From: David Fishback
Sent: Fri, 11 Jun 2021 10:42:03 -0400
To: T9PublicHearing
Cc: Nicolle Campa;Mark Eckstein;Diego Sanchez
Subject: Written Comment: Title IX Public Hearing (topic of the comment).
Attachments: Brief of Amicus Curaie PFLAG Metro DC and other in Parents v. Montgomery County BOE.pdf

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To whom it may concern:
I am writing as the Maryland Advocacy Co-Chair of the Metro DC Chapter of PFLAG (formerly known as Parents, Families, and Friends of Lesbians and Gays).
I strongly urge that the U.S. Department of Education reinstate (and improve) May 13, 2016 "Dear Colleague" letter, which provided guidelines on Gender Identity and Gender Expression matters for schools. See https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201605-title-ix-transgender.pdf
These Guidelines helped our local school system in Montgomery County, MD, develop Guidelines to protect students. The withdrawal of the Dear Colleague letter by the Trump Administration sent a terrible signal. We look forward to the Biden Administration's getting back on the right track.
We also believe that the 2016 Dear Colleague letter can be improved, particularly with respect to the need to protect students' privacy in particular situations where it is not safe to "come out.". For an example of the additional progress we need, I provide here a link to the Montgomery County Public Schools current *Guidelines for Gender Identity*
https://www.montgomeryschoolsmd.org/uploadedFiles/students/rights/1237.20_GenderIdentityGuidelinesForStudents_ENGLISH_FINAL_Web.pdf In this regard, we urge that steps be taken to clarify that the FERPA law not be interpreted to require confidential information provided by students to their teachers concerning their gender identity be revealed to parents or guardians without the students' consent. For an in-depth analysis of this issue, please see the amicus curiae brief filed by Metro DC PFLAG and other groups on the subject, attached to this email.
Thank you.
David S. Fishback
Co-Chair for Maryland Advocacy
Metro DC Chapter of PFLAG
cc: Nicolle Campa, President, Metro DC PFLAG
Mark Eckstein, Co-Chair for Maryland Advocacy, Metro DC PFLAG
Diego Sanchez, National Policy Director, PFLAG

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
SOUTHERN DIVISION

JOHN and JANE PARENTS 1, et. al., Plaintiffs, v. MONTGOMERY COUNTY BOARD OF EDUCATION, et. al., Defendants.	Civil Action No. 8:20-cv-3552-PWG

BRIEF OF AMICI CURIAE PFLAG METRO DC; FREESTATE JUSTICE; THE CENTER FOR LGBTQ HEALTH EQUITY – CHASE BREXTON HEALTH CARE; MOCO PRIDE CENTER; RAINBOW YOUTH ALLIANCE; SMYAL; AND WHITMAN-WALKER, INC. / DBA WHITMAN-WALKER HEALTH IN SUPPORT OF DEFENDANTS' MOTION TO DISMISS

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INTRODUCTION & INTEREST OF AMICI

Amici curiae represent, support, advocate for, and provide health care services to gender-diverse people from around the country, and especially in the Montgomery County and Maryland area where *amici* are based. As part of their missions, *amici* are committed to ensuring that transgender and gender-nonconforming[1] ("TGNC") children and young people have access to full educational, social, economic, and other opportunities, and that their mental and physical wellbeing is protected. Schools—particularly the public schools that serve most students in Montgomery County and are at the core of this litigation—play a crucial role in TGNC young people's lives. Drawing on their experience and expertise in this field, *amici* seek to provide this Court a broad and empirically grounded view of the landscape of TGNC youths' lives, the challenges many of them face, and the critical importance of policies that protect TGNC students' ability to be themselves and live authentically at school and in all aspects of their lives.

Over the past several decades, significant academic and medical research[2] has confirmed what *amici*, educational policymakers, and many TGNC people have long known: as compared to the general population, TGNC people and youth face vastly increased and at times deadly risks to their health, safety, and financial security. In addition to significant mental health challenges, TGNC people encounter deeply-rooted social stigmas and hostility that often lead to disturbingly

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[1] In this brief, *amici* use the umbrella term "TGNC" to describe a "broadly inclusive" range of gender identities including those outside the male/female binary as assigned at birth. Am. Psych. Ass'n, *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, 70 Am. Psych. 832, 832 n.1 (Dec. 2015), https://www.apa.org/practice/guidelines/transgender.pdf (discussing this term). At times, *amici* also use the term "LGBTQ," a more expansive term referring to lesbian, gay, bisexual, transgender, queer, and other non-heterosexual or gender-diverse persons.

