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1 UNITED STATES DISTRICT COURT
2 CENTRAL DISTRICT OF CALIFORNIA

3 CITY OF HUNTINGTON BEACH, a)
4 California Charter City, and Municipal) Case No.: 8:24-cv-02017-CBM(JDEx)
5 Corporation, PARENTS 1A-9A,)
6) AMENDED COMPLAINT
7 Plaintiffs,)
8 v.) ACTION SEEKING STATEWIDE
9) RELIEF
10 GAVIN NEWSOM, in his official capacity)
11 as Governor of the State of California;)
12 ROBERT BONTA, in his official capacity)
13 as Attorney General of the State of)
14 California; and TONY THURMOND, in his)
15 official capacity as California State)
16 Superintendent of Public Instruction,)
17 Defendants.)

18 AMENDED COMPLAINT

19 Plaintiff City of Huntington Beach (“Huntington Beach”) and Parents 1A-
20 10A, through undersigned counsel, file this Amended Complaint for declaratory and
21 injunctive relief against Defendants Robert Bonta and Tony Thurmond, in their
22 official capacities (collectively, “Defendants”).

23 INTRODUCTION

24 Gender dysphoria is a mental health disorder according to the American
25 Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders,
26 Fifth Edition (“DSM-5”).¹ Yet Assembly Bill 1955 (“AB 1955”) prevents schools
27 from requiring that parents be informed when their child requests the government’s
28

¹ Natlie J. Nokoff, *Table 2: DSM-5 Criteria for Gender Dysphoria, Medical Interventions for Transgender Youth in*, Endotext (Kenneth R. Feingold et al. eds., 2022), <https://tinyurl.com/3ryx234v>.

1 help in diagnosing, managing, or treating this mental health disorder, such as by
2 requesting social transitioning treatment like being called by a different name and
3 pronouns.

4 And AB 1955 sets no age limit—schools cannot be required to notify parents
5 even if preschoolers request or are offered treatment for gender dysphoria.

6 Furthermore, AB 1955 prevents schools from disciplining in any way
7 employees who are initiating or facilitating social transitioning, which courts have
8 recognized is a type of medical intervention or treatment for gender dysphoria, *see*,
9 *e.g.*, *Doe v. Horne*, 115 F.4th 1083, 1107 n.13 (9th Cir. 2024) (listing
10 “social transition, including adopting a new name, pronouns, appearance, and
11 clothing, and correcting identity documents” as “medical treatment for gender
12 dysphoria”), and that medical professionals have recognized inflicts serious short-
13 term and long-term harm.

14 In short, AB 1955 enables secret social transitioning at school, harming
15 parents, children, and communities by cutting parents out of their right to notice and
16 consent to their minor children’s treatment. And this usurpation has inevitable side
17 effects, including failure to diagnose or treat other mental health issues that children
18 with gender dysphoria often have. To help their child, parents need to know what is
19 going on. Imagine the outrage if parents were kept in the dark about a child’s
20 epileptic seizures at school and the treatment school employees provided for that
21 condition.

22 Determining whether a child has a medical condition like gender dysphoria
23 and how to treat it are personal and private questions, not educational issues to be
24 dictated by the State. The State is thus intruding in a very personal, private matter—
25 communication on one of the most intimate of topics between a parent and child—
26 in violation of the U.S. Constitution.

27 AB 1955 violates the 14th Amendment of the U.S. Constitution, which
28 guarantees the right of parents to make decisions about their minor children,

1 particularly regarding the right to refuse medical treatment—in this case, social
2 transitioning. AB 1955 substitutes teachers and schools into that parental role,
3 allowing them to actively encourage and participate in socially transitioning kids
4 without telling the parents.

5 The purported justifications for AB 1955, California statutory and
6 constitutional protections for minor children of privacy and against discrimination,
7 must give way to the federal Constitution’s protections for parental rights—
8 particularly because AB 1955 arrogates parental rights to the State without requiring
9 any finding that parents have been abusive or neglectful.

10 To protect parents and children in Huntington Beach, as well as the City’s
11 economy, the City passed an ordinance that prohibits educators within the city limits
12 from keeping parents in the dark regarding gender issues. That ordinance is in direct
13 conflict with AB 1955. At least two Parent Plaintiffs and their children are protected
14 by that ordinance.

15 To protect parental rights guaranteed by the U.S. Constitution, to protect
16 children who need parents to know their medical situation, and to protect
17 communities who suffer when parents and children suffer, the City of Huntington
18 Beach and a group of Parent Plaintiffs have brought this suit. This lawsuit seeks
19 declaratory and injunctive relief regarding the unconstitutionality of AB 1955, and
20 any other state statutes or constitutional provisions upon which it purports to be
21 based.

22 **JURISDICTION AND VENUE**

23 1. This case presents federal questions arising under the Constitution of
24 the United States and seeks relief for the deprivation of federal rights under color of
25 state law. This Court accordingly has subject-matter jurisdiction pursuant to 28
26 U.S.C. §§ 1331, 1343.

The Parent Plaintiffs

Family 1

7. Parent 1A is a citizen and resident of California, and the mother of a 17-year-old biological girl who struggles with gender identity issues, and who will be referred to as 1C.

8. 1A is an African American and Jewish woman who considers herself a “lifelong liberal democrat.”

9. For the 2024-2025 school year, 1C attends the Twelfth Grade at a public school in Los Angeles County.

10. In 2021, 1A was cleaning 1C’s room, and discovered a notebook with drawings depicting self-harm and the bloody aftermath of “gender transition” surgeries, and a discussion of suicidal ideation and an intention to “come out” as a member of the opposite sex.

11. 1C followed through on her stated plan to “come out” to her parents.

12. Later in 2021, 1C began the Ninth Grade at a public high school. 1C agreed with her parents to use her given name while at school.

13. At the start of the school year, 1C was asked by school employees for her preferred pronouns.

14. Teachers and administrators began “socially transitioning” 1C, referring to her by a male name and male pronouns.

15. The principal of the school pulled 1C aside for a meeting to tell 1C that the principal and teachers were mandated to not tell 1A about 1C’s social transitioning.

16. And one school staff person even made 1C a new school identification card with the male name.

17. 1A discovered the social transition only at the end of the school year, after noting the male name used on a biology assignment.

1 18. As 1C entered the Tenth Grade in the 2022-2023 school year, teachers
2 and administrators continued referring to 1C by a male name and male pronouns.

3 19. 1A requested multiple meetings with the school principal, but she was
4 repeatedly denied. And when 1A was finally able to secure a meeting with the
5 principal, she was informed, without notice, that the principal was inviting additional
6 officials to the meeting.

7 20. Due to the lack of progress from attempts to meet with school officials,
8 1A began attending school board meetings.

9 21. In addition, 1A was forced to file multiple public record requests and
10 retain an attorney to protect her parental rights and the mental health of her daughter.

11 22. Towards the end of this school year, 1A was able to secure an
12 agreement with the school district specifying that 1A would be informed if 1C began
13 going by a male name or male pronouns.

14 23. In the 2023-2024 school year, 1C again began going by a male name
15 and male pronouns, prompting the principal to arrange a meeting with 1A.

16 24. Following 1A's request for the school to stop using male names and
17 pronouns for 1C, repeated communications from 1A's attorney, and a written
18 statement by 1C agreeing to use her legal name and female pronouns, the school
19 agreed not to call 1C by a male name or use male pronouns.

20 25. 1A reports that, as far as she is aware, 1C no longer identifies as the
21 opposite sex and is "becoming herself again."

22 26. 1A desires to be notified by the school if 1C expresses gender dysphoria
23 or gender-confused behavior in the future, especially if 1C's teachers are attempting
24 to socially transition 1C.

25 27. 1A fears that once AB 1955 goes into effect, the school will once again
26 not inform her if 1C expresses any symptoms of gender dysphoria or if teachers
27 again start to socially transition 1C.

28

1 28. AB 1955 thus undermines her hard-won contractual rights, her parental
2 rights, and her ability to protect her daughter’s mental health. With 1A cut out of her
3 child’s treatment, she will have no way of knowing if 1C again decides to request
4 social transitioning from her public school.

5 29. Indeed, 1C’s school has already erred on the side of nondisclosure when
6 given any colorable legal justification to do so. For instance, it cited AB 1266 to
7 deny 1A’s requests for meetings and records and continued to do so until corrected
8 by 1A’s attorney.

9 *Family 2*

10 30. Parent 2A is a citizen and resident of California, and the mother of 2C,
11 a middle-school-aged biological girl who struggles with gender confusion.

12 31. 2A is a self-described liberal democrat, and she supports the LGBTQ+
13 community.

14 32. For the 2024-2025 school year, Child 2C attends the Seventh Grade at
15 a public school in San Diego County.

16 33. 2C completed the Fifth Grade in the 2022-2023 school year, which ran
17 from August 2022 to June 2023.

18 34. During this school year, 2C was introduced to the concept of a “gender
19 spectrum,” and shortly thereafter modified her style of dress and haircut.

20 35. Unbeknownst to her parents at the time, 2C began identifying as
21 “trans,” despite never having discomfort with her gender before.

22 36. Also unbeknownst to her parents, 2C had joined a friend group with
23 four other girls, who had similarly become “trans-identified” despite no history of
24 gender confusion.

25 37. Her parents suspected that their daughter was having issues with gender
26 confusion. 2C became increasingly socially withdrawn and developed intense
27 anxiety.
28

1 38. In January 2023, 2C started therapy when 2A and her husband, 2C’s
2 father, noticed the anxiety and the change in behavior. 2A and her husband are
3 unaware if the “trans identity” was discussed during therapy. When asked, the
4 therapist told 2A and her husband that gender confusion had been mentioned but that
5 she was not comfortable treating gender dysphoria and referred them to a gender
6 specialist. The therapy group that this therapist is associated with has a LGBTQ+
7 confidentiality policy. 2A and her husband did interview several gender specialists,
8 but those therapists all follow California protocols that mandate gender affirming
9 care, which 2A and her husband believe is the wrong approach for 2C who is
10 questioning her gender.

11 39. During the summer of 2023, 2A and her husband discovered a secret
12 YouTube account that 2C had created to continue research into her “trans
13 identification.” They then applied strict restrictions to block content not appropriate
14 for children. This block eliminated the trans content appearing in her account.

15 40. In August 2023, the therapist for anxiety ended the therapy right before
16 the new Sixth Grade school year. The therapist believed that 2C was fully well
17 adjusted and had the tools to deal with her anxiety.

18 41. 2C started Sixth Grade—considered middle school in her district—in
19 the 2023-2024 school year.

20 42. Teachers began using a male name and male pronouns for 2C at the
21 start of school year: August 2023. 2A and her husband were not informed of the
22 change.

23 43. In December of 2023, 2C “came out” to her parents as “trans-
24 identified.” 2C admittedly was not sure what being “trans” meant for her, but that
25 she was still figuring it out. 2A and her husband believe that the continued
26 celebration and social transition of 2C by the school had further pushed 2C to
27 identify as “trans.”
28

1 44. Further concealing the development from her parents, all email
2 correspondence used 2C's correct name and female pronouns, but the male name
3 and male pronouns were used for many homework assignments, and by one of her
4 teachers signing her yearbook.

5 45. This social transitioning impaired 2C's academic record. For instance,
6 2C was once marked absent when a substitute teacher was unaware of the
7 discrepancy between her legal name on the attendance sheet and the male name she
8 was using.

9 46. 2C has since agreed with her parents to use her legal name and female
10 pronouns with all school staff.

11 47. 2A desires to be notified by the school if 2C expresses gender dysphoria
12 or gender-confused behavior in the future, especially if 2C's teachers are attempting
13 to socially transition 2C.

14 48. 2C is on the verge of tumultuous teenage years and may again exhibit
15 symptoms of gender confusion. If the school again socially transitions 2C, and 2A
16 is not informed, her parental rights, 2C's mental health, and 2C's academic records
17 could be placed at risk.

18 49. In addition, if 2A is kept unaware of any other mental health issues
19 associated with 2C's gender dysphoria, she will be unable to respond to those issues
20 and get 2C proper medical treatment. Such issues could eventually lead to permanent
21 psychological and physical damage.

22 50. AB 1955 exacerbates these risks and undermines 2A's agreement with
23 2C by significantly reducing the likelihood of any disclosure to 2A by school
24 employees.

25 ***Family 3***

26 51. Parent 3A is a California citizen and resident of Los Angeles County,
27 and is the mother of 3C, a young boy at elevated risk for gender confusion.

1 52. For the 2024-2025 school year, Child 3C attends Second Grade at a
2 public elementary school in Los Angeles County.

3 53. 3C is a 7-year-old boy with autism spectrum disorder, which places him
4 at higher risk of gender dysphoria.

5 54. 3C's best friend at school is a girl, and he prefers to play with girls
6 rather than boys. He is very interested in colors, patterns, symbols, and rainbows.

7 55. Untrained teachers and other government officials making diagnoses
8 and treatment decisions about 3C without input from 3A, who knows her child better
9 than a school official ever could, may mistake 3C's friendships with girls and his
10 interests as indications of gender confusion.

11 56. 3A is aware of another boy attending Second Grade at 3C's school who
12 comes to school dressed as a girl.

13 57. Because of 3C's autism spectrum disorder and his elementary school
14 curriculum's discussion of gender issues at an early age, 3A and her husband, 3C's
15 father, are concerned 3C is at a significantly elevated risk of being diagnosed by
16 school officials with gender dysphoria or similar disorders. Because these officials
17 do not understand his full health profile, they are not equipped to make treatment
18 decisions, including social transitioning.

19 58. To address these concerns, 3A and her husband met with the school
20 principal at the start of the 2023-2024 school year to discuss relevant policies.

21 59. The principal confirmed that the school will not notify 3A or her
22 husband if 3C begins expressing doubts about his gender, changes his name or
23 pronouns, or desires to socially transition.

24 60. The principal also confirmed that the school will go beyond mere
25 nondisclosure and will actively support a "social transition" if 3C requests one, with
26 no notice to 3C's parents.

1 61. 3A desires to be notified by the school if 3C expresses gender dysphoria
2 or gender-confused behavior in the future, especially if 3C's teachers are attempting
3 to socially transition 3C.

4 62. Nondisclosure places 3C at significant risk for being misdiagnosed with
5 gender dysphoria due to his autism spectrum disorder, which could exacerbate his
6 existing mental health issues and contribute to additional ones. Accordingly, 3A
7 faces a significant risk to her parental rights and right to notice and consent to
8 treatment of her minor child.

9 63. In addition, because of AB 1955, 3A has felt forced to begin discussing
10 gender issues with 3C at a much earlier age than she would have otherwise, to ensure
11 she is not caught by surprise by a sudden transition.

12 64. The anticipation of AB 1955 going into effect has thus caused 3A to
13 alter her parenting in ways she is not comfortable with but feels are necessary, as
14 AB 1955 exacerbates the risks to her parental rights and her son's health.

15 ***Family 4***

16 65. Parent 4A is a citizen and resident of California and is the mother of a
17 16-year-old biological girl who struggles with gender identity issues, and who will
18 be referred to as 4C.

