

An
URGENT
conversation



WHAT TO KNOW ABOUT
children, gender & school policy



AN INFORMATIONAL & ADVOCACY TOOLKIT
for parents, students, mentors, teachers, and administrators

An
URGENT
conversation



"Schools should not socially transition kids, as it doesn't have clear benefits and seems to support the unsubstantiated theory that social transition is good for mental health.

It also seems to encourage consideration of a medical pathway."

Dr. Kristopher Kaliebe

Child & Adolescent Psychiatrist

Restore Childhood is a national nonprofit founded to protect children from governmental overreach in health and education. We believe parents are the best advocates for their own children, and empower parents with educational tools and research on critical issues to create a healthier future for their children.



RestoreChildhood.com



For the latest edition, SCAN HERE

WE CONTINUE TO UPDATE THIS TOOLKIT IN RESPONSE TO FEEDBACK FROM THE FIELD AND TO REFLECT NEW STUDIES.

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ABOUT THIS TOOLKIT



WE believe that all children are deserving of safe learning environments and that gender nonconformity, which is completely natural and found across cultures, must be respected. However, the manner in which topics such as gender and gender identity are approached in schools can come into conflict with parental rights.

The information in this toolkit is intended to rise above the culture war noise to empower you to make evidence-based decisions in parenting and influencing public policy.

Who Is This Toolkit For?

Parents, students, and everyone who wants to engage in mutually respectful discussions to benefit all children.



Please share within your community and use the toolkit to inform and focus discussions within your school.

For more resources, join our mailing list at RestoreChildhood.com

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THE SCHOOL TO CLINIC PIPELINE



THE PIPELINE

SCHOOL SOCIAL TRANSITION

& THE CONFLICT WITH PARENTAL RIGHTS

The Department of Education Office for Civil Rights (OCR) and the federal Department of Education have been increasing pressure for school districts to adopt policies that facilitate students' gender transition in school without the need of parental knowledge or consent.

- Using funding and other mechanisms to pressure states, the legislatures in each state respond with new laws and departments of education with new regulations.
- In turn, local school boards and district administrations begin to adopt new policies and programs.

Many schools incorporate “so-called best practices” for supporting gender-dysphoric children, which include asking them to choose a name and pronoun, followed by asking whether or not this information should be shared with parents.

U.S. Department of Education

Office for Civil Rights



PRESSURE STATES TO ADOPT NEW POLICIES

- ***Names & Pronouns***
- ***Secrets From Parents***

“PROTECTING STUDENTS”