[2] *Amici* have included Internet links to publicly-accessible versions of these primary source materials where available. *Amici* have not appended to this brief those sources not readily available online, but are prepared to submit to the Court and the parties courtesy copies of those documents at the Court's request if doing so would aid in the Court's review.

high rates of violence, harassment, and other forms of cruelty and discrimination. This pattern frequently begins as soon as a person first discloses a TGNC identity in childhood or adolescence, and, tragically, hostile family members can be some of the most likely sources of abuse.

Research also confirms, fortunately, that school environments that support the educational and social needs of TGNC students can dramatically reduce these risks and hardships. This is especially important because of the long-term effects those experiences can have during the crucial developmental stages of a young TGNC person's life. When schools create safe and nurturing spaces for TGNC young people to learn, play, forge bonds, explore, and grow, TGNC students are able to thrive. Considering those objectives—and the need to provide guidance to school personnel—a gender support plan is a critical component of fostering that learning environment. Written policies, guidance documents, and similar tools also help school personnel work with TGNC students to build family acceptance in their homes and avert the well-documented harms caused when family members respond to their TGNC child with hostility, rejection, and even violence.

The *Guidelines for Student Gender Identity* (the "Guidelines"), developed by the Montgomery County Public Schools, *see* Compl. Ex. 1, are designed to achieve those compelling objectives. They promote the healthy development and success of TGNC students by ensuring they are treated consistently with their gender identity; strengthening peer, adult, and family support networks; and taking other steps necessary to ensure their safety both in school and at home. With these facts in mind, *amici* describe the context of TGNC young people's lives and respectfully urge this Court to grant Defendants' motion to dismiss.

ARGUMENT

I. GENDER IDENTITY OFTEN DEVELOPS AT AN AGE WHEN SCHOOL ENVIRONMENTS ARE CRITICALLY IMPORTANT.

Gender identity is a person's "deep internal sense of being female, male, a combination of both, somewhere in between, or neither." Jason Rafferty, Am. Acad. of Pediatrics, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 2 tbl.1, 142(4) Pediatrics (Oct. 2018).[3] Scientific evidence suggests that gender identity depends closely on biological and genetic factors. *See, e.g.*, Milton Diamond, *Transsexuality Among Twins: Identity Concordance, Transition, Rearing, and Orientation*, 14 Int'l J. Transgenderism 24, 30-31 (2013); Jaimie F. Veale et al., *Biological and Psychosocial Correlates of Adult Gender-Variant Identities: New Findings*, 49 Personality & Individual Differences 252 (2010). As such, it is unsurprising that children often begin to express and articulate their gender identity at an early age. Am. Psychiatric Ass'n, *Gender Dysphoria*, Diagnostic & Statistical Manual, ch. 17 (5th ed. 2013). As a result, many TGNC people start exploring and recognizing their gender identities at an age when their school environment plays a vital role in any child's life and development.

Students spend a substantial portion of their waking hours at school, and even more if they participate in school-sponsored activities that meet outside regular class hours. *See, e.g.*, Montgomery Cnty. Bd. of Educ., *Board of Education Approves Later School Start Times* (1995–2021), https://www.montgomeryschoolsmd.org/info/belltimes/ (describing school days lasting between six and seven hours in Montgomery County). Schools offer children the opportunity to learn important social skills and to cultivate responsibility, accountability, and independence. *See* Joseph A. Durlak et al., *The Impact of Enhancing Students' Social and Emotional Learning: A*

[3] https://pediatrics.aappublications.org/content/142/4/e20182162.