19 66. 4C struggles with mental health issues including depression, autism,
20 ADHD, and psychosis.

21 67. In the Fourth Grade, 4C began to be bullied as her learning difficulties
22 became more obvious to her peers.

23 68. In the Fifth Grade, 4C was sexually assaulted by classmates, a fact that
24 was either unknown to her school or intentionally withheld from her parents.

25 69. In the Sixth Grade, 4C's mental health problems worsened, and she was
26 placed on an Individualized Education Plan.

27
28

1 70. Nonetheless, potentially violent symptoms—including a statement to
2 4A that 4C could have killed her in her sleep—prompted 4A to engage a therapist
3 and a psychiatrist for 4C.

4 71. During the course of this treatment, 4C disclosed the sexual assault
5 incident in the Fifth Grade to a therapist and to her parents.

6 72. As her mental health issues worsened, 4C began identifying as “trans.”

7 73. To attempt to find a healthy environment for 4C, 4A and her husband,
8 4C’s father, transferred her to several different public schools.

9 74. School faculty generally referred to 4C using a masculine name and
10 “they/them” pronouns.

11 75. This social transitioning treatment occurred even though 4A referred to
12 4C with her legal name and feminine pronouns at Individualized Education Plan
13 meetings, and also informed the school that 4C was experiencing severe mental
14 health issues.

15 76. For the 2024-2025 school year, 4C attends a non-public nonsectarian
16 school (“NPS”) that provides services to public school students with disabilities.
17 4C’s tuition at the NPS is paid by the public Local Education Agency that placed
18 her in the NPS.

19 77. Closely communicating with 4C’s teachers is crucial to allow 4A to
20 understand changes in her daughter’s mental health and identity.

21 78. 4A desires to be notified by the school if 4C expresses gender dysphoria
22 or gender-confused behavior in the future, especially if 4C’s teachers are attempting
23 to socially transition 4C.

24 79. Monitoring such developments is also crucial to protecting 4A’s own
25 safety, and the safety of her family, given 4C’s history of violent threats when her
26 mental health worsens.

1 80. AB 1955 significantly decreases the likelihood of disclosure from
2 school employees and officials, thus making it more difficult for 4A to monitor 4C's
3 mental health, parent her, protect her, and protect her family.

4 81. 4A is also the mother of a 12-year-old boy, who will be referred to as
5 4D.

6 82. 4D has been diagnosed with autism and ADHD.

7 83. For the 2024-2025 school year, 4D attends a public charter school three
8 days per week. He is homeschooled by 4A an additional two days per week.

9 84. 4A quit her job to more closely monitor 4C and 4D, and to homeschool
10 4D two days per week.

11 85. 4A desires to be notified by the school if 4D ever expresses gender
12 dysphoria or gender-confused behavior in the future, especially if 4D's teachers are
13 attempting to socially transition 4D.

14 86. AB 1955 would significantly decrease the likelihood that 4D's charter
15 school would disclose any symptoms of gender dysphoria that may be expressed by
16 4D, interfering with 4A's ability to monitor 4D's mental health and parent him.

17 ***Family 5***

18 87. Parent 5A is a citizen and resident of California. She is the mother of a
19 biological girl who struggles with identity issues and who will be referred to as 5C.

20 88. Parent 5A has sole custody of 5C.

21 89. For the 2024-2025 school year, 5C attends Twelfth Grade at a public
22 high school in San Diego County.

23 90. 5C has long struggled with mental health, and she has been on an
24 Individualized Education Plan since the Second Grade.

25 91. She has been diagnosed with depression, ADHD, autism spectrum
26 disorder, and sensory processing disorders.

27 92. She also has a tested IQ of 130.

28

1 93. For the 2020-2021 school year, 5C was enrolled in a public middle
2 school in San Diego County.

3 94. In May 2021, then-14-year-old 5C began identifying as “gender fluid.”

4 95. The school’s staff and faculty began referring to 5C by a male name
5 and using non-feminine pronouns.

6 96. Following this social transitioning treatment, 5C displayed increasingly
7 hostile behavioral problems, frequently screaming at and threatening 5A and her
8 husband, 5C’s stepfather.

9 97. She would stand over them and observe them in their sleep as part of
10 this pattern of threatening behavior.

11 98. In or around early October 2022, 5C sent an email with violent imagery,
12 expressing her desire to kill her entire family.

13 99. This resulted in 5C entering an assisted living facility for about eighteen
14 months.

15 100. Following 5C’s release from the assisted living facility in spring of
16 2024, she moved back in with her family and enrolled in a different public high
17 school in San Diego County.

18 101. Despite explicit requests from 5A to use 5C’s given name and female
19 pronouns and avoid social transitioning treatment, the high school staff and faculty
20 refer to 5C by a male name and use “they/them” pronouns.

21 102. 5A desires to be notified by the school if 5C expresses gender dysphoria
22 or gender-confused behavior in the future, especially if 5C’s teachers are continuing
23 to attempt to socially transition 5C.

24 103. AB 1955 will frustrate 5A’s communications with 5C’s school,
25 infringing on 5A’s parental rights, interrupting Family 5’s home life, undermining
26 5A’s ability to protect 5C’s mental health, and potentially exposing 5A and her
27 husband to physical threats from 5C.

1 104. Not informing 5A regarding changes in 5C’s expressed gender
2 dysphoria and the status of her social transitioning may make it impossible to
3 understand 5C’s school environment and thus to effectively treat her mental health
4 issues and protect themselves.

5 105. 5A is also the mother of a 13-year-old girl, who will be referred to as
6 5D.

7 106. For the 2024-2025 school year, 5D attends a public charter school in
8 San Diego County.

9 107. 5D has been negatively impacted by her older sister 5C’s struggles.

10 108. 5A desires to be notified by the school if 5D expresses gender dysphoria
11 or gender-confused behavior in the future, especially if 5D’s teachers are attempting
12 to socially transition 5D.

13 109. If AB 1955 were to go into effect, 5A would likely not be informed if
14 5D begins expressing signs of gender dysphoria or gender confusion, or if the school
15 begins to socially transition 5D.

16 110. This would interfere with 5A’s ability to parent 5D and make decisions
17 regarding her mental health.

18 ***Family 6***

19 111. Parent 6A is a citizen and resident of California, and is the father of 6C,
20 a boy under the age of 10 who has not displayed any issues with gender confusion
21 despite efforts to encourage him to “identify” as a girl.

22 112. Given the demonstrated social component of gender dysphoria
23 treatment, especially rapid-onset gender dysphoria, cutting 6A out of treatment
24 decisions risks misdiagnoses of any future issues.

25 113. For the 2024-2025 school year, 6C attends a public elementary school
26 in Los Angeles County.

27 114. Prior to the initiation of divorce proceedings, 6C’s mother began
28 encouraging and facilitating 6C to dress in girl’s clothing, and she began reading to

1 him from books about alternative pronouns and telling him that he could choose to
2 be a boy or a girl.

3 115. Divorce proceedings culminated in joint legal and physical custody.

4 116. During the school year one year, 6C's mother would frequently send
5 him to school in dresses on the days she had custody, claiming it was 6C's choice,
6 but 6C never asked to wear dresses when he was with his father.

7 117. 6C's grade school teacher would inform 6A when this occurred.

8 118. During the divorce proceedings, 6A enrolled 6C in treatment with a
9 child therapist.

10 119. 6A relies on information from 6C's teachers to allow the child therapist
11 to make a complete and accurate diagnosis.

12 120. After many months of treatment, the therapist confirmed that, despite
13 the pattern of repeated dress wearing when 6C is with his mother, 6C has no signs
14 of gender dysphoria, gender incongruence, or transgenderism. The social
15 transitioning treatment that took place at school was thus not warranted.

16 121. 6A desires to be notified by the school if 6C expresses gender dysphoria
17 or gender-confused behavior in the future, especially if 6C's teachers are attempting
18 to socially transition 6C.

19 122. Once AB 1955 goes into effect, 6A can no longer depend on being
20 informed regarding gender issues related to his son by his son's teachers or others at
21 his son's school.

22 123. This will prevent 6A from being able to parent his son in a caring,
23 proactive way, or provide the information his son's therapist will need to accurately
24 diagnose and continue to treat 6C.

25 124. Additionally, if 6C is again socially transitioned at school but 6A is now
26 kept in the dark, as California's policies encourage, it could also threaten his joint
27 custody rights.

28

1 125. Thus, AB 1955 poses a threat to 6A’s present and future parental rights,
2 including his ability to ensure quality mental health treatment for 6C.

3 *Family 7*

4 126. Parent 7A is the mother of a 16-year-old biological girl, 7C.

5 127. Parent 7A describes herself as “not anti-trans” and not “opposed to
6 same-sex marriage/partnerships.”

7 128. For the 2024-2025 school year, 7C attends public school in Orange
8 County.

9 129. In late 2021, 7A surprised her daughter with a particular dress that was
10 trending online and that 7C “wanted so badly.” 7C was “over-the-moon happy”
11 about it and wore it several times.

12 130. Approximately six months later, at 7C’s eighth grade graduation, 7A
13 first learned that 7C’s school called her by a male name. 7A was waiting for the
14 announcer to call her daughter’s name so that she could jump to her feet, clap, shout
15 and cheer for her. Instead, 7A heard the announcer call out a male name with 7C’s
16 last name.

17 131. During 7C’s freshman year of high school, the correspondence from
18 her high school that 7A received began referring to 7C as the same male name as
19 was announced at her eighth grade graduation.

20 132. Just prior to 7C’s sophomore year, 7A submitted an application for
21 reduced-price lunches for 7C. 7A then received a phone call that they couldn’t find
22 7C in their system, even though that school district was the only one she had been
23 enrolled in since kindergarten.

24 133. Upon calling the school district’s headquarters to request they include
25 7C’s real name somewhere in their system so that she could be found, 7A was
26 transferred to 7C’s high school counselor.

27 134. The counselor refused to put 7C’s real name in the system for fear that
28 7C would be “outed” if a substitute teacher was teaching, despite 7A pointing out

1 that it was a safety issue not to have 7C's real name in the system anywhere, even in
2 an "Otherwise known as" box.

3 135. 7A later learned that this counselor would regularly pull 7C out of class
4 to have "counseling sessions" with her, without 7A's permission or even knowledge.

5 136. Additionally, the counselor was pulling 7C out of classes that she was
6 failing in, keeping her from going to the next class, and in some cases, making her
7 to completely miss lunchtime, causing her to go hungry until she got home from
8 school.

9 137. Around this time, 7C began getting severe headaches and began
10 missing considerable amounts of school because of the headaches. Her grades
11 "suffered terribly."

12 138. During that school year, 7A had forgotten to excuse one of 7C's
13 absences and received a call from a substitute school staff person regarding 7C's
14 male name having an unexcused absence.

15 139. When 7A informed the school employee that she did not have a child
16 with that name, and gave the employee 7C's real name, birthdate, and address, the
17 employee asked her for her student ID number, causing 7A to miss 15-20 minutes
18 of work trying to find the number.

19 140. At the end of the school year, 7C's counselor sent 7A an email
20 suggesting 7C's male name enroll in summer school due to missing credits.

21 141. 7A responded that she did not have a child with that name, that she
22 would appreciate if the school counselor referred to 7C by her real name when
23 communicating with 7A, requested again that 7C's real name be entered into the
24 school's system, and accused the counselor of trying to erase 7C.

25 142. The counselor responded with an email referring to "Your student," and
26 then reported 7A to Child Protective Services for "emotional abuse."

27 143. CPS came to 7A's home and conducted interviews and an investigation
28 but found nothing amiss and took no action.

1 144. The CPS visit “was extremely stressful” for 7A.

2 145. 7A desires to be notified by the school if 7C expresses gender dysphoria
3 or gender-confused behavior in the future, especially if 7C’s teachers are attempting
4 to socially transition 7C.

5 146. AB 1955 entrenches the idea that 7A is not to be informed about her
6 child’s treatment and will only make the situation worse and keep her even more in
7 the dark about her daughter.

8 ***Family 8***

9 147. Parent 8A is a California citizen and resident and is the mother of 8C,
10 a 16-year-old biological girl who has struggled with gender identity issues since they
11 were introduced to her in elementary school as a 9–10-year-old.

12 148. For the 2024-2025 school year, 8C attends a public high school in San
13 Francisco County.

14 149. When 8C was only 9–10 years old and attending the Fourth Grade in
15 San Francisco County, her elementary school brought in a private company to teach
16 8C sex education.

17 150. 8C came home very excited to educate her mother, 8A on all of the
18 things that she had learned: that there are many pronouns, that her friend chose
19 they/them pronouns, that someone can have a female body and a male brain or vice-
20 versa, that there are many genders and sexual orientations, and that there are many
21 same sex parents, including 8C’s female Physical Education teacher who has
22 children with her partner.

23 151. 8A told 8C that she was too young for those discussions and that her
24 elementary school should not be teaching her those things. The discussion ended,
25 but 8C was left with the idea that 8A doesn’t like that kind of education.

26 152. A few years later, 8C was attending middle school in San Francisco
27 County when the COVID-19 lockdowns began. 8C was deeply affected by her
28 friend’s move to another state (the same friend who had chosen they/them pronouns

1 in Fourth Grade). 8C's friend became very depressed at the same time 8C began
2 going through puberty and feeling uncomfortable with her changing body.

3 153. 8C and her out-of-state friend began playing online games and joined
4 some Discord servers set up as transgender safe spaces. In those groups, 8C was
5 groomed and guided in transgenderism while playing online games. 8C and her
6 friend formed plans to leave their families and to start different lives under
7 transgender identities.

8 154. One day, 8A's husband, 8C's father, discovered some inappropriate
9 pictures on 8C's iPad. When he questioned 8C about them, 8C became very
10 rebellious, which was strange as she had never disrespected her parents in that
11 manner before.

12 155. About one hour later, 8A received a phone call from the police
13 department that 8C had run away from home, and that the police would be coming
14 to speak with 8A and her husband. 8A let the police officers into her home, and they
15 told her that 8C was having an emergency and was suicidal. They told 8A and her
16 husband that because they were unaccepting parents of 8C's transgender identity,
17 she had overdosed on her father's diabetic medicine and then run away.

18 156. This sudden revelation was a shock, as 8C had never been suicidal
19 before. 8A and her husband let the police officers search their house for any other
20 medications. 8A and her husband were scared and blindsided, and they followed the
21 police officers' instructions.

22 157. 8C was admitted twice to a mental hospital for 10 days each time of
23 involuntary holds. The meetings with Child Protective Services were a terrible
24 experience, where it was clear that 8A and 8C's father could not say anything or they
25 would not be allowed to see their daughter again. CPS showed them that it had the
26 power to take 8C away from her parents, and it proposed sending 8C to a group
27 home.

28

1 158. 8A and her husband requested that their insurer and medical provider,
2 Kaiser Permanente, provide 8C with a mental health therapist who could be
3 respectful of their family's religious beliefs. Kaiser declined and assigned 8C a
4 transgenderism activist. This therapist referred 8C to transgender clinics and scared
5 8A and her husband by telling them that if they kept insisting on religious belief
6 requests, then CPS would take 8C to a foster home. The therapist told them that if
7 8A and her husband would not let 8C be transgender, then the foster care system
8 would allow her to transition.