U.S. Department of Education

STATE
LEGISLATURES

SCHOOL
BOARDS

MISGUIDED NEW POLICIES
CLAIMING STUDENT
PROTECTION

DIVERSITY, EQUITY, AND
INCLUSION (DEI) POLICIES
OVER PARENTS

SCHOOL PERSONNEL
“HIDE” INFORMATION
FROM PARENTS

CHILD’S RIGHTS OVERRULES PARENTAL RIGHTS
ACLU GLSEN

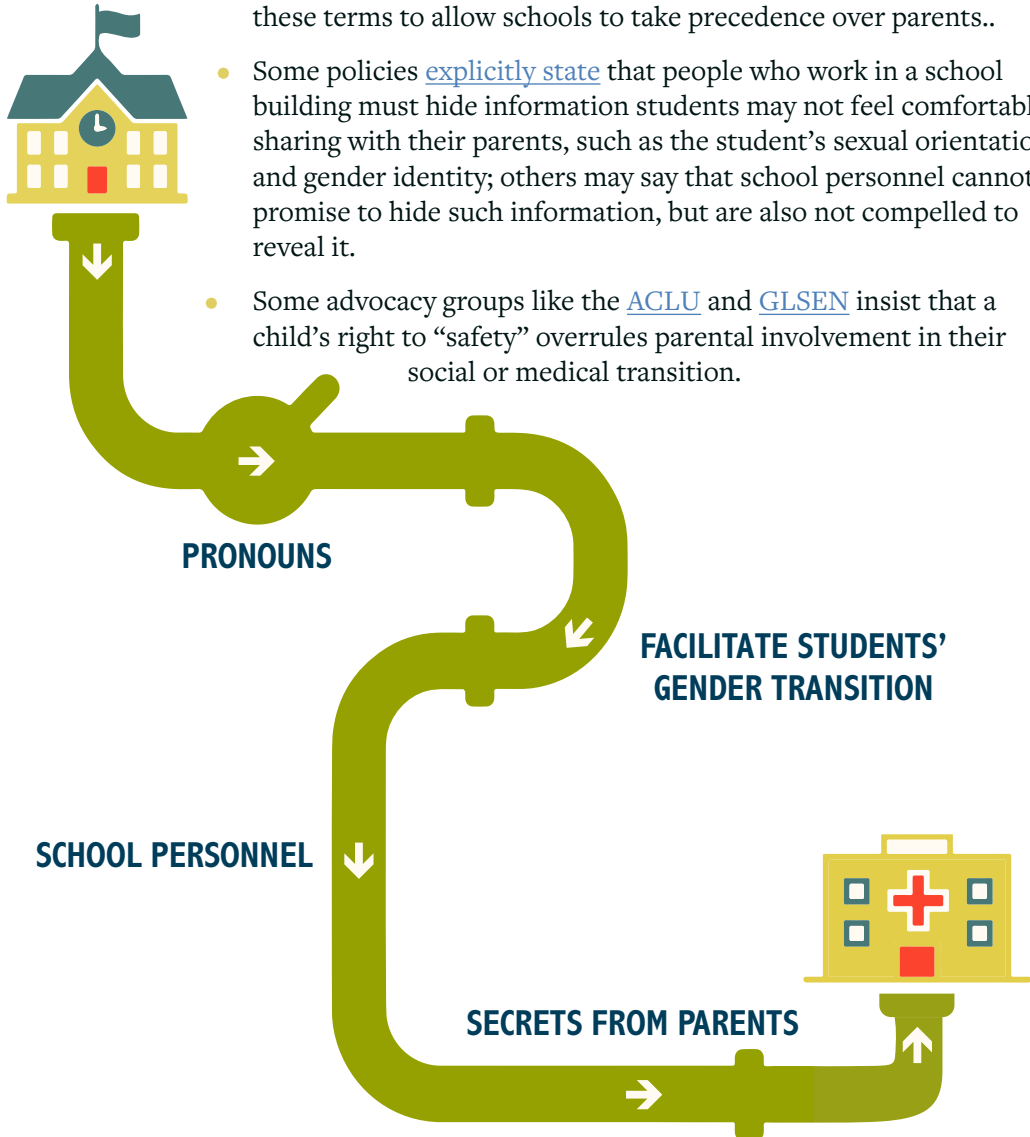
PARENTAL INVOLVEMENT

SCHOOL TO CLINIC PIPELINE

NONDISCRIMINATION CLAUSES & ADVOCACY GROUPS

Schools may cite [nondiscrimination clauses](#) and privacy concerns to support new guidelines, and claim they [protect](#) students from the potential harm if they hide students' social transitions from their parents.

- These are often embedded within a district's Diversity, Equity, and Inclusion policies, which sound supportive but often redefine these terms to allow schools to take precedence over parents..
- Some policies [explicitly state](#) that people who work in a school building must hide information students may not feel comfortable sharing with their parents, such as the student's sexual orientation and gender identity; others may say that school personnel cannot promise to hide such information, but are also not compelled to reveal it.
- Some advocacy groups like the [ACLU](#) and [GLSEN](#) insist that a child's right to "safety" overrules parental involvement in their social or medical transition.



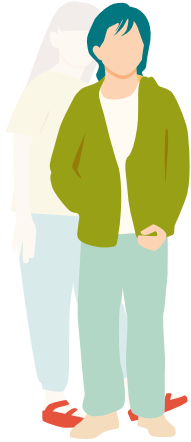


EXPERT CONSENSUS

- Every country where children are treated for gender dysphoria has their own guidelines for treatment.
- England's [Cass Review](#) is the most comprehensive published report of systematic reviews of international scientific studies in children with gender dysphoria to date. The recommendations are specific for addressing gender dysphoria in children in the UK, but are applicable to other nations.