Meta-Analysis of School-Based Universal Interventions, 82 Child Dev. 405, 417-19 (Jan./Feb. 2011). At the same time, students discover, develop, and pursue their passions—intellectual, social, athletic, artistic, and otherwise—in school. *See* Pa. State Univ., *Improving Social Emotional Skills in Childhood Enhances Long-Term Well-Being and Economic Outcomes*, 5-7 (2017).[4] Those benefits are amplified—or diminished—depending on the level of inclusiveness of the school environment. To help their students fully realize these myriad opportunities, schools thus have a compelling and independent interest in making their learning environments as supportive as possible for all and in ensuring every student's wellbeing. *See, e.g.*, Ctrs. for Disease Control & Prevention, *School Connectedness: Strategies for Increasing Protective Factors Among Youth*, 7 (2009) (discussing importance of "[a] positive school environment . . . characterized by caring and supportive interpersonal relationships; opportunities to participate in school activities and decision-making; and shared positive norms, goals, and values.").[5] Indeed, supportive school environments improve health outcomes for *all* students and significantly reduce the likelihood that students will engage in risky and potentially dangerous behavior, no matter their gender identity. *Id.*

II. TGNC YOUTH FACE INCREASED RISKS IN A VARIETY OF AREAS, MAKING SUPPORTIVE SCHOOL ENVIRONMENTS VITAL TO THEIR SAFETY AND SUCCESS.

Supportive schools and their protective, nurturing influence are important to any child, but all the more so for TGNC students, who face outsized risks of all kinds, from bullying to isolation to pernicious self-doubt. The statistics regarding the challenges for LGBTQ students—and TGNC students specifically—paint a clear and troubling picture for policymakers and administrators.

[4] https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf438495.
[5] https://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf.

A. Mental health issues are endemic among TGNC young people.

Due to the challenges of living in a culture in which they are often marginalized, mental health risks among LGBTQ and TGNC young people are significantly higher than those among the general population.[6] Studies consistently show that TGNC youth experience depression, disordered eating, and self-harm at far higher rates than their non-transgender peers. Maureen D. Connolly et al., *The Mental Health of Transgender Youth: Advances in Understanding*, 59 J. Adolescent Health 489, 491-93 (2016). Consistent with these findings, over 60% of TGNC youth surveyed in a major 2020 study reported engaging in self-harm in the preceding twelve months. *See* The Trevor Project, *National Survey on LGBTQ Youth Mental Health*, 3 (2020) (hereinafter "*2020 National Survey*").[7] A similar proportion had experienced symptoms of major depressive disorder in the preceding ***two weeks***. *Id.* And these serious issues often go untreated. About *half* of all LGBTQ youth reported that they wanted to obtain help from a mental health professional, but had been unable to receive it over the past year, whether due to their parents' refusing to give permission, their inability to afford care, or other reasons. *Id.* at 4.

Perhaps as a result, suicide rates among TGNC children and adolescents are devastating. Transgender youth are 2.71 times more likely to attempt suicide than other young people. Kasey B. Jackman et al., *Suicidality among Gender Minority Youth: Analysis of 2017 Youth Risk Behavior Survey Data*, 11 tbl.4, Archives of Suicide Research (2019) (hereinafter "*Suicidality*"). A staggering 40% of LGBTQ survey respondents seriously considered attempting suicide in the past twelve months; that number was even higher among TGNC youth, over half of whom had

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[6] Being TGNC is not, as the American Psychiatric Association explains, a "mental disorder." Am. Psych. Ass'n, "Gender Dysphoria Diagnosis," https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis.

[7] https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf.

seriously considered suicide. *2020 National Survey*, *supra* at 5, at 2. More than one out of every five TGNC respondents had in fact attempted suicide in the same time period. *Id.* at 3.

B. TGNC young people are frequent victims of bullying, abuse, and violence, including at school.

TGNC people experience widespread physical abuse, harassment, and sexual violence throughout their lives. Sandy E. James et al., *The Report of the 2015 U.S. Transgender Survey*, 199 (2016) (hereinafter "*2015 Transgender Survey*") ("Nearly half (48%) of respondents reported that they were denied equal treatment or service, verbally harassed, and/or physically attacked because of being transgender in the past year.")[8]; *see also* Rebecca L. Stotzer, *Violence against transgender people: A review of United States data*, 14 Aggression & Violent Behavior 170 (2009). The story is no better for TGNC youth, a full 40% of whom report that they have been physically threatened or harmed in their lifetimes due to their gender identity. *2020 National Survey*, *supra* at 5, at 7.