9 159. The therapist focused on teaching 8C about privacy and confidentiality
10 rights to the point that 8C began saying her parents were abusive. The therapist did
11 incalculable damage to 8C's mental health.

12 160. 8A and her husband found another therapist outside their insurance
13 network who aligned with their family's religious beliefs. They found this necessary
14 to avoid the constant threat of CPS harassment. 8A and her husband paid out of
15 pocket for every session.

16 161. Kaiser sent CPS to Family 8's home. CPS reopened their case based on
17 the insurance company's allegations that 8A and her husband were not supporting
18 8C, because they had skipped a Kaiser session (so that they could change therapists).
19 8A's second daughter, who was seven years old at the time, had to testify in defense
20 of her parents to the police department and CPS. It was painful for 8A to see her
21 daughters pitted against each other in this manner.

22 162. Kaiser offered 8C hormone treatments and endocrinologist visits. The
23 endocrinologist office began reaching out to 8A, and she decided to part ways with
24 Kaiser. 8A felt that it was crazy for Kaiser to be pushing transgender hormone
25 treatments to a 12-year-old child.

26 163. 8A changed their insurance to UCSF. 8C later told 8A that her stays at
27 UCSF psych wards were similar, where children were advised to initiate
28 Individualized Education Program plans with school counselors. 8A has found most

1 school counselors to be transgenderism activists, creating a very difficult situation
2 for anyone, like herself, that does not subscribe to transgender ideology.

3 164. When 8C began high school, 8A was told that the school needed to
4 create a safe space for 8C. A school counselor told 8C to go to a youth shelter
5 whenever she feels unsafe from her parents. 8C has done so.

6 165. 8A feels that her daughter, 8C, is getting better, although her progress
7 is slow. If her family had been dependent on public benefits, she is not sure she
8 would have been able to resist the combined efforts of health insurers, medical
9 providers, schools, CPS and police officers.

10 166. AB 1955 exacerbates the government efforts to shape 8C's sexuality
11 and gender identity that Family 8 has been fighting since 8C was a child. It withholds
12 information of the utmost intimacy about 8A's child from her, and teaches 8C that
13 her parents are not "safe" but that keeping secrets from them is and will be facilitated
14 by the government. It enables social transitioning treatment and perhaps further
15 medical treatment without 8A's knowledge or consent. And it prevents any non-
16 transgender ideological policies from being adopted.

17 167. 8A desires to be notified by the school if 8C expresses gender dysphoria
18 or gender-confused behavior in the future, especially if 8C's teachers are attempting
19 to socially transition 1C.

20 168. Secret social transitioning efforts on the part of 8C's schools will
21 exacerbate the problems that Family 8 has already faced.

22 169. Thus, AB 1955 poses a threat to 8A's present and future parental rights
23 and 8C's health and well-being.

24 170. 8A is also the mother to a 12-year-old girl, who will be referred to as
25 8D.

26 171. Because of the struggles experienced by 8C, 8A is now sending 8D to
27 a private Catholic school.

28

1 172. It is a financial burden to pay the tuition for 8D's private school, but 8A
2 is afraid to send her younger daughter to public school because she fears that public
3 school will not inform her if 8D expresses symptoms of gender dysphoria and may
4 socially transition 8D without her knowledge, as they did with 8C.

5 173. AB 1955 further deters 8A from allowing 8D to attend public school,
6 because the school will use AB 1955 to justify withholding information about 8D's
7 mental health.

8 ***Family 9***

9 174. Parent 9A is a resident of California, and the mother of 9C, a middle-
10 school-aged boy who was led to question his gender identity as an 11-year-old child
11 at the encouragement of his teacher.

12 175. For the 2024-2025 school year, 9C attends the Eighth Grade at a public
13 middle school in Los Angeles County.

14 176. In 2022, the week after Thanksgiving, 9C told his mother that his Sixth-
15 Grade teacher was gay and had LGBTQ+ flags in his classroom.

16 177. That same week, 9C's teacher explained to 9C and his classmates that
17 he brought the LGBTQ+ flags to the classroom because there were gay children their
18 same age (11- and 12-year-olds), and he wanted to support them.

19 178. 9A began noticing changes in 9C. He began feeling depressed and
20 started to cry regularly. 9A approached her child on multiple occasions to ask him
21 why he was feeling sad, to show him how much she loves him, and to provide
22 emotional support.

23 179. 9C finally told his mother that he was feeling confused and lost and was
24 questioning whether he might be gay. He said he didn't know why he was having
25 those thoughts and had never had them before.

26 180. 9C's depression worsened, and he would tell 9A that he didn't want to
27 grow up and didn't want to be in the Sixth Grade. It reached the point that 9C told
28 his father, 9A's husband, that whatever he was feeling, he wanted it to end.

1 181. 9A and her husband didn't see an improvement in 9C until the school
2 year ended and after they took 9C to a Christian psychologist. There, 9C learned
3 how to cope with the gender dysphoria he was experiencing and the psychologist
4 provided him with proper therapy treatment to help him be in tune with his biological
5 self.

6 182. For months, 9A watched her child suffer because an adult used his
7 position of trust to tell pre-pubescent children that they might be gay.

8 183. Children who are misdiagnosed with gender dysphoria or decide to
9 detransition or desist often later find that they were not transgender, but instead gay.

10 184. 9A desires to be notified by the school if 9C expresses gender dysphoria
11 or gender-confused behavior in the future, especially if 9C's teachers are attempting
12 to socially transition 9C.

13 185. 9C is no longer in that class, but 9A is still afraid that another teacher
14 will exacerbate the gender confusion that 9C's Sixth Grade teacher introduced to
15 him, especially now that 9C is a middle school teenager. If that happens, 9A is afraid
16 that AB 1955 will prevent 9C's school from informing her what is happening with
17 her son so that she will be able to respond to changes in his mental health and help
18 him obtain appropriate treatment.

19 186. Thus, AB 1955 poses a threat to 9A's present and future parental rights,
20 including her ability to counsel with 9C and to ensure quality mental health treatment
21 for him.

22 ***Family 10***

23 187. Parent 10A is a lifetime resident of Huntington Beach and the father of
24 two daughters, who will be referred to as 10C and 10D, who reside with him in
25 Huntington Beach.

26 188. 10C is 12 years old. She has been diagnosed with autism spectrum
27 disorder, which places her at higher risk of gender dysphoria.

28 189. 10D is 9 years old.

1 190. For the 2024-2025 school year, 10C attends the Seventh Grade in a
2 public middle school in Huntington Beach.

3 191. For the 2024-2025 school year, 10D attends a public elementary school
4 in Huntington Beach.

5 192. 10A is concerned that, once AB 1955 goes into effect, teachers in
6 Huntington Beach will feel emboldened to promote gender dysphoria, gender
7 confusion, and transgenderism to his daughters, without informing him or their
8 mother.

9 193. 10A is aware of a public school in Huntington Beach that required
10 students to watch a video, sometimes more than once, that advertised pride month
11 and featured and promoted transgenderism.³

12 194. 10A was informed that, when some students protested having to watch
13 the video, a math teacher in the school threatened punishment.

14 195. 10A was concerned and contacted the school over this issue.

15 196. 10A desires to be notified by the school if 10C or 10D expresses gender
16 dysphoria or gender-confused behavior in the future, especially if their teachers are
17 attempting to socially transition them.

18 197. 10A is relieved that the City has protected his parental rights to know
19 about mental, emotional, and physical health issues regarding his children when at
20 school, but he worries that AB 1955 will take away the rights that the City has
21 codified.

22 198. 10A will lose the parental rights recognized and protected by the City
23 ordinance if AB 1955 goes into effect and is deemed to supersede the City's
24 ordinance.

25
26
27
28 ³ See <https://tinyurl.com/569w7unn>.

The Defendants

199. Defendant Robert Bonta is the Attorney General of California. The California Constitution vests the Attorney General with the duty to “see that the laws of the State are uniformly and adequately enforced.” Cal. Const. art. V, § 13. Defendant Bonta is sued in his official capacity.

200. Defendant Tony Thurmond is the California State Superintendent of Public Instruction. Defendant Thurmond is the California Department of Education’s main executive officer and as such is responsible for creating, adopting, and implementing Department policies and guidance documents. Defendant Thurmond is sued in his official capacity.

FACTUAL ALLEGATIONS

AB 1955

201. AB 1955’s roots start in 2013 when the California Department of Education (“CDE”) began issuing “guidance” that schools must keep a student’s gender identity hidden from parents.

202. This guidance, which does not have the force of law,⁴ was turned into Administrative Regulation 5145.3 by the California School Board Association and distributed to public school boards for adoption.

203. Schools were directed to create a covert, parallel records-filing system to hide students’ name changes, in order to skirt parents’ requests for pupil records or education records to which they are entitled under California Education Code § 49069.7 and the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

⁴ This was admitted by a CDE attorney in federal court. *See* Tr. of Mot. Hr’g of Apr. 29, 2024 at 8:23–9:4, *Mirabelli v. Olson*, No. 3:23-cv-00768-BEN-WVG (S.D. Cal.), ECF No. 111.

1 204. After several school districts passed policies that required parental
2 notification whenever a child sought to socially transition at school, California
3 enacted AB 1955, called the Support Academic Futures and Educators for Today’s
4 Youth Act (SAFETY Act).

5 205. Governor Newsom signed AB 1955 into law on July 15, 2024, and
6 AB 1955 goes into effect on January 1, 2025.

7 206. AB 1955 amends the California Education Code. *See* Exhibit 1.

8 207. Relevant to this suit, AB 1955 adds three sections to Chapter 2 of Part
9 1 of Division 1 of Title 1 of the Education Code. First, it adds Section 220.1, which
10 prohibits any adverse employment actions against employees or contractors of
11 school districts, county offices of education, charter schools, or state special schools
12 for “support[ing] a pupil in the exercise of rights set forth in” four articles of the
13 Education Code, “perform[ing] the employee’s work activities in a manner
14 consistent with the recommendations or employer obligations set forth in this
15 chapter,” or “provid[ing] instruction to pupils consistent with the current content
16 standards, curriculum frameworks, and instructional materials adopted by the state
17 board, and any other requirements of this code[.]” AB 1955, § 4.

18 208. Second, AB 1955 adds Section 220.3. That section states that “[a]n
19 employee or a contractor of a school district, county office of education, charter
20 school, or state special school for the blind or the deaf shall not be required to
21 disclose any information related to a pupil’s sexual orientation, gender identity, or
22 gender expression to any other person without the pupil’s consent unless otherwise
23 required by state or federal law.” AB 1955, § 5.

24 209. Finally, AB 1955 adds Section 220.5, which prohibits school districts,
25 county offices of education, charter schools, and state special schools from enacting
26 or enforcing “any policy, rule, or administrative regulation that would require an
27 employee or a contractor to disclose any information related to a pupil’s sexual
28

1 orientation, gender identity, or gender expression to any other person without the
2 pupil’s consent, unless otherwise required by state or federal law.” AB 1955, § 6.

3 210. And Section 220.5 also declares that “[a]ny policy, regulation,
4 guidance, directive, or other action of a school district, county office of education,
5 charter school, or state special school for the blind or the deaf, or a member of the
6 governing board of a school district or county office of education or a member of
7 the governing body of a charter school, that is inconsistent with subdivision (a) is
8 invalid and shall not have any force or effect.” *Id.*

9 211. Plaintiffs are harmed because AB 1955 prevents public schools from
10 requiring that teachers, staff, administrators, or other employees inform a child’s
11 parents when that child requests the government’s facilitation in diagnosing,
12 managing, or treating gender dysphoria, such as asking to be called by pronouns or
13 a name of the opposite sex, or otherwise seeking social transition.

14 212. And AB 1955 means that if a teacher or other school employee socially
15 transitions a child, whether that employee initiates the transition or facilitates the
16 child’s request for a transition, a school cannot require the communication of the
17 transition to a parent unless the child consents. Nor can the school do anything
18 regarding the employee who is involved in the social transition.

19 213. And AB 1955 sets no age limit—schools cannot notify parents even if
20 preschoolers socially transition.

21 214. Defendant Thurmond, on the date Governor Newsom signed AB 1955
22 into law, issued a press release where he “celebrated” the bill’s signing, noted that
23 he “supported AB 1955,” and declared that he was “proud to work alongside our
24 legislators” to “ensure that this bill made it to the Governor’s desk for signing.” Press
25 Release #24-37, Cal. Dep’t of Educ., State Superintendent Thurmond Celebrates
26 Signing of AB 1955: The SAFETY Act, Ensuring Safe and Supportive Learning
27 Environments for LGBTQ+ Students (July 15, 2024), <https://tinyurl.com/3vmeeffj>
28 (“Thurmond Press Release”). His press release further referred to policies enacted

1 by school districts to require parental notification when a child seeks to socially
2 transition as “forced outing policies.” *Id.*

3 215. Defendant Bonta, in response to the school district policies requiring
4 parental notification that prompted the passage of AB 1955, brought suit against
5 those districts because, he said, these policies were “forced outing polic[ies].” *See*
6 Press Release, Rob Bonta, Att’y Gen., Cal. Dep’t of Just., Attorney General Bonta
7 Announces Lawsuit Challenging Chino Valley Unified School District’s Forced
8 Outing Policy (Aug. 28, 2023), <https://tinyurl.com/24mep2bj> (“Bonta Press
9 Release”).

10 216. AB 1955 observes twice, once with § 220.3 and once with § 220.5, that
11 these sections “do[] not constitute a change in, but [are] declaratory of, existing law.”
12 AB 1955, §§ 5, 6.

13 217. Defendant Thurmond, in contrast, hailed the law as “a major step
14 forward for the rights of students and families,” and declared “it a reason to
15 celebrate[.]” Thurmond Press Release, *supra*.

16 218. AB 1955 does not mention what that apparent “existing law” is.
17 Defendant Bonta’s lawsuits against school districts that had adopted a parental
18 notification policy suggest three possibilities.

19 219. First, Bonta argued that the parental notification policies violated
20 sections 200 and 220 of California’s Education Code, as well as section 11135 of
21 the Government Code, because those provisions “ensure equal rights and
22 opportunities for every student and prohibit discrimination on the basis of gender
23 identity and gender expression.” Bonta Press Release.

