads/2017/08/student-privacy-letter-and-model-policy.pdf>.

⁶ *McLain v. Board of Education of Georgetown Community Unit School District No. 3 of Vermillion City*, 384 N.E.2d 540, 542 (Ill. App. Ct. 1978) (refusing to place male teacher as overseer of school girls’ locker room).

⁷ “Minnesota Toolkit Letter,” *Alliance Defending Freedom and North Star Law and Policy Center*, August 3, 2017, <http://www.adfmedia.org/files/minntoolkitletter.pdf>.



CHAPTER 6

PARENT INVOLVEMENT AND COMMUNITY BUILDING

The Parent Resource Guide is your first step to understanding the issues at stake, knowing your rights, and those of your child. Know that you are being a good parent when you choose to look into the policies and curriculum at your child's school. Ultimately, you are your child's primary educator and it is your right to know both what your child is learning and to object to curriculum that runs contrary to your family's values. A school board has the responsibility to ensure that the teachers and administration are providing a respectful school environment to all students, but **too often school boards are bullied into passing policies advanced by activist organizations that do not represent the real stakeholders in public schools - parents.** Your involvement can bring about real change and inspire others to get involved.

The following section lays out a vision for a respectful school climate and details some tips parents can use for practical engagement with school officials to bring that vision into reality.

Envisioning a Respectful School Environment

Every school has the opportunity to create a school climate that balances the needs of the many students they serve and fulfills their duty to educate and protect.

A respectful school should be a place for open debate and free speech, a place where students of all faiths or no faith at all are welcome.

Climate

- Schools that foster a culture of respect for the body by protecting boundaries and teaching consent help students to feel safe at school. Students, and especially female students, should know that the school cares about their bodily privacy enough to provide them with single-sex spaces.
- A respectful school should be a place for open debate and free speech, a place where students of all faiths or no faith at all are welcome. To require students to profess belief in an ideological message with which they may have serious disagreement, is to deny students their right to free speech.
- Schools should help children grow in appreciation for their body by learning about its amazing abilities. Science, physical education, and art classes, among others, can awaken wonder and respect for the human body. Students learn to value their body by **using** their body. Playing games in gym class, dancing, and offering ample recess time all help students interact with the world and other people.
- Teachers should use grammatically correct and scientifically accurate language to properly prepare students for mastery in all subject areas. By using the correct terminology, especially in disciplines like human biology, teachers give students a solid foundation for learning. **The goal of precise language is the presentation of facts; the goal of activist language is the manipulation of thought.**
- Kids are kids; their nonconformity to sex stereotypes is not a sign that they are transgender. Children should not be made to feel that trying out toys or games that are stereotypically associated with the opposite sex makes them transgender.
- Social contagion plays a role in the transgender-identification of children. Parents and schools should work together to address and remedy underlying social conditions that may be contributing to student identity confusion. Schools that openly celebrate or even maintain a neutral stance on the transgender trend enable social contagion by sending a confusing message to the student community that it is possible to be born in the wrong body.

Parents should be notified in advance when any lesson, book, or assembly that covers transgender, LGBTQ, sexual education, or other family life issues will be presented to the students.

Facilities

- Schools have a duty to protect the privacy, safety, and dignity of all students and should accommodate students with different needs without compromising the rights of all students and their parents. Schools should grant private access to a facility to students who identify as transgender and any other student who prefers to use it.
- Student privacy rights are violated whenever intimate facilities are shared by students of the opposite biological sex. At no point should students have to worry that they will encounter someone of the opposite sex in their locker room, shower area, overnight accommodations, or restroom. These facilities **must** be separated only by sex, not gender identity.

Policy

- Schools should adopt the Student Physical Privacy policy (see Appendix 4), which recognizes student physical privacy rights and the need to ensure student safety and maintain school discipline.
- Bullying and harassment of any student is never acceptable. Instead of creating new policies to address every possible bullying scenario, teachers and staff should be equipped to address all bullying, not only those scenarios that fit an activist agenda.
- Schools have the responsibility to research the priorities of the organizations they invite in for staff trainings and they should only accept those that present factual information instead of groups that distort reality in order to promote their own agenda.

Notification

- Parents should be notified in advance when any lesson, book, or assembly that covers transgender, LGBTQ, sexual education, or other family life issues will be presented to the students. When parents are made aware in advance of controversial classroom lessons and presentations, they have the time to decide whether their child will attend or opt-out. Parents should be able to trust that the school respects their right to present the material in accord with their family's values.

Girls' physical safety and athletic opportunities can only be ensured if teams are separated by sex.

- Parents **must** always be made aware when their child is desiring to express a different identity at school. School staff, administrators, social workers, and psychologists serve students best when they make parents aware of a student's discomfort with his or her biological sex. Parents have the ultimate authority in determining the treatment of their child and should feel welcome to meet with school officials to discuss their child's situation.
- Schools should inform all parents when a transgender-identified student requests to make their identity public. Students, especially young students, are very confused by the concept of "changing sex" and parental notification gives families the opportunity to have this important conversation at home.

Sports

- Schools should not undermine girls' sports opportunities by adopting policies or practices that determine team eligibility by gender identity. Physical differences between the sexes become stark in high school, when boys tend to outgrow girls in height and strength. Girls' physical safety and athletic opportunities can only be ensured if teams are separated by sex.
- Female students who choose to take testosterone for the purpose of transitioning should be prohibited from competing on the girls' team, as testosterone grants a performance advantage similar to steroids. Likewise, the use of testosterone must not permit a girl to play on the boys' teams, as testosterone does not change one's bodily sex.

Be Informed and Be Proactive

This Parent Resource Guide is meant to equip you with the information needed to work **with** your child's school in a positive and constructive way. The following section offers tips you can use for practical engagement with school officials.