Schools, far from being safe havens from this abuse, can be especially hostile environments for TGNC students absent strong measures to affirm and protect them. TGNC students are 1.66 times more likely to be bullied at school than their non-transgender peers, 2.43 times more likely to be electronically bullied, and 4.15 times more likely to be threatened or injured with a weapon at school. *Suicidality*, *supra* at 5, at 7 tbl.2. Correspondingly, they are 2.65 times more likely to miss school due to feeling unsafe. *Id.*; *see also* Joseph G. Kosciw et al., GLSEN, *The 2019 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools*, xviii (2020) (hereinafter "*National School Climate Survey*") (reporting that 59.1% of LGBTQ students felt unsafe at school, and that nearly a third reported

[8] https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf.

missing at least one day of school in the past month because they felt uncomfortable or unsafe).[9] These are real risks, and real harms, but most LGBTQ students never report these incidents of harassment or assault to school faculty or administrators—often because they are afraid that staff will ignore the problem, make it worse, or even blame the student for the perpetrator's actions. *Id.* at 32-33.

C. Supportive and welcoming schools can make a real difference in TGNC young people's lives.

Just as unsupportive schools can be crucibles for further abuse and victimization of TGNC students, the evidence shows that when schools enact policies designed to support their gender-diverse students, the risks those students face both in and out of school decline dramatically. Campus policies and guidance regarding bullying and harassment, teacher and administrative training, student club support, and curricula materially decrease these risks both at home and at school. Studies conclude, for instance, that "school-based interventions to reduce bullying and increase feelings of safety in the school setting" among TGNC students can provide strong protection against depression and suicide. *Suicidality*, *supra* at 5, at 13. By training faculty, providing students information and support in expressing their gender identity at school, and developing curricula that highlight sexual orientation and gender identity, schools can curb the frequency of harassment and bullying and cultivate "[g]reater feelings of safety" among their LGBTQ students. Molly O'Shaughnessy et al., Cal. Safe Schs. Coal., *Safe Place to Learn: Consequences of Harassment Based on Actual or Perceived Sexual Orientation and Gender Non-Conformity and Steps For Making Schools Safer*, 17 (Jan. 2004)[10]; *see also* Russell B. Toomey et al., *Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization*

[9] https://www.glsen.org/sites/default/files/2020-11/NSCS19-111820.pdf.
[10] http://www.casafeschools.org/SafePlacetoLearnLow.pdf.

and Young Adult Psychosocial Adjustment, 46 Developmental Psychology 1580, 1586 (2010) ("Enactment of school policies that specifically prohibit victimization due to LGBT status, gender nonconformity, and other types of bias-related harassment can help reduce negative psychosocial outcomes in LGBT and gender-nonconforming young people."). Even a move as simple as ensuring that others address students by their appropriate pronouns correlates closely with far lower rates of discrimination, psychological distress, and attempted suicide. *National School Climate Survey*, *supra* at 6, at 82; *2020 National Survey*, *supra* at 5, at 9; Stephen T. Russell at al., *Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth*, 63 J. Adolescent Health at 503, 505 (2018).

Similarly, students at schools that foster strong allyship with LGBTQ structures and have policies that bring in support from both peers and adults, such as gay-straight alliances, report greater support from faculty and a broader range of friendships with people across gender and sexual identities. Tina Fetner & Athena Elafros, *The GSA Difference: LGBTQ and Ally Experiences in High Schools with and without Gay-Straight* Alliances, 4 Soc. Sci. 563, 569-70 (Aug. 7, 2015) (hereinafter "*GSA Difference*")[11]; Carolyn Porta et al., *LGBTQ Youth's Views on Gay-Straight Alliances: Building Community, Providing Gateways, and Representing Safety and Support*, 87 J. Sch. Health 489, 495 (2017). Students in schools without these structures, by contrast, felt a greater sense of isolation, withdrawal, and even open hostility from classmates and school employees. *GSA Difference*, *supra*, at 570-71.