There is no expert clinical consensus regarding the treatment of children who meet diagnostic criteria for gender dysphoria.

WHAT IS SOCIAL TRANSITION?



Social transition is the process of living as the opposite (or neither) sex by adopting gender stereotypes in social roles, names, and outward appearance. It usually also includes changing pronouns from sex-based to gender identity-based.



SEX-BASED TO GENDER IDENTITY-BASED



- There is [no clear evidence](#) that social transition has any positive or negative effect on psychological distress or mental health in children or adolescents with gender dysphoria.
- Social transition at an early age increases the likelihood of proceeding to a medical treatment path and persistence of gender dysphoria into adulthood.
- Some have referred to the psychological intervention as “[iatrogenic](#),” meaning: the intervention creates the condition.



IN SCHOOLS

- Teachers may hand out [surveys](#) at the beginning of the year or do lessons in which they ask students to [report](#) their gender identity and if they should [withhold that information](#) from their parents.
- Many schools also have “transgender support plans” for students.
- There have been numerous [cases](#) where children have been socially transitioned in school without parental knowledge.

GENDER CURRICULA

IS DETERMINED BY INDIVIDUAL SCHOOL DISTRICTS

Many schools and advocacy organizations insist on teaching about gender identity in order to create what they believe to be [safe and welcoming environments](#).

These types of curricula and related school policy guidelines are created by [advocacy organizations](#), not educational organizations, and are often being implemented in the classroom by [outside contractors](#), not certified teachers.

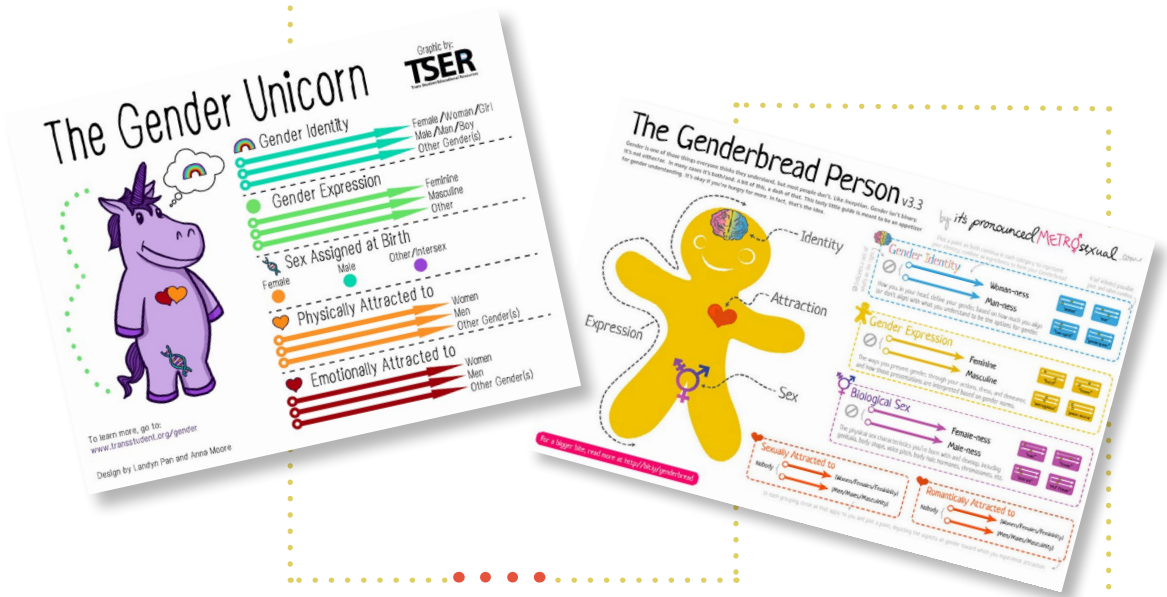
Other times, these ideas are incorporated directly into the core subjects:

- See the National Council of Teachers of English’s [“Guidelines for Affirming Gender Diversity through ELA Curriculum and Pedagogy.”](#)

Two common tools schools use are the [Gender Unicorn](#) or [Genderbread Person](#). As you can see, many of these resources are geared towards very young children.