- Being well-informed means you can confidently approach your superintendent and school board members with good policy recommendations for all students. **Many administrators and school board members will benefit from having access to this resource guide.**

*It is very likely that your school board needs to hear parents voice **consistent** support for good policies.*

- **Share what you learn with like-minded parents and community members to help grow involvement at your school.** Use [social media](#)¹ and [email groups](#)² to communicate and plan more effectively with a large group.
- **Review the classroom curriculum that your child will be using for the year,** especially ask to see anything that pertains to gender, sexuality, family life issues, and bullying. Make sure you look at the library and classroom books available to your child.
- Ask the school if they will be holding any anti-bullying rallies or student assemblies on gender, sexuality, diversity, or family life issues. Let the appropriate school official and your child's teacher know that you expect to be informed ahead of time about any such events. **Remember - the Minnesota opt-out law is on your side.** Fill out our opt-out letter template found in Appendix 6 and have your child's teacher, administrator, and any other appropriate school officials sign it and place it in your child's file. Follow up periodically to make sure that the school is aware that your child will be opting out of whatever content you have specified.
- It is critical to **be proactive** to prevent bad policies and curricula from getting into the school in the first place. Do not wait until you get the bad news that your child has been exposed to inappropriate materials.
- **Promoting common sense policies** will proactively educate your school board about these issues and demonstrate your commitment to these issues. It is very likely that your school board needs to hear parents voice consistent support for good policies that protect student privacy, safety, and dignity before they will consider adopting one.
- **Consider requesting notification when family life issues are going to be presented to your child.** Such a request may or may not be honored. See Appendix 6 for a sample notification request included in the opt-out letter.
- Inform school officials that you oppose gender inclusion policies that allow mixed-sex access to intimate facilities. If your school is considering adopting such a policy, use the letter template in Appendix 7 to inform school officials of your concerns.

Be Ready to Advocate for Your Kids

- **Make time to attend school board meetings.** Board meetings are where you can learn more about the plans your board members have for the district, how each member votes, and what issues are a priority. Your presence at these meetings demonstrates to the school board and the community that you care about the district. Invite a few friends to attend with you and consider hosting a debriefing session afterwards where you can socialize and strategize.
- **Remember, the school board works for you and for your children.** Hold them accountable in board elections by voting for members that support the privacy and dignity of all students. The best results come about when school officials and parents work together to develop solutions that best meet their particular school's needs.
- **Plan to speak out at meetings.** Preparing a brief statement of your recommendations or concerns and sharing it during the public comment period of your school board meeting shows the board that you care and is a way to share information with the community at large. Find out ahead of time when public comment will take place during the board meeting. Know that some districts require that you sign up before the meeting if you would like to comment. If you are nervous about speaking in front of others, bring a few friends along who can also make public comment and offer support and encouragement.
- If you are not ready to speak out publicly right now, you can still **write a letter to your school board members and superintendent** and encourage like-minded parents to do the same.
- **Write op-eds to your local newspaper.** Your school board members read the newspaper.
- **Schedule private meetings with your superintendent, administrators, and your child's teachers** to learn more about what is going on in the classrooms. See Appendix 8 for a list of questions you might want to ask.

The best results come about when school officials and parents work together to develop solutions that best meet their particular school's needs.

- If your school board is considering passing a policy that threatens privacy, [circulate a petition](#) in your school community and in your district.³ Use word of mouth and social media to share a link to your petition.
- **Remember - organized parents are the most powerful force in your school!**

Know Your Boundaries

- **Only you can know when a policy crosses the line.** Be sure to familiarize yourself with your school policies. No one can force you or your child to abandon your family's values.
- **If your rights are violated**, contact [Ask Me First MN](#) for support. You may need to seek legal counsel, work to replace a school board member, or decide to leave the school. Ask Me First MN can connect you with the resources you need, including legal counsel. Remember, you are the primary educator of your child.

¹ "What are the privacy settings for groups?" *Facebook Help Center*, accessed March 26, 2018, https://www.facebook.com/help/220336891328465?helpref=faq_content.

² "Create a group & choose group settings," *Google Groups Help*, accessed March 26, 2018, <https://support.google.com/groups/?hl=en#topic=9216>.

³ "How to Write a Successful Petition," accessed March 26, 2018, <http://www.ipetitions.com/guide>.




CONCLUSION

What should parents take away from this guide? First, parents can be confident that truth and research are on their side. Though the transgender trend has already had a negative impact on our society, the law, and our schools, it cannot ultimately dictate reality. Our sexual identity as men and women exists prior to any ideological opinion and cannot be changed by popular vote.

Second, parents who commit to respectfully adding their voice to the discussion ensure that school boards hear more than one perspective on this issue. The transgender trend has introduced logistical complications for schools that are best addressed through reasonable dialogue, compassion for those who are struggling, and recognition of community needs. Good solutions are only within reach when parents communicate their well-founded concerns about transgender ideology to school officials.

Third, parents who show a steadfast commitment to defending the truth are demonstrating their concern for the entire student community. Policies that undermine biological reality negatively affect every single student, as exemplified by loss of privacy and affirmation of sexual identity confusion.

Fourth, parents who respectfully speak out have an inevitable and powerful influence on those who are not yet ready to make their voice



heard. Each parent who courageously voices their concerns about the transgender trend will help encourage another parent to do the same. False ideology is far less likely to be enshrined as policy when there is widespread resistance from parents.

Finally, parents should know that objections to the transgender trend are coming from people across the political spectrum. This is not a “right or left” issue. Joining together with parents of other political views will only help to demonstrate that the recognition of biology is not bigotry.

Parents who are fully aware of their rights and confident in the truth can ensure that schools adhere to their mission as educational institutions instead of indoctrination hubs. Take courage, gather a community, and speak up - our children deserve nothing less.

APPENDIX

Appendix 1

American College of Pediatricians, "Gender Ideology Harms Children"

Appendix 2

"Fit But Unequal"

Appendix 3

[Letter to Minnesota School Districts Regarding the MN Department of Education's "Transgender Toolkit"](#)

Appendix 4

Alliance Defending Freedom, "Student Physical Privacy Policy"

Appendix 5

Minnesota "Opt-Out Law"

Appendix 6

Sample Opt-Out Form Letter and Notification Request

Appendix 7

Sample Letter expressing concern if a 'gender inclusion' policy is under consideration by your school board

Appendix 8

Questions to Ask of School Officials



You can find more resources at
www.AskMeFirstMN.org



Gender Ideology Harms Children

Updated September 2017

The American College of Pediatricians urges healthcare professionals, educators and legislators to reject all policies that condition children to accept as normal a life of chemical and surgical impersonation of the opposite sex. Facts – not ideology – determine reality.