24 220. Second, Bonta claimed that a parental notification policy violates the
25 Equal Protection Clause of the California Constitution because the “policy
26 unlawfully discriminates and singles out students who request to identify with or use
27 names or pronouns different from those on their birth certificates, or who access
28

1 programs or facilities that, in the view of the Board, are not ‘aligned’ with the
2 student’s gender.” *Id.*

3 221. Third, Bonta alleged a parental notification policy would violate a state
4 constitutional right to privacy because “California’s constitution expressly protects
5 the right to ‘privacy,’ including both ‘informational privacy,’ and ‘autonomy
6 privacy,’ and the policy’s mandate to out transgender and gender-nonconforming
7 students against their wishes or without their consent violates that right.” *Id.*

8 ***Social Transitioning***

9 ***Gender Dysphoria and Gender Incongruence are Medical Conditions***

10 222. Gender dysphoria and gender incongruence are medical, psychiatric
11 diagnoses. Am. Psych. Ass’n, *Diagnostic and Statistical Manual of Mental*
12 *Disorders* 451 (5th ed. 2013) (gender dysphoria) (“DSM-5”), available at
13 <https://psychiatryonline.org/dsm>; World Health Org., *Conditions Related to Sexual*
14 *Health: Gender Incongruence in, ICD-11: International Classification of Diseases*
15 *for Mortality and Morbidity Statistics* 1168 (11th Rev. 2022),
16 <https://tinyurl.com/yc266cfj>. Gender incongruence is a mismatch between sex and
17 perceived or desired gender identity. The American Psychiatric Association
18 describes gender dysphoria as “psychological distress” from that mismatch. Am.
19 Psychiatric Ass’n, *What is Gender Dysphoria?* (Aug. 2022),
20 <https://tinyurl.com/ejdtae49>.

21 223. The world, including the United States, is experiencing an
22 unprecedented epidemic of gender confusion. See, e.g., Joanne Sinai, Letter to
23 Editor, *Rapid onset gender dysphoria as a distinct clinical phenomenon*, 245
24 *J. Pediatrics* 250 (2022), <https://tinyurl.com/y2zajsr2>.

25 224. New diagnoses of gender dysphoria among children ages 6–17 almost
26 tripled in a recent 4-year period, leaping from 15,172 in 2017 to 42,167 in 2021.
27 Robin Respaut & Chad Terhune, *Putting numbers on the rise in children seeking*
28 *gender care*, Reuters (Oct. 6, 2022), <https://tinyurl.com/2u3ftpj7>.

1 225. Between 2016 and 2020, California saw a three-fold increase, from
2 1,000 to 3,000 annual diagnoses among Medicaid patients. *Id.* Medical treatments
3 also increased. The number of children aged 6–17 in the United States who were
4 placed on puberty blockers between 2017 and 2021 more than doubled from 633 to
5 1,390 new patients, as did the number placed on synthetic hormones, from 1,905 to
6 4,231 new patients. *Id.*

7 226. In the United States, the rate of adults identifying as transgender
8 doubled in the ten years between 2002 and 2011. Dianna Kenny, *Children and young*
9 *people seeking and obtaining treatment for gender dysphoria in Australia: Trends*
10 *by state over time (2014-2018)* (Sept. 4, 2019), <https://tinyurl.com/bdcnmmk2>. Over
11 the next five years, the rate doubled again to 0.6%, i.e., 1.4 million people. *Id.*

12 227. Then, between 2016 and 2021, the percentage and number of adults
13 identifying as transgender remained steady. Jody L. Herman et al., *How Many Adults*
14 *and Youth Identify as Transgender in the United States?*, at 1, 13, Williams Inst.,
15 UCLA Sch. of Law (June 2022), <https://tinyurl.com/4v6av9kx>.

16 228. The DSM-5 reports an expected incidence of gender dysphoria of
17 0.05%–0.014% among males and 0.002%–0.003% for females. Samuel Veissière,
18 *Why is Transgender Identity on the Rise Among Teens?*, *Psych. Today* (Nov. 28,
19 2018), <https://tinyurl.com/4ctenn3b>; see DSM-5 (Gender Dysphoria) at 454.

20 229. But current findings are “clearly puzzling: Transgender identity is now
21 reported among young natal females at rates that clearly exceed all known statistics
22 to date.” Veissière, *supra*.

23 230. An estimated 1.4% of children aged 13–17 and 1.3% of those aged 18–
24 24 currently identify as transgender. Herman et al., *How Many Adults, supra* at 5.

25 231. Those rates increased from the Williams Institute’s 2017 report, which
26 used data from 2014 to 2016, and estimated the number of trans-identified youth in
27 both of those age ranges as 0.7%. Jody L. Herman et al., *Age of Individuals Who*
28

1 *Identify as Transgender in the United States* 2, Williams Inst., UCLA Sch. of Law
2 (Jan. 2017), <https://tinyurl.com/ycptjcb4>.

3 232. Youth are identifying as transgender at higher rates than previous
4 generations. Youth aged 13–24 represent 42.7% of transgender-identified persons
5 13+, although that same age group represents only 18.6% of the U.S. 13+ population.
6 Herman et al., *How Many Adults*, *supra* at 6.

7 233. These trends are particularly pronounced in California. In one school in
8 Davis, 4% of 10th–12th Grade students, one in twenty-five, claim trans identity.
9 Colin Wright, *BREAKING: New Documents Reveal Shocking Surge in Trans-*
10 *Identified Students in Davis, CA Schools*, Reality’s Last Stand (Jan. 17, 2023),
11 <https://tinyurl.com/3w2taz77>.

12 234. This amount is 2.8 times the national average. *Id.*

13 235. Between 2019 and 2023, the percentage of transgender and nonbinary
14 college students in the University of California system tripled from 0.6% to 1.9%.
15 Erin Allday & Emma Stiefel, *More UC Students Identify as Nonbinary or Trans*,
16 *New Enrollment Data Shows*, S.F. Chronicle (Feb. 6, 2024),
17 <https://tinyurl.com/mryb9yez>.

18 236. UC Berkeley saw its share of transgender and nonbinary students rise
19 from 0.2% to 1.8%. *Id.*

20 237. This acceleration among youth began in 2010, increasing from 3.5 per
21 100,000 in Georgia, 5.5 in Southern California, and 17 in Northern California to 38,
22 44, and 75, respectively, per 100,000 population, only four years later. Qi Zhang et
23 al., *Changes in Size and Demographic Composition of Transgender and Gender*
24 *Non-Binary Population Receiving Care at Integrated Health Systems*, 27 *Endocrine*
25 *Prac.* 390 (2021), <https://tinyurl.com/b6pmyu85>.

26 ***Rapid Onset Gender Dysphoria***

27 238. This massive increase in both diagnoses of gender dysphoria and
28 incongruence and trans-identifying children and youth is part of a new pattern that

1 has been called rapid-onset gender dysphoria. *See* Lisa Littman, *Parent Reports of*
2 *adolescents and young adults perceived to show signs of rapid onset of gender*
3 *dysphoria*, 13 PLoS ONE e0202330, at 36. (2018), <https://tinyurl.com/4cc5pstf>.

4 239. Rapid-onset gender dysphoria is characterized by the sudden
5 appearance of gender dysphoria for the first-time during puberty or later, in children
6 and youth who had no prepubertal distress with their sexed bodies.

7 240. Dr. Littman’s study of parent reports reveals concerning trends that
8 highlight the social component of gender dysphoria and incongruence and trans-
9 identification.

10 241. The adolescent and young adults in the study were 82.8% female, with
11 a mean age of 16.4 years. *Id.* at 2.

12 242. The majority, 62.5%, “had reportedly been diagnosed with at least one
13 mental health disorder or neurodevelopmental disability prior to the onset of their
14 gender dysphoria.” *Id.*

15 243. Among the friendship groups studied, the first friend to identify as
16 transgender did so on average at 14.4 years old. *Id.* at 17. In these groups, 3.5 of the
17 friends on average became transgender-identified. *Id.* And in 36.8% of these groups,
18 the majority of the friends became transgender-identified. *Id.* at 17–18.

19 244. Many of the sources that the parents thought of as influencing their
20 children’s gender dysphoria were social: “YouTube transition videos (63.6% [of
21 parents reporting]); Tumblr (61.7%); a group of friends they know in person
22 (44.5%); a community/group of people that they met online (42.9%); a person they
23 know in-person (not online) 41.7%.” *Id.* at 21.

24 245. One example highlighted in the report was the case of four young girls
25 whose “very popular coach” came out as transgender. *Id.* at 16. “[W]ithin one year,
26 all four students announced they were also transgender.” *Id.*

27 246. Social media regarding medical transitioning is often targeted at youths.
28 One especially egregious example involved Dr. Giancarlo McEvenue, a plastic

1 surgeon in Canada, who bragged on social media about how much breast tissue he
2 had removed from healthy teenage girls. The McLean Clinic’s Instagram post read,
3 “For all you good boys, Dr. McEvenue is not bringing gifts, he’s taking them away.”
4 Michele Mandel, *Decision upheld against surgeon’s social media posts on*
5 *transgender top surgery*, Toronto Sun (Nov. 11, 2021), <https://tinyurl.com/yc7e9fpf>.

6 247. Dr. Littman’s findings were confirmed in another study in 2023.
7 Michael Bailey & Suzanna Diaz, *Rapid-Onset Gender Dysphoria: Parent Reports*
8 *on 1,655 Possible Cases*, J. Open Inquiry In Behav. Scis. (2023), available at
9 <https://tinyurl.com/43rvzmjx>.

10 248. This study included 1,655 parents of trans-identifying youth aged 11–
11 21, with 90%+ of the parents identifying as progressive pro-LGBT rights. *Id.* at 6.
12 This study also showed that 60.9% of female children adopted trans identity
13 concurrently with at least one friend, while only 38.7% of males reported the same.
14 *Id.* at 10. Male youth spent more time on social media or internet at 5.6 hours. And
15 females in the study were over-represented by a 3:1 ratio. *Id.* at 11.

16 249. Even the World Professional Association for Transgender Health
17 (“WPATH”), a group self-described as both a “scientific organization and an
18 advocacy group for the transgendered,” *Edmo v. Corizon*, 949 F.3d 489, 497 (2020)
19 (citations omitted), concedes that adolescents can be susceptible to social influence
20 towards gender identity adoption. Eli Coleman et al., *Standards of Care for the*
21 *Health of Transgender and Gender Diverse People, Version 8*, 23 Int’l J.
22 Transgender Health S1, S45 (2022), <https://tinyurl.com/msdk6p87>.

23 250. The President of WPATH, Dr. Marci Bowers, acknowledges that
24 children adopting transgender identities may be influenced by peers: “There are
25 people in my community who will deny that there’s any sort of ‘social contagion’
26 — I shouldn’t say social contagion, but at least peer influence on some of these
27 decisions,” Bowers said in reference to the growing number of children who identify
28 as transgender. “I think that’s just not recognizing human behavior.” Michelle

1 Goldberg, Opinion, *Trans Kids Deserve Private Lives, Too*, N.Y. Times (Jan. 23,
2 2023), <https://tinyurl.com/2hyp3scr>.

3 251. Dr. Laura Edwards-Leeper, the psychologist who participated with the
4 creation of the United States' first gender clinic for children and Dr. Erica Anderson,
5 a former board member of WPATH who identifies as transgender, cautioned that the
6 peer influence of a trans-identified child must be explored when determining
7 treatments of trans-identifying youth. Laura Edwards-Leeper & Erica Anderson, *The*
8 *mental health establishment is failing trans kids*, Wash. Post (Nov. 28, 2021),
9 <https://tinyurl.com/4t2ar8zk>.

10 ***Social Transitioning is a Medical Treatment***

11 252. Gender dysphoria and gender incongruence are sometimes treated with
12 active intervention, such as social transitioning by changing a person's pronouns,
13 name, clothes, bathroom, or sports team, and, in some cases, breast-binding or
14 genital-tucking. The Ninth Circuit has recognized social transitioning as medical
15 care and treatment. *See, e.g., Doe v. Horne*, 115 F.4th 1083, 1107 n.13 (9th Cir.
16 2024) (listing "social transition, including adopting a new name, pronouns,
17 appearance, and clothing, and correcting identity documents" as "medical treatment
18 for gender dysphoria").

19 253. WPATH, an advocacy group for transgenderism, has also recognized
20 social transitioning as medical treatment. *See WPATH, Standards of Care for the*
21 *Health of Transsexual, Transgender, and Gender-Nonconforming People* 9-10 (7th
22 ed. 2011) (listing "[t]reatment options" for gender dysphoria, including "[c]hanges
23 in gender expression and role (which may involve living part time or full time in
24 another gender role, consistent with one's gender identity).").

25 254. Social transitioning is "a complex decision and should be considered
26 an 'active intervention,'" not a neutral act. NHS Eng., *Supporting Children and*
27 *Young People with Gender-related Questions or Distress and Their Sexual*
28 *Orientation*, MindEd (July 11, 2023), <https://tinyurl.com/mw53kpt5> (select

1 “Supporting children and young people with gender questions or distress and their
2 sexual orientation for health and education professionals”; click “Play” for “Part 2:
3 Supporting children and young people with gender-related questions or distress in
4 education settings”; click “Continue”; scroll to “Social Transition”); *see also* DSM-
5 5, Gender Dysphoria at 451 (*Transsexual* denotes an individual who seeks, or has
6 undergone, a social transition from male to female or female to male, which in many,
7 but not all, cases also involves a somatic transition by cross-sex hormone treatment
8 and genital surgery (sex reassignment surgery).”) (italics in original).

9 255. It is considered an “active intervention because it may have significant
10 effects on the child or young person in terms of their psychological functioning and
11 longer-term outcomes.” The Cass Review for NHS Eng., *Independent Review of*
12 *Gender Identity Services for Children and Young People: Final Report* 158, The
13 Cass Review (2024), <https://tinyurl.com/ysew5cbu> (“Cass Final Report”).

14 256. Dr. Anderson called social transitioning “one of the most difficult
15 psychological changes a person can experience.” *Mirabelli v. Olson*, 691 F. Supp.
16 3d 1197, 1208 (S.D. Cal. 2023). Dr. Anderson further testified in court that
17 “embarking upon a social transition based solely upon the self-attestation of the
18 youth without consultation with parents and appropriate professionals is unwise.” *Id.*

19 257. The independent review of the U.K.’s National Health Service gender
20 identity services found that “[c]linical involvement in the decision-making process
21 should include advising on the risks and benefits of social transition as a planned
22 intervention, referencing best available evidence. This is not a role that can be taken
23 by staff without appropriate clinical training.” Cass Final Report, *supra* at 164.

24 258. And crucially, for both children and adolescents, “[o]utcomes for
25 children and adolescents are best if they are in a supportive relationship with their
26 family. For this reason parents should be actively involved in decision making unless
27 there are strong grounds to believe that this may put the child or young person at
28 risk.” *Id.*

1 259. Persistent social transitioning leads to chemical and then surgical
2 transitioning. See Soc’y for Evidence-Based Gender Med., *Early Social Gender*
3 *Transition in Children is Associated with High Rates of Transgender Identity in*
4 *Early Adolescence* (May 6, 2022), <https://tinyurl.com/4wwwvaxkp> (citing Kristina R.
5 Olson et al., *Gender Identity 5 Years After Social Transitioning*, 150 *Pediatrics*
6 e2021056082 (2022)); Pien Rawee et al., *Development of Gender Non-*
7 *Contentedness During Adolescence and Early Adulthood*, 53 *Archives Sexual*
8 *Behav.* 1813, 1813, 1821 (2024), <https://tinyurl.com/554rs7yh> (15-year study in the
9 Netherlands demonstrates that close to 75% of youth ages 11–26 outgrow their
10 discomfort with their sex by age 26. Notably, the return to comfort is directly related
11 to the span of elapsed time.).