TWO COMMON TOOLS SCHOOLS USE

Created by advocacy organizations, not educational organizations.



LESSONS ON GENDER IDENTITY

& TRANSGENDER IN ELEMENTARY SCHOOL



I Am Jazz: Transgender Topics in Elementary School

Suggested Grade Level: K – 5

Length of Time: 40 minutes

Goals

- ✦ To expand students' perceptions and understandings of gender.
- ✦ To help students understand what it can mean to be transgender using developmentally appropriate language for younger students.
- ✦ To increase student understanding of ally behavior.

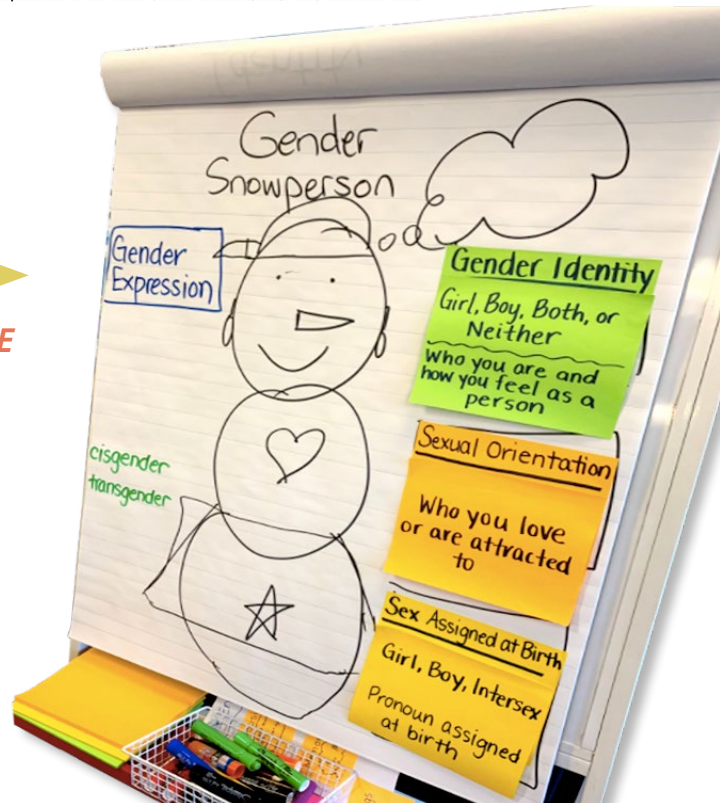
Objective

- ✦ Students will read and discuss a story based on the true story of a transgender girl named Jazz Jennings.
- ✦ Students will learn important vocabulary related to gender.
- ✦ Students will learn about differences and being an ally.

Academic Standards

- ✦ CCSS.ELA-LITERACY.RL.3.1: Ask and answer questions to demonstrate understanding of a text, referring explicitly to the text as the basis for the answers. (Also RL.K.1,1.1,2.1, 4.1 and 5.1)
- ✦ CCSS.ELA-LITERACY.RL.3.3: Describe characters in a story (e.g., their traits, motivations or feelings) and explain how their actions contribute to the sequence of events. (Also RL.K.3,1.3, 2.3, 4.3 and 5.3)

Oftentimes, gender curricula ARE aimed at very young students using child-friendly graphics, activities and books.



WHAT PROTECTIONS DO PARENTS HAVE?

The Supreme Court of the United States has affirmed that parents have the ultimate authority over their children's education.

Check your state's laws to determine the events for which parental consent is not required.

PARENTAL RIGHTS

There are [long standing legal presumptions](#) that parents will act in the best interests of their children and that minor children generally lack the cognitive ability to make sound judgments.