1. Human sexuality is an objective biological binary trait: “XY” and “XX” are genetic markers of male and female, respectively – not genetic markers of a disorder. The norm for human design is to be conceived either male or female. Human sexuality is binary by design with the obvious purpose being the reproduction and flourishing of our species. This principle is self-evident. The exceedingly rare disorders of sex development (DSDs), including but not limited to testicular feminization and congenital adrenal hyperplasia, are all medically identifiable deviations from the sexual binary norm, and are rightly recognized as disorders of human design. Individuals with DSDs (also referred to as “intersex”) do not constitute a third sex.¹

2. No one is born with a gender. Everyone is born with a biological sex. Gender (an awareness and sense of oneself as male or female) is a sociological and psychological concept; not an objective biological one. No one is born with an awareness of themselves as male or female; this awareness develops over time and, like all developmental processes, may be derailed by a child’s subjective perceptions, relationships, and adverse experiences from infancy forward. People who identify as “feeling like the opposite sex” or “somewhere in between” do not comprise a third sex. They remain biological men or biological women.^{2,3,4}

3. A person’s belief that he or she is something they are not is, at best, a sign of confused thinking. When an otherwise healthy biological boy believes he is a girl, or an otherwise healthy biological girl believes she is a boy, an objective psychological problem exists that lies in the mind not the body, and it should be treated as such. These children suffer from gender dysphoria. Gender dysphoria (GD), formerly listed as Gender Identity Disorder (GID), is a recognized mental disorder in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5).⁵ The psychodynamic and social learning theories of GD/GID have never been disproved.^{2,4,5}

4. Puberty is not a disease and puberty-blocking hormones can be dangerous. Reversible or not, puberty- blocking hormones induce a state of disease – the absence of puberty – and inhibit growth and fertility in a previously biologically healthy child.⁶

5. According to the DSM-5, as many as 98% of gender confused boys and 88% of gender confused girls eventually accept their biological sex after naturally passing through puberty.⁵

6. Pre-pubertal children diagnosed with gender dysphoria may be given puberty blockers as young as eleven, and will require cross-sex hormones in later adolescence to continue impersonating the opposite sex. These children will never be able to conceive any genetically related children even via artificial reproductive technology. In addition, cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks including but not limited to cardiac disease, high blood pressure, blood clots, stroke, diabetes, and cancer.^{7,8,9,10,11}

7. Rates of suicide are nearly twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBTQ – affirming countries.¹² What compassionate and reasonable person would condemn young children to this fate

knowing that after puberty as many as 88% of girls and 98% of boys will eventually accept reality and achieve a state of mental and physical health?

8. Conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse. Endorsing gender discordance as normal via public education and legal policies will confuse children and parents, leading more children to present to “gender clinics” where they will be given puberty-blocking drugs. This, in turn, virtually ensures they will “choose” a lifetime of carcinogenic and otherwise toxic cross-sex hormones, and likely consider unnecessary surgical mutilation of their healthy body parts as young adults.

Michelle A. Cretella, M.D.

President of the American College of Pediatricians

Quentin Van Meter, M.D.

Vice President of the American College of Pediatricians

Pediatric Endocrinologist

Paul McHugh, M.D.

University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School and the former psychiatrist in chief at Johns Hopkins Hospital

Originally published March 2016

Updated September 2017

CLARIFICATIONS in response to FAQs regarding points 3 & 5:

Regarding Point 3: “Where does the APA or DSM-5 indicate that Gender Dysphoria is a mental disorder?”

The APA (American Psychiatric Association) is the author of the [Diagnostic and Statistical Manual of Mental Disorders, 5th edition](#) (DSM-5). The APA states that those distressed and impaired by their GD meet the definition of a disorder. The College is unaware of any medical literature that documents a gender dysphoric child seeking puberty blocking hormones who is not significantly distressed by the thought of passing through the normal and healthful process of puberty.

From the [DSM-5 fact sheet](#):

“The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.”

“This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.”

Regarding Point 5: “Where does the DSM-5 list rates of resolution for Gender Dysphoria?”

On page 455 of the DSM-5 under “Gender Dysphoria without a disorder of sex development” it states: “Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In natal males, persistence has ranged from 2.2% to 30%. In natal females, persistence has ranged from 12% to 50%.” Simple math allows one to calculate that for natal boys: resolution occurs in **as many as** $100\% - 2.2\% = 97.8\%$ (approx. 98% of gender-confused boys). Similarly, for natal girls: resolution occurs in **as many as** $100\% - 12\% = 88\%$ gender-confused girls.

The bottom line is this: Our opponents advocate a new scientifically baseless standard of care for children with a psychological condition (GD) that would otherwise resolve after puberty for the vast majority of patients concerned. Specifically, they advise: affirmation of children’s thoughts which are contrary to physical reality; the chemical castration of these children prior to puberty with GnRH agonists

(puberty blockers which cause infertility, stunted growth, low bone density, and an unknown impact upon their brain development), and, finally, the permanent sterilization of these children prior to age 18 via cross-sex hormones. There is an obvious self-fulfilling nature to encouraging young GD children to impersonate the opposite sex and then institute pubertal suppression. If a boy who questions whether or not he is a boy (who is meant to grow into a man) is treated as a girl, then has his natural pubertal progression to manhood suppressed, have we not set in motion an inevitable outcome? All of his same sex peers develop into young men, his opposite sex friends develop into young women, but he remains a pre-pubertal boy. He will be left psychosocially isolated and alone. He will be left with the psychological impression that something is wrong. He will be less able to identify with his same sex peers and being male, and thus be more likely to self-identify as “non-male” or female. Moreover, neuroscience reveals that the pre-frontal cortex of the brain which is responsible for judgment and risk assessment is not mature until the mid-twenties. Never has it been more scientifically clear that children and adolescents are incapable of making informed decisions regarding permanent, irreversible and life-altering medical interventions. For this reason, the College maintains it is abusive to promote this ideology, first and foremost for the well-being of the gender dysphoric children themselves, and secondly, for all of their non-gender-discordant peers, many of whom will subsequently question their own gender identity, and face violations of their right to bodily privacy and safety.

For more information, please visit [this page](#) on the College website concerning sexuality and gender issues.