12 260. Courts have found that “no one disputes” these procedures “carry risks”
13 and that they lack conclusive “evidence supporting their use.” *L.W. ex rel. Williams*
14 *v. Skrmetti*, 83 F.4th 460, 489 (6th Cir. 2023), *cert. granted*, 144 S. Ct. 2679 (2024);
15 *accord Eknes-Tucker v. Gov’r of Ala.*, 80 F.4th 1205, 1225 (11th Cir. 2023) (“[T]he
16 record evidence is undisputed that the medications at issue present *some* risks,”
17 including “loss of fertility and sexual function.”), *reh’g en banc denied*, No. 22-
18 11707, 2024 WL 3964753 (11th Cir. Aug. 28, 2024).

19 261. Social transitioning remains a controversial and, at best, unproven
20 medical and mental health intervention. The only systematic review of evidence on
21 this question to date reports an “absence of robust evidence of the benefits or harms
22 of social transition for children and adolescents.” Ruth Hall et al., *Impact of Social*
23 *Transition in Relation to Gender for Children and Adolescents: A Systematic*
24 *Review*, *Arch. Disease Childhood* 1, 1 (2024).

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1 262. Chemical and surgical transitioning are irreversible. Known side-
2 effects include shortened life expectancy,⁵ sterilization and infertility,⁶ sexual
3 dysfunction,⁷ increased prevalence of suicide,⁸ brain development issues, including
4 lowering of IQ,⁹ heart attacks and stroke,¹⁰ and osteoporosis.¹¹

5 263. These procedures are increasing. An increased number of young
6 females have undergone gender-related double mastectomies, with a marked climb
7 beginning in 2010 and a 13-fold increase between 2013 and 2020. Annie Tang et al.,
8 *Gender-Affirming Mastectomy Trends and Surgical Outcomes in Adolescents*, 88
9 *Annals of Plastic Surgery*, S325, (2022), <https://tinyurl.com/4srctkce>.

10 264. Chemical and surgical transitioning are lucrative. In 2020, the U.S. sex
11 reassignment market was estimated to hit \$1.5 billion by 2026. Press Release,
12
13

14 ⁵ Robert Hart, *Transgender People Twice As Likely To Die As Cisgender People*,
15 *Study Finds*, FORBES (May 16, 2022), <https://tinyurl.com/3jwuzu67>.

16 ⁶ Philip J. Cheng et al., *Fertility concerns of the transgender patient*, 8 *Translational*
17 *Andrology & Urology* 209, 209 (2019), <https://tinyurl.com/4byhevuw>.

18 ⁷ Mauro E. Kerckhof et al., *Prevalence of Sexual Dysfunctions in Transgender*
19 *Persons: Results from the ENIGI Follow-Up Study*, 16 *J. Sex Med.* 2018, 2018, 2024
(2019), <https://tinyurl.com/yv6sv4ed> (Erratum 17 *J. Sex Med.* 830 (2020),
<https://tinyurl.com/5649zfr9>).

20 ⁸ Gabrielle M. Etzel, *New study finds 12-fold higher risk of suicide attempt for adult*
21 *transgender patients*, Wash. Examiner (May 17, 2024), <https://tinyurl.com/4yrczt7p>.

22 ⁹ Sallie Baxendale, *The impact of suppressing puberty on neuropsychological*
23 *function: A review*, 113 *Acta Paediatrica* 1156, 1156, 1163–64 (2024),
<https://tinyurl.com/m69mbny3>.

24 ¹⁰ Darios Getahun et al., *Cross-sex Hormones and Acute Cardiovascular Events in*
25 *Transgender Persons: A Cohort Study*, 169 *Annals Internal Med.* 205, 206 (2018),
26 <https://tinyurl.com/5n6w659b>.

27 ¹¹ Michael Biggs, *Revisiting the effect of GnRH analogue treatment on bone mineral*
28 *density in young adolescents with gender dysphoria*, 34 *J. Pediatric Endocrinology*
& *Metabolism* 937, 937 (2021), <https://tinyurl.com/ywwux98y>.

1 GlobeNewswire, Sex Reassignment Surgery Market to Hit USD 1.5 Bn by 2026:
2 Global Market Insights, Inc. (Mar. 31, 2020), <https://tinyurl.com/34ywd63r>.

3 265. In 2022, the market was estimated to have already reached \$2.1 billion,
4 with an anticipated growth rate of 11.25% from 2023 to 2030. Grand View Rsch.,
5 *U.S. Sex Reassignment Surgery Market Size, Share & Trends Analysis Report By*
6 *Gender Transition (Female-to-male, Male-to-female), By Procedure (Mastectomy,*
7 *Vaginoplasty, Scrotoplasty, Hysterectomy, Phalloplasty), And Segment Forecasts,*
8 *2023–2030*, <https://tinyurl.com/2dup22u2> (last visited Sept. 17, 2024).

9 266. Part of the increasing lucrativeness of the field is that “sex reassignment
10 surgery [“SRS”] is gaining popularity among the young transgender population in
11 the U.S.” *Id.* “The 2021 annual report of Mount Sinai Center for Transgender
12 Medicine and Surgery indicated that approximately 41.7% and 25.8% of the
13 transfeminine population aged 25 to 34 and aged 15 to 24, respectively, underwent
14 SRS.” *Id.*

15 ***Social Transitioning is Harmful in the Long-term***

16 267. Tragically but predictably, the growth in children and adolescents
17 identifying as transgender has corresponded with an increase in children and
18 adolescents coming to regret their actions and decisions to socially or medically
19 transition.

20 268. Medical science cannot accurately predict which youth will eventually
21 desist or detransition. No known test exists to distinguish transgenderism from
22 gender incongruence. *See, e.g.,* Jiska Ristori & Thomas D. Steensma, *Gender*
23 *Dysphoria in Childhood*, 28 *Int’l Rev. Psychiatry* 13, 18 (2016) (“[T]he clinical
24 utility of currently identified factors is low.”); Wylie C. Hembree et al., *Endocrine*
25 *Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine*
26 *Society Clinical Practice Guideline*, 102 *J. Clinical Endocrinology & Metabolism*
27 3869, 3876 (2017) (“Hembree, *Endocrine Treatment*”) (“With current knowledge,
28 we cannot predict the psychosexual outcome for any specific child.”).

1 269. Doctors know that some children will come to regret transitioning. Dr.
2 Daniel Metzger, a gender-affirming pediatric endocrinologist at British Columbia
3 Children’s Hospital, remarked in a meeting, “Some of the Dutch researchers ... gave
4 some data about young adults who had transitioned and reproductive regret. Like,
5 regret. And, it’s there. And I don’t think any of that surprises us ... most of the kids
6 are nowhere in any kind of a brain space to really, really, really talk about it in a
7 serious way. That’s always bothered me, but, you know, we still want the kids to be
8 happy ... happier in the moment, right?” Project Veritas, *WPATH Gender Affirming*
9 *Doctor Shows Concern for Mental Health of Minors After Transition Surgeries*,
10 YouTube, at 0:02–0:28 (Oct. 6, 2022), <https://tinyurl.com/bddpymbk>.

11 270. The term “detransitioner” means a person who pursued medical
12 treatment in some fashion to further a transgender identity—e.g., puberty blockers,
13 hormones, or surgeries—but then ceased such treatments and embraced his or her
14 biological sex.

15 271. The term “desister” means a person who identified as something other
16 than his or her sex but did not pursue medical interventions in furtherance of that
17 belief, and then embraced his or her biological sex.

18 272. The Dutch clinicians who pioneered pediatric gender transition noted
19 an “80–95%” desistence rate for gender dysphoria in children. Peggy T. Cohen-
20 Kettenis et al., *The Treatment of Adolescent Transsexuals: Changing Insights*, 5 J.
21 *Sexual Med.* 1892, 1893 (2008); *see also* Leor Sapir, *Finland Takes Another Look*
22 *at Youth Gender Medicine*, *Tablet* (Feb. 21, 2023), <https://tinyurl.com/287dnbh3>
23 (noting that chief psychiatrist at Tampere University’s pediatric gender clinic
24 confirmed that “four out of five” children with gender dysphoria desist by
25 adulthood).

26 273. Accordingly, they recommended against social transition before
27 puberty to prevent non-persisting youths “from having to make a complex change
28 back to the role of their natal gender,” Annelou L. C. de Vries & Peggy T. Cohen-

1 Kettenis, *Clinical Management of Gender Dysphoria in Children and Adolescents:*
2 *The Dutch Approach*, 59 J. Homosexuality 301, 308 (2012), predicting “that the
3 drawbacks of having to wait until early adolescence ... may be less serious than
4 having to make a social transition twice,” Thomas D. Steensma & Peggy T. Cohen-
5 Kettenis, *Gender Transitioning Before Puberty?*, 40 Archives Sex Behav. 649, 649–
6 50 (2011).

7 274. As for medical transitions, one court recently noted that “some of the
8 same European countries that pioneered these treatments now express caution about
9 them and have pulled back on their use.” *L.W.*, 83 F.4th at 477.

10 275. Most gender-dysphoric children eventually desist, and studies show
11 that a majority of gender-dysphoric males (63–100%) and a substantial minority of
12 gender-dysphoric females (32–50%), decide that they are gay or lesbian, not
13 transgender. James M. Cantor, *Transgender and Gender Diverse Children and*
14 *Adolescents: Fact-Checking of AAP Policy*, 46 J. Sex & Marital Therapy 307, 313
15 (2020) (collecting 11 studies from 1972 to 2019).

16 276. The American Psychiatric Association observed the same phenomena
17 in a 2012 literature review, noting that “only a minority” of children diagnosed with
18 gender identity disorder “will identify as transsexual or transgender in adulthood (a
19 phenomenon termed *persistence*), while the majority will become comfortable with
20 their natal gender over time (a phenomenon termed *desistence*).” William Byne et
21 al., *Report of the APA Task Force on Treatment of Gender Identity Disorder*, 169
22 Am. J. Psych. data suppl. 4 (2012), <https://tinyurl.com/4wy4w7xh>.

23 277. Gender dysphoria or incongruence is often temporary, but social
24 transitioning can lock it in. The Endocrine Society cautions that children who have
25 socially transitioned “may have great difficulty in returning to the original gender
26 role upon entering puberty,” and that social transition “has been found to contribute
27 to the likelihood of persistence.” Hembree, *Endocrine Treatment*, *supra* at 3879; *see*
28 *also* Thomas D. Steensma et al., *Factors Associated with Desistence and Persistence*

1 *of Childhood Gender Dysphoria: A Quantitative Follow-Up Study*, 52 *J. Am. Acad.*
2 *Child & Adolescent Psychiatry* 582, 588 (2013).

3 278. Gender dysphoria or incongruence that first manifests in adolescence is
4 also often unstable. This group primarily comprises young people, mostly girls, who
5 did not exhibit gender-identity issues as children, experienced sudden onset after
6 beginning puberty, and present with comorbid mental-health problems. E.
7 Abruzzese et al., *The Myth of “Reliable Research” in Pediatric Gender Medicine:*
8 *A Critical Evaluation of the Dutch Studies—and Research that Has Followed*, 49 *J.*
9 *Sex & Marital Therapy* 673, 684–85 (2023).

10 279. The very existence of this category of gender-dysphoric or incongruent
11 youth demonstrates that transgender identity is neither innate nor immutable. *See*
12 Kenneth J. Zucker, *Adolescents with Gender Dysphoria: Reflections on Some*
13 *Contemporary Clinical and Research Issues*, 48 *Archives of Sexual Behav.* 1983,
14 1988–89 (2019); Littman, *Parent Reports*, *supra* at 30–33.

15 280. Given the desistence of most gender-dysphoric or incongruent youth,
16 many such children will come to regret their decision and detransition. *See, e.g.,*
17 Christina M. Roberts et al., *Continuation of Gender-Affirming Hormones Among*
18 *Transgender Adolescents and Adults*, 107 *J. Clinical Endocrinology & Metabolism*
19 e3937, e3937, e3938 (2022) (noting that 30% of those starting treatments
20 discontinued within four years); Ruth Hall et al., *Access to Care and Frequency of*
21 *Detransition Among a Cohort Discharged by a UK National Adult Gender Identity*
22 *Clinic: Retrospective Case-Note Review*, 7 *BJPsych Open* 1, 7 (2021) (noting that
23 32% of those starting treatments at adult clinic disengaged from treatment or
24 detransitioned within 16 months).

25 281. The authors of one such study noted that “the detransition rate found in
26 this population is novel and questions may be raised about the phenomenon of
27 overdiagnosis, overtreatment, or iatrogenic harm as found in other medical fields.”
28 Isabel Boyd et al., *Care of Transgender Patients: A General Practice Quality*

1 *Improvement Approach*, 10 *Healthcare* 1, 11, 13 (2022) (“Of the 41 patients that had
2 received hormone treatment ... Nine patients had stopped hormone therapy ... Four
3 transmen had comments in the records that related to a change in gender identity or
4 detransitioning...”; and noting that 32% of adults regretted, detransitioned, or
5 discontinued treatment).

6 282. Claims that regret and detransitioning are extremely rare are based
7 mainly on studies involving adults who transitioned as adults. *See* Valeria P. Bustos
8 et al., *Regret After Gender-Affirmation Surgery: A Systematic Review and Meta-*
9 *Analysis of Prevalence*, 9 *Plastic & Reconstructive Surgery—Global Open* e3477
10 (2021).

11 283. A recent study found that the true rate of regret and detransition is
12 unknown. *See generally* Jay Cohn, *The Detransition Rate Is Unknown*, 52 *Archives*
13 *Sexual Behav.* 1937 (2023). But the desistance rate for gender dysphoria in children
14 is high. Leor Sapir, *Finland Takes Another Look at Youth Gender Medicine*, *Tablet*
15 (Feb. 21, 2023), <https://tinyurl.com/287dnbh3> (noting that eighty percent of children
16 with gender dysphoria desist by adulthood).

17 284. The novelty of adolescent-onset gender-dysphoria or incongruence
18 means that it is being treated experimentally, with little insight into the long-term
19 effects and risks of treatment.

20 ***Social Transitioning is Also Harmful in the Short Term***

21 285. Although the ultimate outcomes of these experimental treatments
22 involving social and medical transition of children and adolescents are still largely
23 unknown, researchers can observe immediate harms in how these conditions are
24 diagnosed.

25 286. Gender dysphoria and gender incongruence, like all medical or mental
26 health matters, must be treated on a case-by-case basis. No two cases are the same.
27 Yet AB 1955 favors a one-size-fits-all social transitioning approach that leads to bad
28 health outcomes.

1 287. Dr. Hilary Cass’s interim report to the U.K.’s National Health Service
2 mentioned the problem of “diagnostic overshadowing,” when the person diagnosing
3 a child identifies gender as a source of distress and ignores all other problems,
4 including ones that might be causing the gender distress. The Cass Review for NHS
5 Eng., *Independent Review of Gender Identity Services for Children and Young*
6 *People: Interim Report* 17 (2022), <https://tinyurl.com/274ckh7x>.

7 288. Some frequently undiagnosed and untreated comorbidities, such as
8 depression, that present with gender dysphoria, also increase the risk of suicide.