Parents have the primary role in the care and rearing of their children, above the state or schools.

Parents have the right to direct the upbringing, care, and control of their children under the [Due Process Clause of the Fourteenth Amendment](#). This includes the right of parents to have authority over their children's medical and personal decisions.

- This is relevant because social transition is an intervention that has profound bearings on a child's mental, emotional, and physical development.

Mental health therapy services—Generally, minors cannot grant the *informed consent* necessary for medical and mental health services to be lawfully provided. Usually, parental consent is required for minors to receive such services. However, there are several exceptions to this based on state laws.

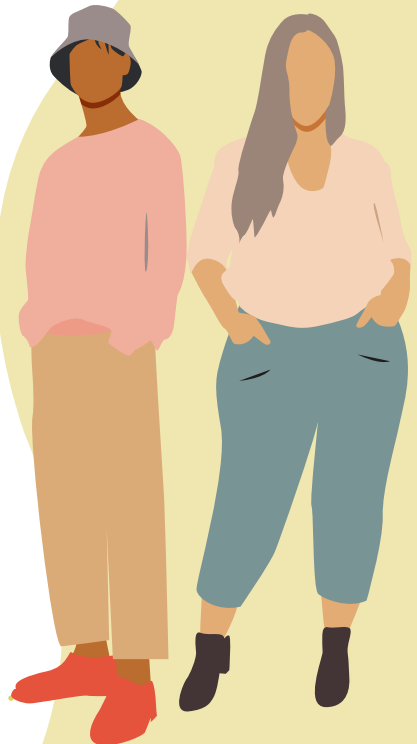
Social transition is an intervention that has profound bearings on a child's mental, emotional, and physical development.



FERPA & PARENTAL RIGHTS

- The [Family Educational Rights and Privacy Act](#) (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. **FERPA gives parents certain rights with respect to their children's education records.** These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.
- Activist groups [claim](#) that FERPA establishes a student's privacy from their parents.
- However, FERPA was, in actuality, designed for parents to protect their kids' privacy, not for schools to protect kids' privacy from parents (see bold portion of the law above).
- The manner in which these topics are handled varies significantly based on state and school.
- Several school districts and school counselors are now being sued by parents because schools kept vital information about their children's mental health from them (examples include school boards in [Chico](#), California; [New Castle](#), Maine; [Escondido](#), California; [Cedar Rapids](#), Iowa).

FERPA was, in actuality, designed for parents to protect their kids' privacy, not for schools to protect kids' privacy from parents.





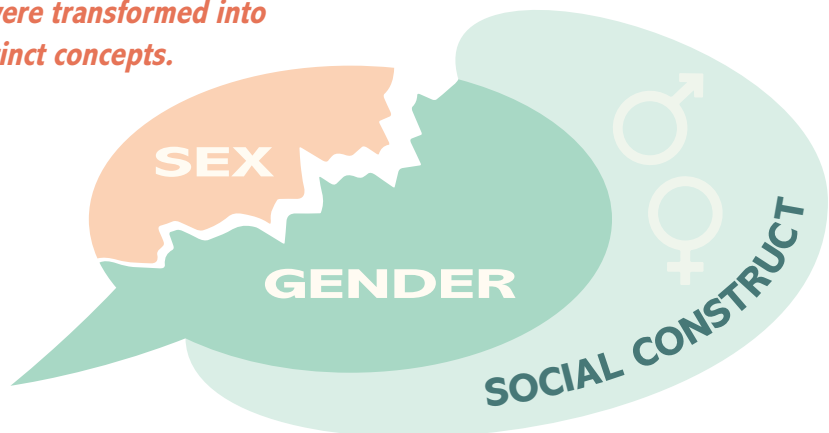
DEFINING GENDER & SEXUAL ORIENTATION

The term **sexual orientation** is generally used to refer to a person's sexual and romantic attraction, specifically attraction of the same or opposite biological sex (e.g., homosexuality, heterosexuality, bisexuality). The term describes how we feel about others.