Supportive school policies, practices, and guidelines can dramatically improve TGNC students' quality of life not just during childhood and adolescence, but long into adulthood. Socially transitioned TGNC youth who are supported in their gender identity have

[11] https://www.mdpi.com/2076-0760/4/3/563/htm.

developmentally normal levels of depression and only minimal elevations in anxiety, suggesting that supportive environments play an indispensable role in promoting mental health among the TGNC community. *See* Kristina R. Olson, et al., *Mental Health of Transgender Children Who Are Supported in Their Identities*, 137(3) Pediatrics 1 (Mar. 2016).[12] Indeed, a longitudinal study of transgender adults who began their transition during adolescence enjoyed mental health outcomes similar to—or better than—that of comparable non-transgender young adults. *See* Annelou L.C. de Vries et al., *Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment*, 134 *Pediatrics* 696 (Oct. 2014).[13] In short, the evidence confirms that schools play a critical role in making sure that TGNC young people have the opportunity to live fully-realized and healthy lives.

III. IN THE WRONG CIRCUMSTANCES, TGNC YOUTH CAN FACE SEVERE RISKS FROM UNSUPPORTIVE OR HOSTILE FAMILY MEMBERS.

A TGNC young person's home environment, like their school environment, has a significant effect on their health, safety, and happiness. When parents and family support and nurture TGNC youth alongside school administrators, their acceptance stands as a bulwark against many of the negative outcomes that TGNC people might otherwise face. Parental support is "significantly associated with higher life satisfaction . . . and fewer depressive symptoms" among TGNC people. Lisa Simons et al., *Parental Support and Mental Health Among Transgender Adolescents*, 53 J. Adolescent Health 791, 792 (2013)[14]; *see also Suicidality*, *supra* at 5, at 10 (noting that "parental support of youth's gender minority identity" is a protective factor against higher risks of suicide). Similarly, relatives can dramatically improve a TGNC young person's life if they are able and willing to fund gender-affirming healthcare, legal assistance, and other

[12] https://pediatrics.aappublications.org/content/137/3/e20153223.
[13] https://pediatrics.aappublications.org/content/134/4/696.
[14] https://pubmed.ncbi.nlm.nih.gov/24012067/.

resources that support a young person's transition. Jack Andrzejewski et al, *Perspectives of Transgender Youth on Parental Support: Qualitative Findings from the Resilience and Transgender Youth Study*, 48 Health Educ. & Behavior 74, 77-78 (2021) (hereinafter "*Parental Support*"). The Guidelines, recognizing the importance of a supportive home environment, provide that "staff will support the development of a student-led plan that works toward inclusion of the family," Compl. Ex. 1 at 2.

In contrast, a substantial body of research shows that hostile and unsupportive families present real threats to TGNC people. The odds of such hostility are high: 40% of TGNC survey respondents reported that their families were not supportive of their gender identity. *2015 Transgender Survey*, *supra* at 6, at 65. And these unsupportive environments are consistently and demonstrably dangerous. TGNC people are significantly more likely than non-TGNC people to experience physical, psychological, and sexual abuse from an immediate family member. Andrea L. Roberts et al., *Childhood Gender Nonconformity: A Risk Indicator for Childhood Abuse and Posttraumatic Stress in Youth*, 129 Pediatrics 410, 413-14 (Mar. 2012)[15]; *see also 2015 Transgender Survey*, *supra* at 6, at 65 (reporting that one in ten TGNC survey respondents had been the victim of violence at the hands of an immediate family member).

Parents and relatives are also the most likely source of pressure for young LGBTQ people to undergo so-called "conversion therapy" aimed at altering their gender identity or sexual orientation, *2020 National Survey*, *supra* at 5, at 5, which the American Medical Association describes as "clinically and ethically inappropriate" and has been rejected by "[a]ll leading professional medical and mental health associations . . . as a legitimate medical treatment," Am.

[15] https://pediatrics.aappublications.org/content/pediatrics/129/3/410.full.pdf.