9 289. It is imperative that the parents of children at risk of suicide be involved
10 in their treatment. Data shows that 95.5% of suicides of children ages 10–14 occur
11 at home. Nat’l Inst. of Mental Health, *Understanding the Characteristics of Suicide*
12 *in Young Children* (Dec. 14, 2021), <https://tinyurl.com/3jveh3j6>.

13 290. Another frequent comorbidity is autism, which researchers have found
14 is a predominant factor in adolescents who identify as transgender. *See, e.g.*, Cass
15 Final Report, *supra* at 6 (16.6 percent of the youth with gender dysphoria also were
16 diagnosed with autism spectrum disorder); Jennifer Murphy et al., *Autism and*
17 *transgender identity: Implications for depression and anxiety*, 69 *Rsch. Autism*
18 *Spectrum Disorders* 101466, 101466 (2020), <https://tinyurl.com/yhxx84uz> (“An
19 online study of 727 individuals revealed a substantial overlap between transgender
20 identity and autism”); Riittakerttu Kaltiala-Heino et al., *Two years of gender identity*
21 *service for minors: overrepresentation of natal girls with severe problems in*
22 *adolescent development*, 9 *Child Adolesc. Psychiatry Ment. Health* 9, at p. 1 (2015),
23 <https://tinyurl.com/nhfawypf> (26% of the 47 youth seeking gender interventions in
24 Finland’s study were autistic.)

25 291. Risk of gender dysphoria also tends to run within families. One study
26 found that risk of gender dysphoria increased between 3.88 and 4.48 times for the
27 siblings of those with gender identity disorder. Esther Gómez-Gill et al., *Familiarity*
28

1 of *Gender Identity Disorder in Non-Twin Siblings*, 39 *Archives of Sexual Behavior*
2 546, 546 (2010).

3 292. Researchers have proposed a genetic basis for gender dysphoria.
4 Madeleine Foreman et al., *Genetic Link Between Gender Dysphoria and Sex*
5 *Hormone Signaling*, 104 *J. Clinical Endocrinology & Metabolism* 390, 392–93
6 (2019).

7 293. Gender dysphoria is known to have “strong heritability.” Frederick L
8 Coolidge & Ari Stillman, *The strong heritability of gender dysphoria*, in *The*
9 *Plasticity of Sex, The Molecular Biology and Clinical Features of Genomic Sex,*
10 *Gender Identity and Sexual Behavior*, 63 (2020).

11 294. Treating a child’s gender dysphoria or incongruence requires parental
12 involvement. The NHS has warned that “[s]upporting a social transition without the
13 involvement of parents or carers can create complex difficulties within families and
14 is not recommended. Secrets between parents or carers and their children are
15 problematic and are likely to create further issues in the future.” NHS Eng.,
16 *Supporting Children and Young People with Gender-related Questions or Distress*
17 *and Their Sexual Orientation*, MindEd (July 11, 2023),
18 <https://tinyurl.com/mw53kpt5>.

19 295. Parents alone possess “the best source of information” about a child’s
20 “medical history, temperament, habits, activities, or other factors that may provide
21 a better and more accurate understanding to the [child’s] communication regarding
22 gender identity[.]” Sarah Parshall Perry & Thomas Jipping, *Legal Mem. 355, Public*
23 *School Gender Policies that Exclude Parents are Unconstitutional* 6, Heritage
24 Found. (June 12, 2024), <https://tinyurl.com/2xef3pa6>.

25 296. According to Dr. Erica Anderson, parents “are often the only people
26 who have frequently and regularly interacted with a child or adolescent throughout”
27 his or her life who has a full “view of the child’s development over time.”
28 *Mirabelli*, 691 F. Supp. 3d at 1208 (quoting Anderson expert declaration).

1 297. The need for informed parents to render treatment is especially
2 important given that no known test can distinguish transgenderism from gender non-
3 congruence. Parents often know better than anyone “how long the child or
4 adolescent has been experiencing gender incongruence,” “whether there might be
5 any external cause of those feelings,” and “how likely those feelings are to
6 persist.” *Id.* “[T]o place teachers in the position of accepting without question” a
7 minor’s gender preference and then “direct[ing] such teachers to withhold the
8 information from parents concerning their minor children is hugely problematic.”
9 *Id.*

10 298. In contrast to parents, schools lack the information to make these
11 distinctions. Nor do schools have the training and experience to provide
12 individualized treatment, to diagnose children with gender dysphoria, or to opine
13 and advise them on treatment, even if they had the information to do so.

14 *Charter Cities*

15 299. Under the California Constitution of 1849, cities were “but subordinate
16 subdivisions of the State Government,” and the Legislature had power to “enlarge
17 or restrict” city powers. *Johnson v. Bradley*, 841 P.2d 990, 993–95 (Cal. 1992)
18 (quoting *San Francisco v. Canavan*, 42 Cal. 541, 557 (1872)).

19 300. But after the Constitution of 1879 was adopted, the Supreme Court of
20 California declared it was “manifestly the intent” of the drafters “to emancipate
21 municipal governments from the authority and control formerly exercised over them
22 by the Legislature.” *Id.* at 993 (quoting *People v. Hoge*, 55 Cal. 612, 618 (1880)).

23 301. As a practical matter, however, for several years Charter Cities
24 remained subject to general State laws. *See Davies v. City of Los Angeles*, 24 P. 771,
25 773 (Cal. 1890).

26 302. To confirm the intent that Charter Cities are creatures of the
27 Constitution and not of the State, in 1896, article XI of the State Constitution was
28 amended “to prevent existing provisions of charters from being frittered away by

1 general laws,” and “to enable municipalities to conduct their own business and
2 control their own affairs, to the fullest possible extent, in their own way.” *Fragley v.*
3 *Phelan*, 58 P. 923, 925 (Cal. 1899). *Fragley* further observed the Charter City
4 authority “was intended to give municipalities the sole right to regulate, control, and
5 govern their internal conduct independent of general laws.” *Id.* at 925.

6 303. A question arose whether Charter City authority extended only to
7 matters explicitly enumerated in the charter. Answering in the negative and
8 affirming Charter Cities’ broad authority, Article XI was amended again in 1914 to
9 give Charter Cities the power “to make and enforce all laws and regulations in
10 respect to municipal affairs, subject only to the restrictions and limitations provided
11 in their several charters, and in respect to other matters they shall be subject to and
12 controlled by general laws.” *Johnson*, 841 P.2d at 994.

13 304. The Charter City powers remained essentially unaltered for the next
14 half-century. “In 1968, as part of the general overhaul of the state Constitution, the
15 California Constitution Revision Commission recommended to the Legislature that
16 the above sections be retained in substance but rewritten and renumbered as new
17 Article XI, section 5” which was approved by the voters in 1970. *Johnson*, 841
18 P.2d at 995.

19 305. Recent case law has fleshed out Charter Cities’ independence. In
20 *Redondo Beach v. Padilla*, a Charter City sued the Secretary of State challenging
21 enforcement of the Voter Participation Rights Act. 260 Cal.Rptr.3d 263, 265-66
22 (2020). The voting statute required “political subdivisions” to align their local
23 elections with on-cycle elections. *Id.* The Charter City challenged the voting statute,
24 arguing that it only applied to “political subdivisions” (*i.e.*, general-law cities) and
25 that a Charter City was not a “political subdivision.” *Id.*

26 306. The California Court of Appeal agreed. The *Redondo Beach* Court
27 began by observing that “California law recognizes two types of cities.” *Id.* at 268.
28 While general-law cities are political subdivisions of the State, “Charter cities are

1 specifically authorized by our state Constitution to govern themselves, free of state
2 legislative intrusion, as to those matters deemed municipal affairs.” *Id.* That Court
3 then noted that “the term ‘political subdivision of the state’ has been construed to
4 distinguish counties from ‘municipal corporations’ with separate and distinct powers
5 and purposes.” *Id.* at 271 n.7.

6 307. The *Redondo Beach* Court concluded a Charter City is not a “political
7 subdivision,” and thus had broad authority over its own elections. *Id.* at 275.

8 308. Likewise, in *Haytasingsh v. City of San Diego*, the Court observed that
9 the “contention that the legal status of a municipal corporation is akin to that of a
10 county cannot be sustained either upon reason or authority.” 286 Cal.Rptr.3d 364,
11 387 (Ct. App. 2021) (quoting *Otis v. City of Los Angeles*, 126 P.2d 954, 958 (Cal.
12 Ct. App. 1942)). The reason is that “[i]t is the free consent of the persons composing
13 them that brings into existence municipal corporations ... while it is the sovereign
14 will [of the state] which brings into being counties as local subdivisions of the state.”
15 *Id.* (quoting *Otis*, 126 P.2d at 958).

16 309. Contrasting the establishment of Charter Cities by the free consent of
17 their residents, political subdivisions—such as general-law cities—are established
18 “without the solicitation, consent or concurrent action of the people residing within
19 them.” *Haytasingsh*, 286 Cal.Rptr.3d at 387 (quoting *Otis*, 126 P.2d at 958). The
20 upshot is that “[charter] [c]ities, therefore, are distinct individual entities, and are not
21 connected political subdivisions of the state. As a matter of fact, municipalities, and
22 particularly charter cities, are in a sense independent political organizations and do
23 not pretend to exercise any functions of the state.” *Id.* (quoting *Otis*, 126 P.2d at
24 958).

25 310. Just as the Court of Appeal did in *Redondo Beach*, the *Haytasingsh*
26 Court concluded that when the Legislature uses the term “political subdivision,” it
27 does not mean a Charter City. *Id.* at 390.

1 311. In sum, Charter Cities “are distinct individual entities, and are not
2 connected political subdivisions of the state.” *Id.* at 387 (quoting *Otis*, 126 P.2d at
3 958). “It is the free consent of the persons composing them that brings into existence
4 municipal corporations. . . .” *Id.* (quoting *Otis*, 126 P.2d at 958).

5 312. For this reason, then, Charter Cities, far from being creatures of the
6 State, enjoy constitutionally recognized autonomy (Cal. Const. art. XI) and
7 municipal authority over certain areas of governance that is “supreme and beyond
8 the reach of legislative enactment.” *Redondo Beach*, 46 Cal.App.5th. at 910
9 (quoting *State Building & Constr. Trades Council of Cal. v. City of Vista*, 279 P.3d
10 1022, 1027 (Cal. 2012)).

11 ***Huntington Beach Parents-Right-to-Know Ordinance***

12 313. On September 17, 2024, the Huntington Beach City Council passed for
13 a second time Ordinance No. 4326, two weeks after passing it initially. *See Exhibit*
14 *2*.

15 314. The Ordinance amended the Huntington Beach Municipal Code by
16 adding Chapter 1.23 that made Huntington Beach a “Parents’ Right to Know” city.

17 315. The Ordinance’s findings include that “[a]s a Charter City, that derives
18 its power from the consent of the people, the City of Huntington Beach has a direct
19 interest in protecting the rights of parents of minor children residing within its
20 jurisdiction, and it has a direct interest in challenging the State’s actions that are
21 demonstrably driving large economic producers out of California.” HB Municipal
22 Code 1.23.010(M).

23 316. Additionally, the City found that “[t]he protection of parents and
24 children in the City from interference by the State over ‘a student’s sexual
25 orientation, gender identity, or gender expression’ is a municipal affair, not a
26 statewide concern.” *Id.* 1.23.010(L).

27 317. Furthermore, “[t]here can be no greater example of a municipal affair
28 than the regulation of Huntington Beach citizens[’] private and highly personal

1 subject of ‘a student’s sexual orientation, gender identity, or gender expression’ that
2 should be, and remain, between a parent and a child. The people of Huntington
3 Beach have a right to govern Huntington Beach municipal affairs and challenge the
4 State’s attempt to assert authority of municipal affairs.” *Id.*

5 318. And the Ordinance pointed to federal constitutional parental rights
6 found in the Fourteenth Amendment as recognized by the U.S. Supreme Court and
7 the Ninth Circuit. *See id.* 1.23.010(F)–(H).

8 319. Thus, the Ordinance recognized that “[p]arents have a right to know
9 about their child’s ‘sexual orientation, gender identity, or gender expression’ without
10 the interference, prohibition, and/or inhibition presented by AB 1955.” *Id.*
11 1.23.020(B).

12 320. As a result, besides declaring Huntington Beach a “Parents’ Right to
13 Know” city, *id.* 1.23.020(C), the Ordinance holds that “[n]o educators in the City of
14 Huntington Beach[] . . . shall withhold any information related to a child’s sexual
15 orientation, gender identity, or gender expression to Parents of said children with or
16 without the child’s consent.” *Id.* 1.23.020(D).

17 321. Anyone who violates the Ordinance can be cited.

18 322. The City of Huntington Beach, like all cities, is a distinct entity affected
19 by the well-being of its residents.

20 323. Recognizing this reality, the Ordinance further noted that the City “has
21 a direct interest in protecting its Parents, children, and the City’s economy by the
22 impact of this State legislation, and therefore the City of Huntington Beach has legal
23 standing, as claimed, emphasized, and asserted herein, to challenge AB 1955.” *Id.*
24 1.23.030(A).

25 324. The City of Huntington Beach, unlike many cities, is a charter city.

26 325. As a charter city, the City is an association of its residents, with a unique
27 authority to protect each resident. In other words, the City is “by the people, for the
28 people.”

1 326. Recognizing this unique dynamic, the Ordinance goes beyond
2 protecting the City’s own proprietary interests in the well-being of its residents. The
3 Ordinance also authorizes the City to directly defend the rights of any individual
4 member of the Huntington Beach community, allowing suit “on behalf of a City
5 resident who is a Parent of a minor student in a public school in Huntington Beach
6 alleging violations of their rights as a result of AB 1955.” *Id.* 1.23.030(C).

7 327. Hence, the City Council took a vote, as authorized in the Ordinance,
8 *see id.* 1.23.030(B), to initiate legal action against the State to challenge AB 1955
9 on September 17, 2024, with a majority of the Council approving such action.

10 ***Standing—Huntington Beach***

11 328. Cities may assert standing based on their own interests as entities, in
12 defending their proprietary interests congruent with those of their residents, or under
13 third party standing doctrines. Variations of all those grounds apply here.

14 329. The City has standing on at least six grounds.

15 330. *First*, the City has standing as a charter city in its constitutionally
16 recognized autonomy as an “independent political organization[] [that] do[es] not
17 pretend to exercise any functions of the state.” *Haytasingsh*, 286 Cal.Rptr.3d at 387.
18 AB 1955 infringes that autonomy.

19 331. That infringement comes because the City has validly passed an
20 ordinance in conflict with that statute and, to the extent the statute is seen as
21 superseding the Ordinance, the City’s “sole right to regulate, control, and govern
22 their internal conduct independent of general laws” is undermined. *Fragley*, 58 P. at
23 925.

24 332. The City thus has a concrete injury, caused by AB 1955, that can be
25 redressed by a favorable ruling of this Court, satisfying the three elements of Article
26 III standing.

1 333. *Second*, AB 1955 will economically harm the City, as it will drive
2 businesses and taxpayers currently located in the City out of the state, reducing the
3 City’s revenues.