In contrast, the terms **gender identity** and **gender expression** are used to describe an alignment or misalignment between an individual's birth sex and stereotypically masculine or feminine traits and behaviors (e.g., identifying as transgender or non-binary). The terms describe how individuals feel about themselves as well as how they prefer to express themselves and be viewed by society.

Traditionally, **sex** and **gender** have been used interchangeably or with the understanding that there was an intrinsic connection between the terms. In the 20th century with the work of [Alfred Kinsey](#), [John Money](#), and others, sex and gender were transformed into separate and distinct concepts, with gender understood as a social construct.

Sex and gender were transformed into separate and distinct concepts.



GENDER IDENTITY

IS A THEORY NOT A FACT

IDEOLOGICAL BELIEFS & PREFERRED PRONOUNS

Remember: The concept of gender identity is a theory, not a fact—the belief that gender exists independent of sex is ideological in nature and not scientifically based.

- The term “**gender identity**” refers to a person’s internal feeling about one’s role in society. It is normally fluid throughout development and is based on multiple complex factors.
- The beliefs that some children are “**born in the wrong body**” or that “**sex is assigned at birth**” are also ideological ones. Such beliefs are sometimes taught in schools as fact.

Practices associated with these ideological beliefs include the use of “preferred pronouns” and the use of “neo pronouns” (e.g., zi/zer).

Preferred Pronouns & the First Amendment—generally, public schools *cannot* mandate that children use someone’s preferred pronouns or compel students to announce their own pronouns.

- The use of a classmates’ preferred pronouns or the act of announcing pronouns can be encouraged, but for the most part, schools cannot punish a child based on the failure to comply with this.
- See [this resource](#) compiled by the Foundation for Individual Rights & Expression (FIRE) for more on when free speech becomes harassment.

sports

SAFEGUARDING FEMALE SPORTS

Beliefs about gender identity are being used to [undermine the protection of female sports programs](#) by allowing biological males to identify as female to enter competitions designated for girls and women despite their natural physical advantages.



Video: [Testosterone & Beyond: The Male Advantage](#)

- While some states restrict athletes to participating in competitions based on their sex, others allow transgender athletes to participate in sports based on their gender identity.
- In April 2024, the Department of Education [finalized revisions to Title IX](#) that do not apply to athletics. However, the Department stated that it “will engage in a separate rulemaking to address Title IX’s application to athletics.”