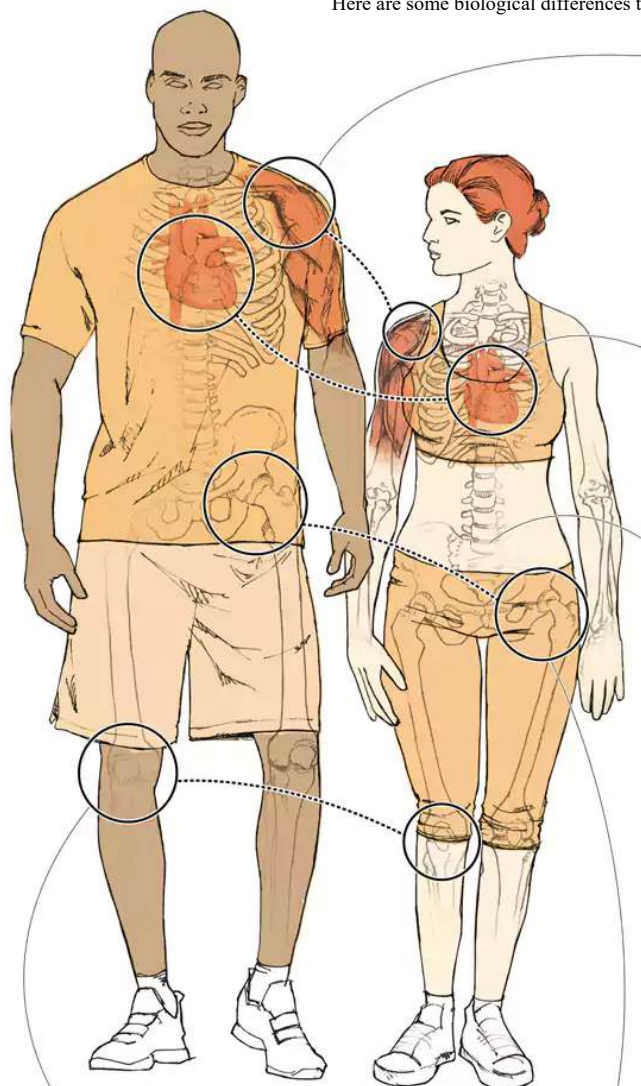
References:

1. Consortium on the Management of Disorders of Sex Development, “Clinical Guidelines for the Management of Disorders of Sex Development in Childhood.” Intersex Society of North America, March 25, 2006. Accessed 3/20/16 from <http://www.dsdguidelines.org/files/clinical.pdf>.
2. Zucker, Kenneth J. and Bradley Susan J. “Gender Identity and Psychosexual Disorders.” *FOCUS: The Journal of Lifelong Learning in Psychiatry*. Vol. III, No. 4, Fall 2005 (598-617).
3. Whitehead, Neil W. “Is Transsexuality biologically determined?” *Triple Helix* (UK), Autumn 2000, p6-8. accessed 3/20/16 from <http://www.mygenes.co.nz/transsexuality.htm>; see also Whitehead, Neil W. “Twin Studies of Transsexuals [Reveals Discordance]” accessed 3/20/16 from http://www.mygenes.co.nz/transs_stats.htm.
4. Jeffreys, Sheila. Gender Hurts: A Feminist Analysis of the Politics of Transgenderism. Routledge, New York, 2014 (pp.1-35).
5. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, American Psychiatric Association, 2013 (451-459). See page 455 re: rates of persistence of gender dysphoria.
6. Hembree, WC, et al. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2009;94:3132-3154.
7. Olson-Kennedy, J and Forcier, M. “Overview of the management of gender nonconformity in children and adolescents.” UpToDate November 4, 2015. Accessed 3.20.16 from www.uptodate.com.
8. Moore, E., Wisniewski, & Dobs, A. “Endocrine treatment of transsexual people: A review of treatment regimens, outcomes, and adverse effects.” *The Journal of Endocrinology & Metabolism*, 2003; 88(9), pp3467-3473.
9. FDA Drug Safety Communication issued for Testosterone products accessed 3.20.16: <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm161874.htm>.
10. World Health Organization Classification of Estrogen as a Class I Carcinogen: http://www.who.int/reproductivehealth/topics/ageing/cocs_hrt_statement.pdf.

11. Eyler AE, Pang SC, Clark A. LGBT assisted reproduction: current practice and future possibilities. *LGBT Health* 2014;1(3):151-156.
12. Dhejne, C, et.al. “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden.” PLoS ONE, 2011; 6(2). Affiliation: Department of Clinical Neuroscience, Division of Psychiatry, Karolinska Institutet, Stockholm, Sweden. Accessed 3.20.16 from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>.

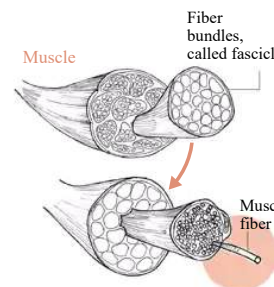
Fit but unequal

Take two highly trained, Olympic-caliber athletes: one man, one woman.
Here are some biological differences that affect their performance:



Muscle

Testosterone and other hormones give him a greater percentage of lean muscle, particularly in his upper body. Some research indicates that even his individual muscle fibers are larger. Because more muscle means more power, men's top performances in jumping and sprinting sports and especially weightlifting and throwing events greatly exceed women's.

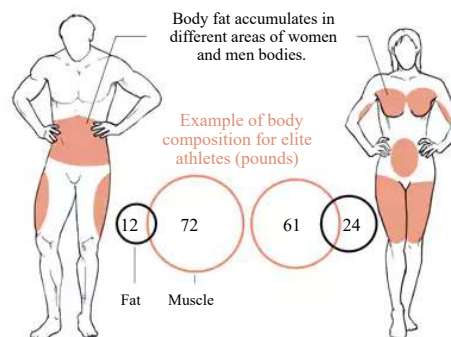


Heart

The man's heart, because of its larger size, can send more blood per beat to working muscles than hers can. His blood also contains more oxygen-carrying hemoglobin. Altogether, his ability to take in and use oxygen — also called aerobic capacity, or VO₂ max — is typically 15 to 25 percent greater than hers. That translates to greater performance in endurance events.