4 334. This is already happening elsewhere in California as Elon Musk
5 announced he was relocating SpaceX—which generates \$8.5 billion dollars and
6 employs over 13,000 Californians—from California to Texas as a direct result of
7 AB 1955.¹²

8 335. The City has an interest in protecting its economic viability and will be
9 economically harmed by AB 1955, also providing standing. *See Gladstone Realtors*
10 *v. Village of Bellwood*, 441 U.S. 91, 110–11 (1979) (city had standing to sue where
11 realty groups’ practices which could encourage residents to leave and result in a
12 reduced tax base).

13 336. *Third*, a municipality may sue to redress “injury to its ability to function
14 as a municipality in regulating persons and property within its jurisdictional control.”
15 *Colo. River Indian Tribes v. Town of Parker*, 776 F.2d at 848; *cf. Scotts Valley Band*
16 *of Pomo Indians of Sugar Bowl Rancheria v. United States*, 921 F.2d 924, 927 (9th
17 Cir. 1990) (recognizing a protectable “municipal interest in taxing and regulatory
18 powers” for intervention as of right).

19 337. To show that such an injury actually exists, the municipality must
20 identify some “actual conflict” between the challenged action and its ability to
21 regulate. *Sturgeon v. Masica*, 768 F.3d 1066, 1074 (9th Cir. 2014), *vacated in part*
22 *on other grounds and remanded sub nom. Sturgeon v. Frost*, 577 U.S. 424 (2016).
23 The actual conflict between the Ordinance and AB 1955 is evident here.

24
25
26
27 ¹² See Will Biagini, ‘Final Straw’: Elon Musk Moving SpaceX to Texas After
28 California Passes Anti-parent Law, Texas Scorecard (July 17, 2024),
<https://tinyurl.com/bdk4a24s>.

1 338. *Fourth*, a municipality—even one that is not a charter city—may sue
2 “to protect its own 'proprietary interests' that might be ‘congruent’ with those of its
3 citizens.” *City of Sausalito v. O’Neill*, 386 F.3d 1186, 1197 (9th Cir. 2004) (citations
4 omitted). And those proprietary interests are “not confined to protection of its real
5 and personal property. The ‘proprietary interests’ that a municipality may sue to
6 protect are as varied as a municipality’s responsibilities, powers, and assets.” *Id.*
7 (citations omitted).

8 339. The City has determined that AB 1955 threatens its proprietary interests
9 by harming City residents, and expressed that determination through the Ordinance.

10 340. The City Council, by passing the Ordinance in its duty to represent City
11 residents, has determined that the interests of parents and their children are
12 congruent with the interests of the City.

13 341. *Fifth*, and alternatively, given its special status as a charter city and the
14 Ordinance’s authorization to protect City residents, the City has *parens patriae*
15 standing on behalf of its citizens.

16 342. Given their special status—created by citizens rather than the state and
17 thus not political subdivisions of the state—charter cities, like states, “are not normal
18 litigants for the purposes of invoking federal jurisdiction.” *Massachusetts v. E.P.A.*,
19 549 U.S. 497, 518 (2007).

20 343. Like states, “[o]ne helpful indication in determining whether an alleged
21 injury to the health and welfare of its citizens suffices to give the [City] standing to
22 sue *parens patriae* is whether the injury is one that the [City], if it could, would
23 likely attempt to address through its sovereign lawmaking powers.” *Alfred L. Snapp*
24 *& Son, Inc. v. Puerto Rico ex rel. Barez*, 458 U.S. 592, 607 (1982). And the City has
25 done just that in passing the Ordinance.

26 344. Were the City a general city—a mere creation of and political
27 subdivision of the state—it would lack *parens patriae* standing. *See Colorado River*
28 *Indian Tribes v. Town of Parker*, 776 F.2d 846, 848 (9th Cir.1985) (“political

1 subdivisions . . . cannot sue as *parens patriae* because their power is derivative and
2 not sovereign.”). But as a charter city it may assert such standing to raise claims on
3 behalf of its citizens that are harmed by AB 1955.

4 345. *Sixth*, and also alternatively, the City has standing because it is an
5 association of its residents.

6 346. “[A]n association has standing to bring suit on behalf of its members
7 when: (a) its members would otherwise have standing to sue in their own right; (b)
8 the interests it seeks to protect are germane to the organization's purpose; and (c)
9 neither the claim asserted nor the relief requested requires the participation of
10 individual members in the lawsuit.” *Hunt v. Washington State Apple Advert.*
11 *Comm’n*, 432 U.S. 333, 343 (1977).

12 347. Government entities have standing to bring suit on behalf of individuals
13 within their jurisdiction when the elements of this test are satisfied. *Central Delta*
14 *Water Agency v. U.S.*, 306 F.3d 938, 951 (9th Cir. 2002).

15 348. This is particularly true where they “have qualities often found in
16 private associations.” *Id.* at 951 n.8.

17 349. Even regular cities frequently have such qualities. *See City of Stamps,*
18 *Arkansas v. Alcoa, Inc.*, No. CIV. 05-1049, 2006 WL 2254406, at *6 (W.D. Ark.
19 Aug. 7, 2006) (“an individual citizen of Stamps would have standing to sue,
20 and Stamps seeks to protect interests germane to its purpose, which is, at least in
21 part, to provide for the welfare of its citizens under its police powers.”).

22 350. And charter cities much more closely resemble private associations
23 than normal cities. As explained above, charter cities such as Huntington Beach are
24 independent of direct government by the State. They thus are more directly
25 governed, and the City’s leadership can be expected to reflect the values of most
26 residents, many of whom intentionally choose the City for that reason.

27 351. While under *City of South Lake Tahoe v. California Tahoe Reg’l Plan.*
28 *Agency*, 625 F.2d 231, 233 (9th Cir. 1980), and its progeny, a political subdivision

1 of a state may not sue the state or a subdivision of it over state law in federal court,
2 that prohibition does not apply to the City’s assertion of its residents’ rights, either
3 as *parens patriae* or as an association of residents.

4 352. As the Southern District of California observed in *Pioneers Memorial*
5 *Healthcare District v. Imperial Valley Healthcare District*, “[i]t is beyond question
6 that political subdivisions can, generally speaking, suffer a concrete and
7 particularized injury worthy of Article III attention. It is equally clear that an
8 individual's constitutional rights can be violated by a state's actions against a
9 subdivision. And the very premise of third-party standing is that a plaintiff—having
10 suffered his own injury in fact—can sometimes ‘rest’ his claims on legal rights *he*
11 *does not possess*. So, assuming [the City] can demonstrate a cognizable injury, there
12 is no obvious reason why . . . *South Lake Tahoe*’s [] rights-based reasoning prevents
13 [the City] from leaning on the interests of others.” No. 24-CV-861 JLS (LR), 2024
14 WL 3858135, at *7-8 (S.D. Cal. Aug. 19, 2024) (emphasis in original).

15 353. The *Pioneers Memorial* court ultimately walked back from this
16 conclusion. *Id.* at *8 (avoiding the conclusion as “contrary to the thrust of this body
17 of binding authority.”). But this Court should follow the *Pioneers Memorial* court’s
18 premises through to their inevitable conclusion: the *South Lake Tahoe* rule does not
19 bar municipalities from asserting third-party standing.

20 354. In addition, the *South Lake Tahoe* rule should not apply here even to
21 the City’s direct claims, as a charter city is not a political subdivision of the state, as
22 California courts have confirmed after *City of South Lake Tahoe* was decided. In
23 addition, the *City of South Lake Tahoe* decision “offered no independent reasoning
24 for its per se standing rule.” *City of San Juan Capistrano v. California Pub. Utilities*
25 *Comm'n*, 937 F.3d 1278, 1280 (9th Cir. 2019). Indeed, it does not even appear to use
26 the word “standing” in the same way as modern cases. *Id.* at 1283 (Nelson, J.,
27 concurring) (urging reconsideration of *South Lake Tahoe* in light of change of the
28 meaning of the word "standing").

Standing—Parents

1
2 355. The Parent Plaintiffs face imminent harm by AB 1955 in multiple ways.

3 356. *First*, the Parent Plaintiffs will be injured when information of the
4 utmost intimacy about their children is withheld from them. AB 1955 signals to
5 parents, children, and government school employees that the care of children rests
6 with the State, not their parents.

7 357. The loss of information is not a one-time event related only to a child
8 informing a school official that the child might be transgender. The loss of
9 information includes each time that a child requests care or treatment, including
10 social transitioning, from the government and parents are denied the opportunity to
11 know or consent.

12 358. Nor is identifying as transgender an immutable characteristic. That
13 position ignores the growing number of desisters and detransitioners who come to
14 no longer identify as transgender.

15 359. *Second*, the Parent Plaintiffs will be harmed in their ability to parent
16 their children. AB 1955 fosters communities of secrecy where children are taught
17 that their parents might not be “safe” and that secrets from them are safe and will be
18 facilitated by the government.

19 360. To counter the malignant influence of AB 1955, the Parent Plaintiffs
20 are compelled to teach their children about gender and sexuality issues in a level of
21 detail that they do not consider appropriate for their children, but that is necessary
22 in an environment where government employees are encouraged to discuss such
23 topics with children, to keep these discussions secret from the parents, and to actively
24 facilitate social transitioning of these children without their parents’ knowledge.

25 361. The point of AB 1955 is to keep parents in the dark. *See Deanda v.*
26 *Becerra*, 96 F.4th 750, 759 (5th Cir. 2024) (finding standing to challenge law
27 designed to keep parents “in the dark”).
28

1 362. Parent Plaintiffs cannot be sure if the statewide policy is being used
2 against them because at its core the purpose of the policy is to keep them from
3 finding out. If the Parent Plaintiffs find out about the policy, then the policy has
4 failed.

5 363. The Parent Plaintiffs have standing to challenge AB 1955 because, if
6 they must wait until after their children receive unconsented-to treatment, then the
7 Parent Plaintiffs lack any way to protect their children and preserve their parental
8 decision-making role.

9 364. *Third*, the Parent Plaintiffs will be harmed if their children receive
10 medical treatment without their knowledge and consent, including through social
11 transitioning. The Parent Plaintiffs object to the State's decision to facilitate
12 experimental gender dysphoria treatments and to usurp parents' roles in consenting
13 to their minor children's treatment.

14 365. The subjection of the Parent Plaintiffs' children to AB 1955 is not
15 disputed. Each of the Parent Plaintiffs has at least one child attending a school
16 subject to the challenged provisions of AB 1955, which will infringe on their
17 parental rights. The fostered policy of secrecy depends on a single trigger: a child
18 requesting or a school official offering gender dysphoria treatment, including social
19 transitioning.

20 366. *Fourth*, the Parent Plaintiffs will be harmed by having a statewide
21 policy in place that prohibits schools from requiring government school employees
22 to inform parents if they plan to offer medical treatment to their children. *See Parents*
23 *Involved in Comm. Schs. v. Seattle Sch. Dist. No. 1*, 551 U.S. 701, 718–19 (2007);
24 *Loffman v. Cal. Dep't of Educ.*, 119 F.4th 1147, 1163 (9th Cir. 2024).

25 367. Some of the parents lived in communities and school districts with
26 family-friendly policies requiring schools to inform parents if the school had been
27 asked to facilitate social transitioning. AB 1955 ends these policies.
28

1 368. *Fifth*, some Parent Plaintiffs suffer imminent harm specific to their
2 circumstances.

3 369. For instance, when AB 1955 takes effect, the odds significantly
4 increase that Parent 1A's contractual agreement with her child's school will be
5 undermined.

6 370. Likewise, AB 1955 will severely hamper Parent 6A's ability to get
7 information from his child's teacher that 6A needs to properly parent his child and
8 to provide his child's therapist for proper treatment.

9 371. Furthermore, several Parent Plaintiffs have been threatened by their
10 child when that child was being socially transitioned at school, and their safety may
11 be seriously jeopardized if they don't know what's going on with their child as to
12 gender issues at school. The odds that information will be withheld significantly
13 increase when AB 1955 takes effect.

14 372. Parent 10A will lose the benefit of the City's ordinance when AB 1955
15 goes into effect.

16 373. *Sixth*, at least some Parent Plaintiffs suffer immediate harm because AB
17 1955 will take effect in less than one month.

18 374. For example, Parents 3A and 3B, against their better judgment about
19 when to start teaching their son about gender issues, have started to do so despite
20 their child's young age (under 10) and disability (autism) given his higher risk of
21 being socially transitioned at school in the wake of AB 1955.

22 375. In other words, AB 1955 is forcing their parental hand, making them
23 teach ideas that they think are premature for their son's developmental stage, but
24 they are doing so because the potential harm caused by AB 1955 is greater than the
25 harm of this premature teaching.

26 376. *Finally*, all of the Parent Plaintiffs will be harmed in their
27 constitutionally protected right to parent their child, including to reject the treatment
28 of social transitioning, when AB 1955 goes into effect.

1 377. Parents face potentially catastrophic harm: further damage to their
2 parent-child relationship, further mental and even self-inflicted harm to their child,
3 the withholding of information crucial to fulfilling their role as parent, the loss of
4 custody, and perhaps even bodily harm or death.

5 378. The relief Plaintiffs seek would reduce the probability of injury. They
6 thus have standing.

7 **FIRST CLAIM FOR RELIEF:**

8 **14th Amendment Due Process Clause—Parents’ Right to Refuse**

9 **Treatment of their Minor Children**

10 **U.S. Const. Amend. XIV, § 1, Cl. 3**

11 379. Plaintiffs hereby incorporate the allegations made in each preceding
12 paragraph of this Complaint as if fully set forth herein.

13 380. The Supreme Court has held that the Due Process Clause of the
14 Fourteenth Amendment, U.S. Const. amend. XIV, § 1, includes certain substantive
15 rights.

16 381. Among these is parents’ fundamental right to direct their children’s
17 upbringing. *Pierce v. Soc’y of Sisters*, 268 U.S. 510, 534–35 (1925); *see also Troxel*
18 *v. Granville*, 530 U.S. 57, 66 (2000) (plurality) (collecting cases).

19 382. This fundamental right includes the right of parents to make medical,
20 including mental health, decisions for their children.

21 383. Plaintiffs challenge severable provisions of AB 1955, specifically the
22 references to gender identity and gender expression within Sections 5 and 6, as
23 violative of this constitutional right, because gender dysphoria and gender
24 incongruence are mental health conditions, and social transitioning is a medical
25 intervention.

26 384. Specifically, AB 1955 § 5(a) (added to the Education Code as Section
27 220.3) unconstitutionally provides that “[a]n employee or a contractor of a school
28 district, county office of education, charter school, or state special school for the

1 blind or the deaf shall not be required to disclose any information related to a pupil’s
2 . . . gender identity, or gender expression to any other person without the pupil’s
3 consent unless otherwise required by state or federal law.”

4 385. In addition, AB 1955, § 6(a) (added to the Education Code as Section
5 220.5) unconstitutionally prohibits schools from informing parents when medical
6 treatment is occurring at school, by prohibiting public school districts and the like
7 from “enact[ing] or enforc[ing] any policy, rule, or administrative regulation that
8 would require an employee or a contractor to disclose any information related to a
9 pupil’s . . . gender identity, or gender expression to any other person without the
10 pupil’s consent.”