Med. Ass'n, *LGBTQ change efforts (so-called "conversion therapy")*, 3 (2019).[16] Indeed, Maryland—along with nineteen other states and many more local governments—prohibits licensed health workers from practicing conversion therapy on minors. Md. Code, Health Occupations § 1-212.1[17]; *see also* The Trevor Project, "50 Bills 50 States Progress Map," https://www.thetrevorproject.org/get-involved/trevor-advocacy/50-bills-50-states/progress-map/ (last visited Feb. 10, 2021) (cataloging laws banning conversion therapy). In light of the serious dangers associated with this unscientific practice, every leading medical and mental health organization has adopted the position that efforts to change a young person's sexual orientation or gender identity are closely linked with a broad range of negative health outcomes both during adolescence and into adulthood, such as higher risks of suicide attempts, depression, and substance abuse. Am. Med. Ass'n, *LGBTQ change efforts (so-called "conversion therapy")*, at 3; Caitlin Ryan et al., *Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment*, 2, 10 & tbl.3, J. Homosexuality (Nov. 7, 2018). As this Court itself has put it, "sources indicate that conducting conversion therapy on minors could potentially harm their emotional and physical well-being[.]" *Doyle v. Hogan*, 411 F. Supp. 3d 337, 347 (D. Md. 2019), *argued,* No. 19-2064 (4th Cir. Oct. 26, 2020).

Hostile family members may also deny TGNC youth financial support, housing, and education, or deprive them of other key resources needed to keep them from harm's way. Nearly 40% of TGNC individuals reported that after their family learned of their gender identity, they either ran away from home or their family kicked them out of the house. *2020 National Survey*,

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[16] https://www.ama-assn.org/system/files/2019-12/conversion-therapy-issue-brief.pdf.

[17] Because Section 1-212.1 applies only to Maryland's licensed health professionals, unsupportive parents may still force their children into programs run by those who are not licensed health care professionals (and thus beyond the reach of the state law) or out-of-state providers.

supra at 5, at 8; *see also 2015 Transgender Survey*, *supra* at 6, at 68 ("Within an hour of coming out to my parents, I was kicked out into the cold with very few items and my car taken away. I was soon informed by my college that my parents had withdrawn my tuition for the upcoming spring semester. I was devastated."). Among TGNC people rejected by their immediate family, 40% went on to experience homelessness, a figure twice as high as for those with supportive families. *2015 Transgender Survey*, *supra* at 6, at 65. Even when family members do not cut off financial support entirely, they can use that support as leverage over their TGNC children's gender identities. As one TGNC young person put it, she was "[s]till at present financially dependent on my parents, which allows for a lot of coercion and policing of where I can be out and in what capacity I can be out, and a lot of need for hiding different things." *Parental Support*, *supra* at 10, at 77-78.

These kinds of familial rejection and abuse only increase the already high risks, discussed above, that TGNC people face in adolescence and throughout their lives. TGNC people rejected by their family members are over 300% more likely to attempt suicide, and about 250% more likely to suffer substance abuse problems. Augustus Klein & Sarit A. Golub, *Family Rejection as a Predictor of Suicide Attempts and Substance Misuse Among Transgender and Gender Nonconforming Adults*, 3 LGBT Health 193, 196 tbl.1 (2016). Likewise, 38% of LGBTQ youth who experienced housing instability—often prompted by hostile family members—reported attempting suicide. *2020 National Survey*, *supra* at 5, at 8. Even when these most dire outcomes do not occur, a TGNC young person's perception of parents as unsupportive or rejecting is generally "linked to psychological maladjustment, including higher levels of depressive symptoms and LGBTQ-identity disclosure stress." Arnold H. Grossman et al., *Parental Responses to*

Transgender and Gender Nonconforming Youth: Associations with Parent Support, Parental Abuse, and Youths' Psychological Adjustment, 12-13, J. Homosexuality (Nov. 27, 2019).

Given these statistics, it is undeniable that when a TGNC student has reason to believe that their family may react with hostility to their gender identity, non-consensual disclosures to their families can be profoundly damaging and even fatal. In scenarios like these, it is crucial that school faculty and administrators retain discretion to evaluate whether familial disclosure of a TGNC student's gender identity could be a dangerous misstep, and to work with the student to build family acceptance in a manner that avoids those very serious harms. To do otherwise would place TGNC students in a perverse catch-22 where, by seeking support at school, they would risk exposing themselves to rejection or abuse at home. *See National School Climate Survey*, *supra* at 6, at 22-23 (reporting on student reluctance to seek school support for fear that school employees will "out" them to family members). That outcome could deny these young people all the important, consequential, and documented benefits that supportive school policies are specifically designed to provide.

IV. CONCLUSION

For the foregoing reasons, *amici* respectfully urge this Court to recognize the importance of school support systems like those reflected in the Guidelines and to grant Defendants' motion to dismiss.

Respectfully submitted,

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