Fat

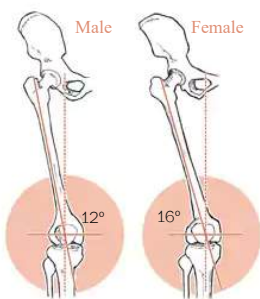
Her total body fat is 16% of her weight; his is half that. Her body needs more "essential fat" just to keep all systems running smoothly. Estrogen increases the fat storage. (These are elite athletes. Regular people's healthy body-fat ranges are roughly 20 to 32% for women and 10 to 22% for men.) Her extra fat is vital but doesn't boost performance, so he is stronger, pound for pound.



Body composition if each weighs 150 pounds*

Knees

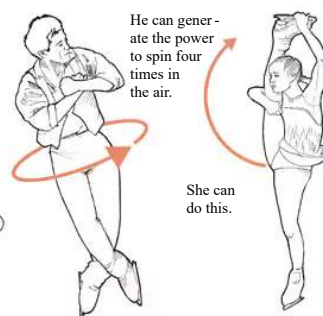
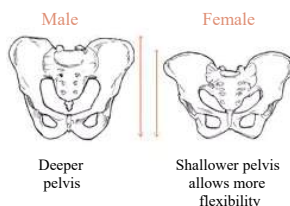
Her wider pelvis means her femurs meet her tibias at a greater angle. The higher this "Q angle," the more stress is put on the knee joints. This is one reason female soccer players, for example, are five to six times as susceptible to knee injuries as male players are. Strength training that targets hamstrings and nearby muscles can reduce the risk.



The Q angle is named for the quadriceps muscle in front of the thigh.

Flexibility

Thanks to anatomical differences, some of her joints have a greater range of motion, giving her the edge in gymnastics and figure skating. Hormones may also play a part in making joints more lax.



He can generate the power to spin four times in the air.

She can do this.



August 3, 2017

Dear Minnesota School Board Member,

It is our pleasure to provide you with information pertaining to the legal issues surrounding *A Toolkit for Ensuring Safe and Supportive Schools for Transgender and Gender Nonconforming Students* (the "Toolkit") recently adopted by the School Safety Technical Assistance Council (SSTAC), on July 19, 2017. By way of introduction, the North Star Law and Policy Center is comprised of a group of local Minnesota attorneys who work to transform law, policy and public opinion through education, legislation, outreach, attorney networking and connecting legal needs to resources and representation. Alliance Defending Freedom is an international alliance-building legal organization that advocates for the constitutional rights of students to freely exercise their rights to speak, associate, and learn on an equal basis with other students.


The Toolkit's recommendations would, if enacted by school districts, seriously endanger students' privacy and safety, undermine parental authority, discriminate against female athletes, violate religious students' free exercise rights, and severely impair an environment conducive to learning.

Importantly, *neither the Toolkit, Title IX, nor any federal or state law, require schools to allow students to use opposite-sex restrooms, locker rooms, showers and overnight accommodations.* Indeed, *schools that allow students to use restrooms, locker rooms, or showers designated for members of the opposite sex, as recommended by the Toolkit, open themselves to legal liability for violating the fundamental rights of students and parents.* Students have the right to bodily privacy. Parents have the right to control their children's education and upbringing, including their knowledge of the differences between the sexes. Forcing students to interact with members of the opposite sex in restrooms and locker rooms would violate these fundamental rights, and has already led to a federal lawsuit against a Minnesota school district which permitted the sexes to intermingle in its privacy facilities under a policy very similar to that advocated by the Toolkit.

The most important point is this: *school districts have discretion to craft local policies that safeguard the privacy and safety of all students as well as the rights of parents and legal guardians.*

Enclosed is a memorandum outlining some of the legal issues with the Toolkit's recommendations as well as a model Student Physical Privacy Policy. Adopting the enclosed model Policy will help your district protect the rights of all students by accommodating students struggling with gender-identity issues while protecting the fundamental rights of other students and their parents consistent with both state and federal law. If your district would like to have further information and/or legal counsel on adopting the policy, please contact the North Star Law and Policy Center via email at info@northstarlawandpolicy.com, or Alliance Defending Freedom at 1-800-835-5233. We would be happy to speak with you or your counsel if further assistance is needed.

Sincerely,


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August 3, 2017

Dear Minnesota School Board Member,

We write to urge you to reject the policy recommendations included in *A Toolkit for Ensuring Safe and Supportive Schools for Transgender and Gender Nonconforming Students* (the “Toolkit”) approved by the School Safety Technical Assistance Council on July 19, 2017. The Toolkit’s recommendations, if adopted by school districts, would violate students’ constitutional rights, opening the door to litigation against school districts. We recommend you adopt the enclosed model Student Physical Privacy Policy that will help your district navigate these difficult issues.

I. The Toolkit’s Recommendations Concerning Locker Rooms, Restrooms, and Overnight Accommodations Jeopardize Students’ and Parents’ Constitutional Rights.

Title IX and the Minnesota Human Rights Act. The Toolkit asks schools to provide for both “shared” and “gender neutral” restrooms, locker rooms and other private facilities, as well as shared hotel rooms for out of town travel.¹ The drafters of the Toolkit rely on the federal Department of Education’s May 16, 2016 *Dear Colleague Letter* as guidance and legal support for their claims. But that guidance has been withdrawn and the federal government no longer relies on the positions expressed. Thus it is clear that Title IX prohibits discrimination based only on the binary characteristic of sex and does not expand to “gender identity,” “gender expression,” or a “gender spectrum.” Importantly, under Title IX schools can “maintain separate living facilities for the different sexes,”² and Title IX’s implementing regulations state that schools may “provide separate toilet, locker room, and shower facilities on the basis of sex”³.

The United States Court of Appeals for the Eighth Circuit, which includes Minnesota, has held that the federal Civil Rights Act, which includes Title IX, does not give biological males who identify as females the right to access female facilities, and that doing so raises legitimate privacy concerns for females.⁴ There is no standing federal case law allowing an interpretation of Title IX to include gender identity as a protected class.

Moreover, Minnesota law expressly allows schools to separate restrooms, locker rooms, and similar private facilities by biological sex. The Minnesota Human Rights Act (the “MHRA”) provides that the statute’s non-discrimination provisions “relating to sex, shall not apply to such facilities as restrooms, locker

¹ Toolkit at 9-10.

² 20 U.S.C. § 1686.

³ 34 C.F.R. § 106.33.