11 386. This imposition of a communications barrier between teachers and
12 parents regarding their child’s gender identity or gender expression impairs parents’
13 ability to raise their children. Without information about their child’s symptoms of
14 gender dysphoria and/or gender incongruence or about their child’s desire and
15 attempt to socially transition, parents suffer the loss of their exclusive decision-
16 making authority over whether the medical treatment of socially transitioning their
17 child is in their child’s best interest and how to best help their child through that
18 difficult situation.

19 387. What is more, “[p]arental involvement is essential to the healthy
20 maturation of schoolchildren.” *Mirabelli*, 691 F.Supp.3d at 1222. But through AB
21 1955, California “has adopted a policy . . . that places a communication barrier
22 between parents and teachers.” *Id.*

23 388. And the Supreme Court has also recognized that an “inability to obtain
24 information” to which one is entitled is an injury. *See Fed. Election Comm’n v.*
25 *Akins*, 524 U.S. 11, 21 (1998); *Spokeo v. Robins*, 578 U.S. 330, 342 (2016); *Public*
26 *Citizen v. U.S. Dep’t of Just.*, 491 U.S. 440, 449 (1989).

1 389. The Supreme Court has long framed parental rights in terms of parents’
2 decision-making authority over their own minor children. *Troxel*, 530 U.S. at 72–73
3 (plurality op.); *Wisconsin v. Yoder*, 406 U.S. 205, 232 (1972).

4 390. The government must apply a “presumption that a fit parent will act in
5 the best interest of his or her child,” and may override parents only after providing
6 procedural due process and a sufficiently high substantive standard, such as “clear
7 and convincing evidence” of harm or abuse. *Troxel*, 530 U.S. at 69 (plurality). The
8 government may not “transfer the power to make [a] decision from the parents to
9 some agency or officer of the state,” “[s]imply because the decision of a parent is
10 not agreeable to a child or because it involves risks.” *Parham v. J.R.*, 442 U.S. 584,
11 603 (1979).

12 391. But AB 1955 §§ 5(a) and 6(a), with respect to gender identity and
13 gender expression, transfer the power to make the decision about whether a minor
14 child should transition to a different gender identity from the parents to school
15 employees and the child.

16 392. Governmental burdens on the right to raise children are subject to strict
17 scrutiny and must be struck down unless “narrowly tailored to serve a compelling
18 government interest.” *Nunez v. City of San Diego*, 114 F.3d 935, 951–52 (9th Cir.
19 1997) (quoting *Reno v. Flores*, 507 U.S. 292, 302 (1993)).

20 393. The challenged provisions of AB 1955 are not narrowly tailored. The
21 law does not require a finding of abuse or neglect on the part of parents but interferes
22 with the constitutionally protected parent-child relationship across the board.

23 394. The challenged provisions of AB 1955 do not serve any compelling
24 interest because the law is detrimental to children’s safety. The challenged
25 provisions of AB 1955 interfere with parents’ ability to provide professional
26 assistance that children may urgently need, as gender dysphoria often presents with
27 depression, suicidal ideation, or anxiety.
28

1 395. Thus, the challenged provisions of AB 1955 violate the Fourteenth
2 Amendment.

3 396. To the extent that the challenged provisions of AB 1955 are deemed as
4 merely declaratory of existing state statutory or constitutional law, then those laws
5 (Education Code §§ 200, 220; Government Code § 11135; California Constitution
6 Equal Protection Clause; California Constitution’s right to privacy) violate the
7 Fourteenth Amendment to the extent they place a child’s state statutory or
8 constitutional right above that of a parent’s federal constitutional right.

9 397. The challenged provisions of AB 1955 threaten the rights of all Parent
10 Plaintiffs, but pose an even stronger threat to some families.

11 398. For instance, Parent 1A has won a hard-fought battle with her
12 daughter’s school district to come to an agreement where the school will use her
13 daughter’s legal name and female pronouns, and disclose to 1A if her daughter
14 begins going by a male name. AB 1955’s challenged provisions would make
15 enforcing this contract and the parental rights it secures more difficult.

16 399. Parent 4A faces extreme challenges with 4C’s mental health that may
17 ultimately result in threats to the family’s physical safety, and the challenged
18 provisions of AB 1955 exacerbate these risks by making monitoring 4C’s mental
19 health more difficult.

20 400. Parents 5A and 5B similarly face risks to their physical safety from
21 5C’s mental health.

22 401. In addition, both 4A and 5A and 5B have younger children, who are at
23 elevated risk of gender dysphoria given their siblings’ struggle with this condition.

24 402. Finally, parent 6A has unique concerns given the necessity of reporting
25 to assist with his son’s ongoing monitoring by a therapist and to maintain custody.

26 403. Plaintiffs have no adequate remedy at law. Absent relief, Defendants’
27 actions continue to harm and threaten to harm Plaintiffs by impairing enjoyment of
28 this right.

1 411. Parents cannot protect their children and their rights and preserve their
2 decision-making authority except by refusing the benefits of public education and
3 removing their children from public schools.

4 412. Parents are thus forced to choose between removing their children from
5 California’s public and charter schools or sacrificing the benefit of an education that
6 they pay for with their own tax dollars.

7 413. Plaintiffs have not accepted the state’s unconstitutional conditions, and
8 any such conditions constitute an independent constitutional violation.

9 414. And to the extent that the challenged provisions of AB 1955 are deemed
10 as merely declaratory of existing state statutory or constitutional law, then those laws
11 (Cal. Educ. Code §§ 200, 220; Cal. Gov’t Code § 11135; California Constitution’s
12 Equal Protection Clause, Cal. Const. art. I, § 7(a); California Constitution’s right to
13 privacy, Cal. Const. art. I, § 1) violate the unconstitutional conditions doctrine to the
14 extent they place a child’s state statutory or constitutional right above that of a
15 parent’s federal constitutional right.

16 415. Plaintiffs have no adequate remedy at law. Absent relief, Defendants’
17 actions continue to harm and threaten to harm Plaintiffs by impairing enjoyment of
18 this right.

19 **THIRD CLAIM FOR RELIEF:**

20 **Federal Due Process Clause—Parental Right to Information**

21 **U.S. Const. Amend. XIV, § 1, Cl. 3; 42 U.S.C. § 1983**

22 416. Plaintiffs hereby incorporate the allegations made in each preceding
23 paragraph of this Complaint as if fully set forth herein.

24 417. Parents cannot exercise their fundamental constitutional right to make
25 decisions regarding their children’s care when the government deliberately
26 withholds critical medical, mental, educational, and religious information from
27 them.

1 418. The challenged provisions of AB 1955 undermine these fundamental
2 parental interests.

3 419. Parents’ right to information is at its apex when it concerns the physical
4 and mental wellbeing of their children.

5 420. Parental consultation is “particularly desirable” regarding “profound
6 moral and religious concerns.” *Belloti v. Baird*, 443 U.S. 622, 640 (1979) (plurality).

7 421. Parental consultation is also particularly desirable for medical treatment
8 and when the safety of the child is at stake.

9 422. In particular, parents are injured when schools withhold information
10 parents need to make informed decisions about their child’s safety.

11 423. Under federal law, parents are entitled to complete access to all of their
12 children’s education records. *See* 20 U.S.C. § 1232g(a)(1)(A). The implementing
13 regulations are even clearer. Schools “may disclose personally identifiable
14 information” from a student’s education records “without the consent” of a student
15 or parent, if “[t]he disclosure is to parents.” 34 C.F.R. § 99.31(a)(8). Thus, parents
16 are entitled by law to their children’s education records, and neither the child nor the
17 state can thwart a parent in exercising this right.

18 424. California’s own laws recognize that parents must consent to the
19 “medical care” of their children unless the child is “15 years of age or older,” “liv[es]
20 separate and apart” from his parents or guardians, and manages his own finances.
21 Cal. Fam. Code § 6922(a). The law further states that medical professionals may
22 “advise the minor’s parent or guardian of the treatment given or needed” whether or
23 not the minor patient consents. *Id.* § 6922(c).¹³

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25 ¹³ Until recently, California law separated out mental health treatment, requiring
26 parents to consent to “mental health treatment or [outpatient] counseling” unless the
27 child is “12 years of age or older, ... is mature enough to participate intelligently,”
28 and would either “present a danger of serious physical or mental harm to self or to
others” without treatment or “is the alleged victim of incest or child abuse.” Cal.

1 425. Gender dysphoria or incongruence are psychological issues that can be
2 serious in themselves and require treatment.

3 426. Gender dysphoria or incongruence often present with other psychiatric
4 comorbidities such as depression, anxiety, suicidal ideation and attempts, and self-
5 harm. These comorbidities also require treatment.

6 427. Parents cannot participate in caring for their children, including making
7 treatment decisions, when the state withholds their children’s medical and
8 educational information.

9 428. Parents cannot consent to or refuse treatment for their children when
10 the state withholds their children’s medical and educational information.

11 429. Gender dysphoria or incongruence involve profound medical moral
12 concerns that go to the heart of who people are collectively, who the child is as a
13 person, and how the child relates to the people and world around the child.

14 430. Parents cannot participate in the companionship, care, custody, and
15 management of their children regarding these medical and moral concerns when the
16 state withholds information fundamental to a child’s identity, personhood, and
17 mental and emotional well-being such as their preferred name and pronouns.

18 431. When parents are provided with the medical and educational
19 information that they need, some parents may decide that a social transition is not in
20 their child’s best interest. Other parents may come to the opposite conclusion. Some
21 parents may decide that professional therapy is necessary. Other parents may make
22 other decisions. All of these parents, however, are injured when AB 1955 facilitates

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24 Fam. Code § 6924(b); *see also id.* § 6924(g) (noting that statute became inoperative
25 on July 1, 2024 and is repealed as of January 1, 2025). Even then, professionals
26 “offering” these services “shall make their best efforts to notify the parent or
27 guardian of the provision of services.” *Id.* § 6924(c). And the service itself “shall
28 include involvement of the minor’s parent or guardian,” unless the professional
determines it would be inappropriate and sets out in writing the individualized
reasons the child’s parent or guardian was not contacted. *Id.* § 6924(d).

1 withholding information from them and excludes them from these crucial
2 conversations.

3 432. Yet the challenged provisions of AB 1955 unconstitutionally presume
4 that parents will not act in the best interest of their children.

5 433. Accordingly, the challenged provisions of AB 1955 deprive parents of
6 their parental notice and consent rights. This injury is separate and distinct from
7 injuries sustained when schools in fact engage in social transitioning. Given that
8 California’s policy is focused on restricting information to parents, it is unlikely that
9 parents will discover when schools provide clandestine treatments. Some of plaintiff
10 parents’ children may have been treated without the parents’ knowledge or consent.
11 This treatment would be an additional injury, beyond the deprivation of parental
12 notice and consent rights.

13 434. And to the extent that the challenged provisions of AB 1955 are deemed
14 as merely declaratory of existing state statutory or constitutional law, then those laws
15 (Education Code §§ 200, 220; Government Code § 11135; California Constitution
16 Equal Protection Clause; California Constitution’s right to privacy) violate the
17 Fourteenth Amendment to the extent they place a child’s state statutory or
18 constitutional right above that of a parent’s federal constitutional right.

19 435. Plaintiffs have no adequate remedy at law. Absent relief, Defendants’
20 actions continue to harm and threaten to harm Plaintiffs by impairing enjoyment of
21 this right.

22 **FOURTH CLAIM FOR RELIEF:**

23 **14th Amendment & Declaratory Judgment Act—AB 1955 and**
24 **City’s Ordinance**

25 **U.S. Const. Amend. XIV, Cl. 3; 28 U.S.C. § 2201(a).**

26 436. Plaintiffs hereby incorporate the allegations made in each preceding
27 paragraph of this Complaint as if fully set forth herein.

28

1 437. The Declaratory Judgment Act states that when there is “a case of actual
2 controversy within its jurisdiction,” a federal court “may declare the rights and other
3 legal relations of any interested party seeking such declaration.” 28 U.S.C.
4 § 2201(a).

5 438. The City has every reason to believe that that the State will file a lawsuit
6 against the City if it tries to enforce its own ordinance given that the Ordinance is in
7 direct conflict with AB 1955.

8 439. Here, Plaintiff Huntington Beach believes that under the Supremacy
9 Clause of the U.S. Constitution, there is no true conflict between the City’s
10 Ordinance and AB 1955 because AB 1955 is unconstitutional under the Fourteenth
11 Amendment.

12 440. Thus, Plaintiff Huntington Beach seeks a declaration from this Court
13 that AB 1955 is, or, alternatively, the California statutes and constitutional
14 provisions upon which AB 1955 is based are, in violation of the U.S. Constitution’s
15 Fourteenth Amendment, and thus AB 1955 (or these other statutes and constitutional
16 provisions) provides no obstacle to Plaintiff’s Ordinance.

17 441. Or, Plaintiffs seek a declaration from this Court that disclosure of social
18 transitioning, and issues regarding sexual orientation, gender identity, and gender
19 expression to parents is required by federal law.

20 442. Plaintiffs have no adequate remedy at law. Absent relief, Defendants’
21 actions continue to harm and threaten to harm Plaintiffs by impairing enjoyment of
22 this right.

23 **PRAYER FOR RELIEF**

24 WHEREFORE, Plaintiffs pray for relief as follows:

25 1. Preliminary and permanent injunctive relief preventing Defendants
26 from enforcing the challenged, severable provisions of AB 1955 §§ 5(a) and 6(a), as
27 they related to gender identity and gender expression, or, alternatively, from
28 enforcing the California statutes and constitutional provisions upon which those

1 provisions of AB 1955 are based to the extent those statutes and provisions violate
2 the Fourteenth Amendment to the U.S. Constitution;

3 2. Preliminary and injunctive relief of the same nature as requested in the
4 preceding paragraph, but preventing Defendants from enforcing the challenged
5 provisions of AB 1955 against Parent Plaintiffs 1A, 4A, 5A and 5B, and 6A in their
6 unique factual circumstances;

7 3. An order and judgment declaring that the challenged, severable
8 provisions of AB 1955, or, alternatively, the California statutes and constitutional
9 provisions upon which AB 1955 is based, violate the Fourteenth Amendment of the
10 U.S. Constitution;

11 4. An order and judgment declaring that the challenged, severable
12 provisions of AB 1955, or, alternatively, the California statutes and constitutional
13 provisions upon which AB 1955 is based, violate the Fourteenth Amendment of the
14 U.S. Constitution as applied to Parent Plaintiffs 1A, 4A, 5A and 5B, and 6A in their
15 unique factual circumstances;

16 5. An order and judgment declaring that because AB 1955, or,
17 alternatively, the California statutes and constitutional provisions upon which
18 AB 1955 is based, violate the Fourteenth Amendment of the U.S. Constitution, they
19 provide no obstacle to the City's Ordinance;

20 6. Reasonable attorneys' fees and costs pursuant to 42 U.S.C. § 1988 and
21 other applicable laws; and

22 7. Such other and further relief as the Court may deem just and proper.
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Respectfully submitted,
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Dated: December 3, 2024