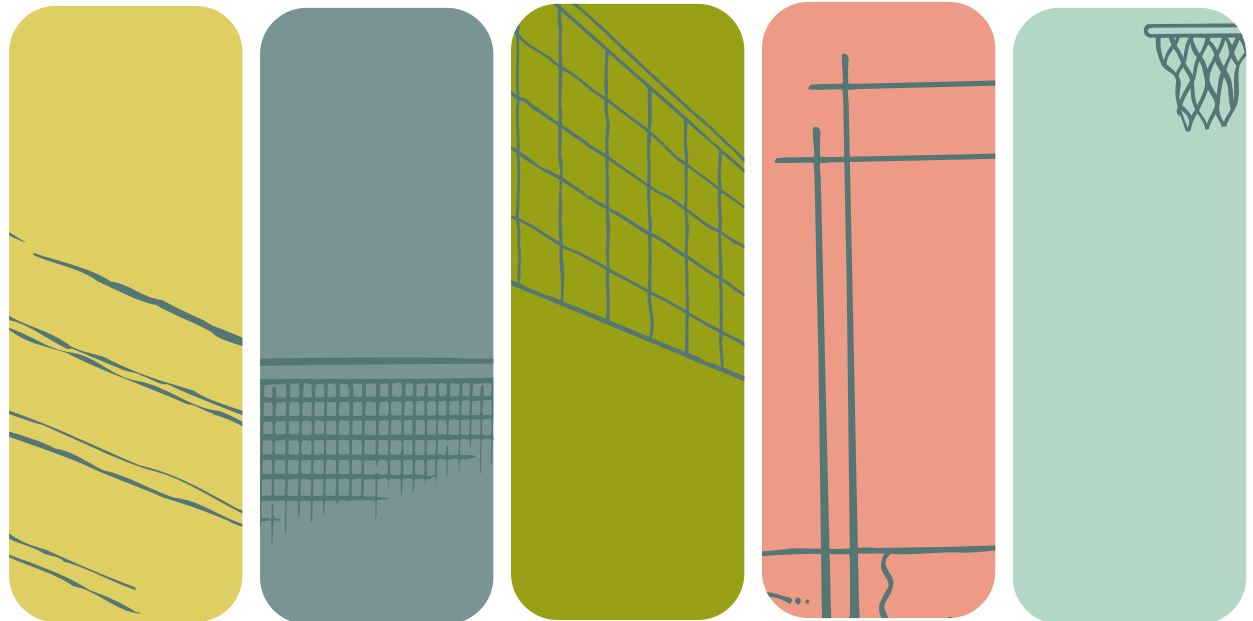


TITLE IX

FEMALE SPORTS & PROPOSED CHANGES TO TITLE IX

- Title IX—signed into federal law in 1972, aimed to end discrimination in sports and ensure women had access to competitive athletic programs by providing equal funding for men’s and women’s sports.
- On April 19, 2024, the Biden administration announced a [revision to Title IX laws](#) and published a [summary of the changes](#) which impact all schools that receive federal funding, including all public elementary, middle and high schools.
- The changes to Title IX that take effect in August 2024 **will not** impact women and girls’ sports. However, the Department of Education did state that it “will engage in a separate rulemaking to address Title IX’s application to athletics.”

For more info to these changes to Title IX, including further repercussions on parental rights: [10 Biggest Changes To Title IX](#).



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AN OVERVIEW OF CHILDHOOD GENDER TRANSITION

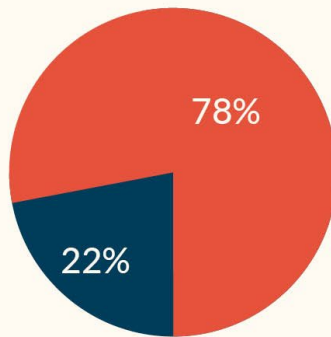
AN OVERVIEW

THIS IS NOT A POLITICAL LEFT vs RIGHT ISSUE

While Americans are generally quite tolerant of transgender individuals, there is broad consensus among most Americans, regardless of political affiliation, that there should be legal restrictions on the medical transition of children.

Overwhelming majority of American voters are in favor of restricting sex changes for minors.

Do you think that surgery to change gender and puberty blockers should be allowed for minors under 18 or only be allowed for people over 18 years old in your state?

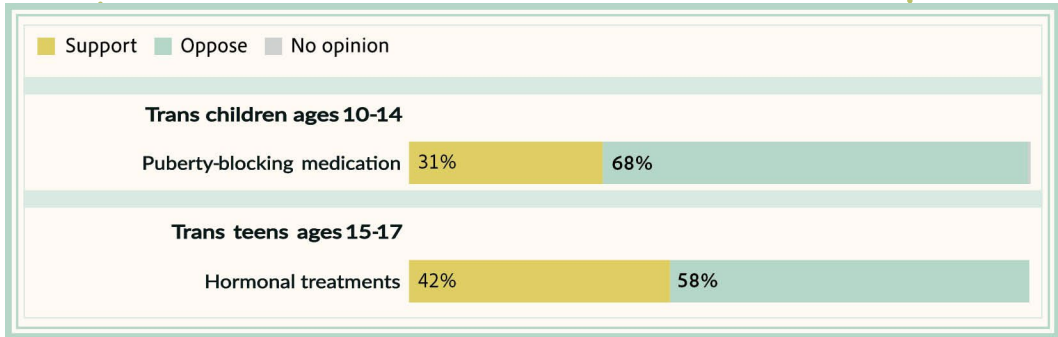


- Allowed for minors
- Only be allowed for people over 18 years old

Column %	GOP	DEM	IND/OTH
Allowed for minors	11%	33%	23%
Only be allowed for people over 18 years old	89%	67%	77%

According to a 2023, [Harvard Caps Harris Poll](#), an overwhelming majority of American voters (including 67% of Democrats) are in favor of restricting sex changes for minors.