⁴ *Sommers v. Budget Mkt., Inc.*, 667 F.2d 748, 750 (8th Cir. 1982) (holding that a biological male who identifies as female using the female restrooms is not protected by the Civil Rights Act, and employers have an interest in protecting the privacy rights of women in the female facilities). See also *Johnston v. Univ. of Pittsburgh of Com. Sys. Of Higher Educ.*, 2015 WL 1497753, *1 (W.D.Pa. 2015) (holding that “a policy requiring students to use sex-segregated bathroom and locker room facilities based on students’ natal or birth sex, rather than their gender identity, does not violate Title IX’s prohibition of sex discrimination”); *Etsitty v. Utah Transit Auth.*, 502 F.3d 1215, 1222-1225 (10th Cir. 2007) (employer’s requirement that employees use restrooms matching their biological sex does not expose transgender employees to disadvantageous terms and does not discriminate against those who do not conform to gender stereotypes).

(OVER)

rooms, and other similar places.”⁵ The Minnesota Supreme Court has also ruled that “designation of restroom facilities based solely on biological gender does not violate the MHRA.”⁶ Not only may school districts prevent students from accessing opposite-sex showers, locker rooms, and restrooms, school districts must do so to avoid violating the rights of other students.

The right to bodily privacy. Students have a constitutional right to bodily privacy. As one court explained, females “using a women’s restroom expect[] a certain degree of privacy from ...members of the opposite sex.”⁷ Similarly, teenagers are “embarrass[ed] . . . when a member of the opposite sex intrudes upon them in the lavatory.”⁸ Allowing opposite-sex persons to view adolescents in intimate situations like showering risks their “permanent emotional impairment” under the “guise of equality.”⁹ Notably, Minnesota has a 19-year legal history of protecting individual rights to privacy.¹⁰

These privacy rights explain why a girls’ locker room has always been “a place that by definition is to be used exclusively by girls and where males are not allowed.”¹¹ As the Kentucky Supreme Court observed, “there is no mixing of the sexes” in school locker rooms and restrooms.¹² Of course, the right is reciprocal: what holds true for girls’ private facilities is no less true for boys’ private facilities.

Forcing vulnerable students into interactions with opposite-sex students in restrooms and locker rooms would violate this basic right to privacy.¹³ These scenarios create privacy and safety concerns that should be obvious to anyone truly concerned with the welfare of students.

Significantly, numerous courts have found that prisoners have the right to use restrooms and changing areas without regular exposure to viewers of the opposite sex.¹⁴ The Toolkit’s recommendations, however, deny minor students the rights to bodily privacy afforded even to prisoners.

To date, plaintiffs in twenty-four states have sued the government for violating students’ basic rights in passing transgender policies, yet this Toolkit suggests that all Minnesota schools expose themselves to litigation by adopting the same anti-privacy policies giving rise to these lawsuits. Even the Minnesota School Board Association representative voted against the Toolkit and expressed concerns about the unsettled nature of the law regarding this topic and the importance of local discretion.

The right to the free exercise of religion. The Minnesota State Constitution affords strong protection for

⁵ Minn. Stat. § 363A.24, subd. 1.

⁶ *Goins v. West Group*, 635 N.W.2d 717, 725 (Minn. 2001).

⁷ *State v. Lawson*, 340 P.3d 979, 982 (Wash. Ct. App. 2014); see also *Michenfelder v. Sumner*, 860 F.2d 328, 333 (9th Cir. 1988) (“Shielding one’s unclothed figure from the view of strangers, particularly strangers of the opposite sex, is impelled by elementary self-respect and personal dignity.”).

⁸ *St. John’s Home for Children v. W. Va. Human Rights Comm’n*, 375 S.E.2d 769, 771 (W. Va. 1988).

⁹ *City of Phila. v. Pa. Human Relations Comm’n*, 300 A.2d 97, 103 (Pa. Commw. Ct. 1973).

¹⁰ See *Ellie Lake v. Wal-Mart Stores, Inc.*, 582 N.W. 2d 231 (Minn. 1998).

¹¹ *People v. Grunau*, No. H015871, 2009 WL 5149857, at *3 (Cal. Ct. App. Dec. 29, 2009).

¹² *Hendricks v. Commw.*, 865 S.W.2d 332, 336 (Ky. 1993); see also *McLain v. Bd. of Educ. of Georgetown Cmty. Unit Sch. Dist. No. 3 of Vermilion Cty.*, 384 N.E.2d 540, 542 (Ill. App. Ct. 1978) (refusing to place male teacher as overseer of school girls’ locker room).

¹³ See, e.g., *Sommers v. Budget Mktg., Inc.*, 667 F.2d 748, 750 (8th Cir. 1982) (finding that a transgender individual’s use of a women’s restroom threatened female employees’ privacy interests); *Rosario v. United States*, 538 F. Supp. 2d 480, 497-98 (D.P.R. 2008) (finding that a reasonable expectation of privacy exists in a “locker-break room” that includes a bathroom); *Brooks v. ACF Indus., Inc.*, 537 F. Supp. 1122, 1132 (S.D. W. Va. 1982) (holding that a female would violate a male employee’s privacy rights by entering a men’s restroom while the male was using it).

¹⁴ See, e.g., *Arey v. Robinson*, 819 F. Supp. 478, 487 (D. Md. 1992) (finding that a prison violated prisoners’ right to bodily privacy by forcing them to use dormitory and bathroom facilities regularly viewable by guards of the opposite sex); *Miles v. Bell*, 621 F. Supp. 51, 67 (D. Conn. 1985) (recognizing that courts have found a constitutional violation where “guards regularly watch inmates of the opposite sex who are engaged in personal activities, such as undressing, using toilet facilities or showering”) (quotation omitted).

religious liberty, even stronger than those afforded to individuals under the United States Constitution.¹⁵ Faith-based principles of modesty preclude many religious students from sharing intimate facilities with members of the opposite sex. State courts faced with claims that school districts' actions violate students' right to the free exercise of religion must ask whether the action is the least-restrictive means of advancing a compelling state interest. Here, the state has no compelling interest in admitting members of the opposite sex to sex-separated facilities, and there are numerous less-restrictive means of furthering any legitimate goals that a school district seeks to promote.

Parents' right to direct their children's upbringing and education. Parents also have the fundamental right to control their children's education and upbringing, including their children's knowledge of the differences between the sexes.¹⁶

Interaction between males and females in showers, locker rooms, restrooms, and overnight facilities will necessarily result in students being exposed to disrobing or nude members of the opposite sex, contrary to the well-established rights of parents to direct the education of their children. Such exposure to anatomical differences between the sexes should not be forced upon students. These sensitive matters should be disclosed at home when parents deem it appropriate, not forced on kids in school facilities. Respecting such parental choices requires sex separation in restrooms and locker rooms.

II. Adopting the Toolkit's Recommendations Concerning the Use of Pronouns Would Compel Speech in Violation of the First Amendment.

The Toolkit warns against the use of non-preferred pronouns by school staff or students, and it recommends the adoption of classroom practices that "affirm" students' gender identities by referring to gender non-conforming students using their requested pronouns.¹⁷ First, this wrongly privatizes language—which by its nature must have common understanding to enable communication among diverse speakers. Furthermore, requiring students to refer to a biological female student using a male pronoun (or vice versa), violates students' First Amendment free-speech rights. School districts should not adopt it.

When a school requires a student to refer to a classmate using a pronoun that does not match the classmate's biological sex, the school is requiring the student to make a substantive statement about the nature of sex and gender identity that the student may find objectionable. But the First Amendment prohibits the government from forcing individuals to convey messages that they deem objectionable or punishing them for declining to convey such messages.¹⁸ Adopting the Toolkit's recommendations concerning pronoun usage would thus jeopardize students' speech rights, subjecting school districts to a serious risk of litigation.

¹⁵ See, e.g., *Hill-Murray Fed'n of Teachers v. Hill-Murray High School*, 487 N.W.2d 857, 864-65 (Minn. 1992).

¹⁶ See, e.g., *Troxel v. Granville*, 530 U.S. 57, 66 (2000) (holding that the Constitution "protects the fundamental right of parents to make decisions concerning the care, custody, and control of their children"); *Washington v. Glucksberg*, 521 U.S. 702, 720 (1997) ("In a long line of cases, we have held that, in addition to the specific freedoms protected by the Bill of Rights, the 'liberty' specially protected by the Due Process Clause includes the rights ... to direct the education and upbringing of one's children"); *Santosky v. Kramer*, 455 U.S. 745, 753 (1982) (recognizing "[t]he fundamental liberty interest of natural parents in the care, custody, and management of their child"); *Wisconsin v. Yoder*, 406 U.S. 205, 233 (1972) (recognizing "the liberty of parents and guardians to direct the upbringing and education of children under their control").

¹⁷ Toolkit at p. 7.

¹⁸ See, e.g., *W. Virginia State Bd. of Educ. v. Barnette*, 319 U.S. 624, 633 (1943) (forbidding school district from requiring students to salute the flag and recite pledge of allegiance, reasoning that "the compulsory flag salute and pledge requires affirmation of a belief and an attitude of mind"); *Wooley v. Maynard*, 430 U.S. 705, 714 (1977) (forbidding government from requiring citizens to display state motto on license plates); *Miami Herald Publ'g Co. v. Tornillo*, 418 U.S. 241, 258 (1974) (forbidding government from requiring a newspaper to include an article). Nor may the government apply non-discrimination laws to infringe these expressive freedoms. See *Hurley*, 515 U.S. at 572-73 (forbidding government from applying such a law to require parade organization to facilitate the message of an advocacy group).

III. The Toolkit's Recommendations Concerning Athletics Discriminate Against Female Student Athletes.

The Toolkit states that Title IX “requires that schools provide transgender students with the right to participate in . . . athletics . . . in a manner consistent with their gender identity.” That is a false statement. As previously discussed, Title IX’s prohibition of discrimination based on sex does not extend to gender identity, and no court has ever held that a school must allow a biological male to participate on a female athletic team in order to comply with Title IX. The only citation supplied by the Toolkit for its position is the May 13, 2016 *Dear Colleague Letter* from the U.S. Department of Justice’s Office of Civil Rights. But, as previously mentioned, that guidance has been withdrawn.

Minnesota law specifically recognizes the need for an equal playing field for female athletes by limiting girls sports only to female athletes because girls’ “overall athletic opportunities have previously been limited.”¹⁹ In fact, “when an educational institution has established a team exclusively for members of the sex whose overall athletic opportunities have previously been limited, members of the other sex [that is, ‘boys’] may not try out for or participate on that team.”²⁰ The Minnesota State High School League acknowledges that Minnesota law “affirms that a **boy may not participate** on a team restricted to members of a sex whose overall athletic opportunities have previously been limited.”²¹

Such restrictions also reflect the physical differences and competitive athletic advantages boys have over girls. High school boys are on average 5 to 5 ½ inches taller than girls, 20 to 40 pounds heavier, have 150 percent more skeletal and body mass, have larger hands, pelvises and feet, and have significantly more fast twitch muscle fibers.²² With the unrestricted physical and hormonal competitive advantages that biological males have over female athletes, the risk of injury significantly increases. Female athletes concerned about their physical safety in competitive play have only one option: forfeit. *The very laws that were created to protect female students are now being used against them.*

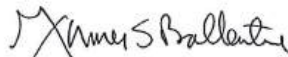
IV. Conclusion

The Toolkit recommends policies that, if adopted by a school district, would jeopardize the constitutional rights of students and their parents, opening the door to litigation. In order to protect the rights and safety of all students, we urge you not to adopt the Toolkit’s recommendations.

Sincerely,



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¹⁹ Minn. Stat. § 121A.04, subd. 3(d).

²⁰ Minnesota Rule 3535.3200, subd. 4 (prohibiting discriminatory practice in athletic programs) (emphasis added).

²¹ Minnesota State High School League, *Fact Sheet Regarding Athletic and Fine Arts Participation in Minnesota State High School League Activities* (Dec. 4, 2014), available at <http://www.mshsl.org/mshsl/MSHSLParticipationFactSheet.pdf>.

²² Center for Disease Control Growth Charts: <http://www.cdc.gov/growthcharts/data/set2clinical/cj411071.pdf> (boys), <http://www.cdc.gov/growthcharts/data/set1clinical/cj411022.pdf> (girls). Williams Textbook of Endocrinology: *Pubertal Growth Spurt, Bone Age & Skeletal Density*. Louis J G Gooren, MD and Vin Tangpricha, MD, PhD, *Treatment of Transsexualism* 3.

STUDENT PHYSICAL PRIVACY POLICY

I. PURPOSE

In recognition of student physical privacy rights and the need to ensure student safety and maintain school discipline, this Policy is enacted to advise school site staff and administration regarding their duties in relation to student use of restrooms, locker rooms, showers, and other school facilities where students may be in a state of undress in the presence of other students.

II. DEFINITIONS

“Sex” means an individual’s immutable biological sex as objectively determined by anatomy and genetics existing at the time of birth. An individual’s original birth certificate may be relied upon as definitive evidence of the individual’s sex.

III. POLICY

A. Use of School Facilities

1. Notwithstanding any other Board Policy, every public school restroom, locker room, and shower room accessible by multiple persons at the same time shall be designated for use by male persons only or female persons only.

2. In all public schools in this District, restrooms, locker rooms, and showers that are designated for one sex shall be used only by members of that sex; and, no person shall enter a restroom, locker room, or shower that is designated for one sex unless he or she is a member of that sex.

3. In any other public school facility or setting where a person may be in a state of undress in the presence of others, school personnel shall provide separate, private areas designated for use by persons based on their sex, and no person shall enter these private areas unless he or she is a member of the designated sex.

4. This section shall not apply to a person who enters a facility designated for the opposite sex:

- a. for custodial or maintenance purposes, when the facility is not occupied by a member of the opposite sex;
- b. to render medical assistance; or
- c. during a natural disaster, emergency, or when necessary to prevent a serious threat to good order or student safety.

5. Nothing in this section shall be construed to prohibit schools from adopting policies necessary to accommodate disabled persons or young children in need of physical assistance when using restrooms, locker rooms and shower rooms.

B. Accommodation for Students Desiring Greater Privacy

Students who, for any reason, desire greater privacy when using a facility described in subsection A may submit a request to the principal for access to alternative facilities. The principal shall evaluate these requests on a case-by-case basis and shall, to the extent reasonable, offer options for alternate facilities, which may include, but are not limited to: access to a single-stall restroom; access to a uni-sex restroom; or controlled use of an employee restroom, locker room, or shower. In no event shall the accommodation be access to a facility described in subsection A that is designated for use by members of the opposite sex while students of the opposite sex are present or could be present.

Minnesota "Opt-Out Law"

120B.20 PARENTAL CURRICULUM REVIEW.

Each school district shall have a procedure for a parent, guardian, or an adult student, 18 years of age or older, to review the content of the instructional materials to be provided to a minor child or to an adult student and, if the parent, guardian, or adult student objects to the content, to make reasonable arrangements with school personnel for alternative instruction. Alternative instruction may be provided by the parent, guardian, or adult student if the alternative instruction, if any, offered by the school board does not meet the concerns of the parent, guardian, or adult student. The school board is not required to pay for the costs of alternative instruction provided by a parent, guardian, or adult student. School personnel may not impose an academic or other penalty upon a student merely for arranging alternative instruction under this section. School personnel may evaluate and assess the quality of the student's work.

History: 1993 c 224 art 12 s 29; 1998 c 397 art 6 s 124

Sample Opt-Out Form Letter and Notification Request

Dear _____,

This letter is to inform you that, pursuant to **MN Statute 120B.20**, our child(ren) _____ will not be participating in any curricula, lessons, assemblies, or any other presentations during the school day that include information on topics such as sex education, sexual orientation, gender identity, transgender identification, or any other subject matter related to diversity and sexuality.

Specifically, my child will not be attending _____ (Enter information here about any specific book, lesson, assembly, or other curricula that your child is not permitted to participate in).

This statute specifically states that our child ***shall not be penalized*** academically or otherwise for their failure to participate in curricula they have opted out of.

Before any family life issue (including, but not limited to sex education, sexual orientation, gender identity, transgender identification, or any other subject matter related to diversity and sexuality) is presented to my child, **please notify me** so that I may ascertain whether I will exercise my right to opt my child out of those specific lessons.

Thank you,

Sample Letter expressing concern if a 'gender inclusion' policy
is under consideration by your school board

Dear _____,

I write today out of concern for the Gender Inclusion Policy under review at [INSERT SCHOOL NAME]. No state or federal law requires schools to adopt a Gender Inclusion Policy, and certainly not one which allows for biological males to choose to use the bathrooms, locker rooms, and showers designated for females, and vice versa.

In fact, federal law specifically authorizes schools to maintain separate facilities for boys and girls on the basis of biological sex. The Gender Inclusion Policy the school is considering violates the constitutional right of bodily privacy of other students in the district, by forcing them to be in various states of undress in the presence of members of the opposite biological sex.

All students have basic physical privacy rights, and the [INSERT SCHOOL NAME] board and administration have a duty to protect those privacy rights, particularly when young children are in intimate settings away from home. Biological males should use boys' bathrooms and locker rooms and biological females should use girls' bathrooms and locker rooms. It's common sense.

In order to protect the safety and privacy rights of all students, I urge the [INSERT SCHOOL NAME] school board to pass and the administration to uphold the enclosed "Student Physical Privacy Policy" to protect the privacy rights of all children. [ENCLOSE OR ATTACH ALLIANCE DEFENDING FREEDOM MODEL POLICY]

Let's let bathrooms continue to meet biological needs at [INSERT SCHOOL NAME], not serve as a space for social engineering. Basic privacy and safety for our students surely must prevail over a politically driven agenda.

Sincerely,

_____, a concerned [INSERT SCHOOL NAME] parent

Questions to Ask of School Officials

A sample list of questions to use when you communicate with school officials about policies at your child's school.

1. Does our school allow students to use restrooms, locker rooms, and overnight accommodations based on biological sex or gender identity?
2. Does the school have a Student Physical Privacy Policy that will ensure every student is protected and accommodated?
3. How do you plan on notifying parents when information on family life, sexuality, and gender identity is presented to students?
4. Does our school use the Minnesota Department of Education's Transgender Toolkit (or state equivalent) as a source of information, to train teachers, or to write policy?
5. Has our school brought in any outside organizations to do staff trainings on transgender issues?



PARENT RESOURCE GUIDE

Educating and Equipping Parents
on the Transgender Trend

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www.AskMeFirstMN.org