Majority of adults oppose the use of puberty blockers for children.



According to a 2023 [Washington Post-KFF](#) poll, 68% of adults oppose the use of puberty blockers for children 10-14, while 58% were against hormonal treatments for kids 15 to 17.

majority support legal restrictions

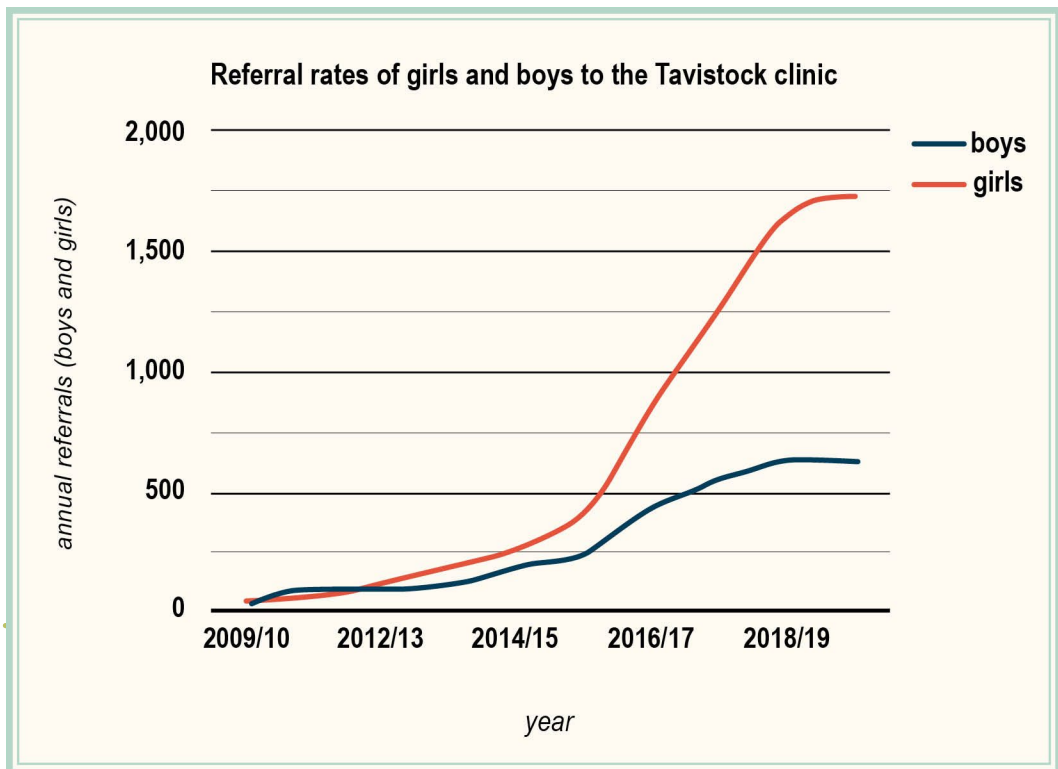
MEDICAL TRANSITION OF CHILDREN



GENDER DYSPHORIA AND ITS TREATMENT

LACK MEDICAL CONSENSUS

- Today, across the Western world, as many as [10% of some racial groups](#) of young people identify as gender dysphoric in some way.
- In some arenas, gender dysphoria has increased by almost [5,000 percent](#) in a decade.
- Despite the media narrative and top-down push, “there is no [expert clinical consensus](#) regarding the treatment” for children who meet diagnostic criteria for gender dysphoria.
- In fact, as gender dysphoria in young people has risen, so has [professional disagreement](#).



[Gender Identity Development Service](#) data shows about a twenty-fold increase in the number of patients seeking transition, with teenagers hugely over-represented.

CHILDREN STRUGGLING WITH GENDER

TEND TO HAVE HIGHER RATES OF MENTAL HEALTH CONDITIONS

mental health conditions



The Appropriate Clinical Response

- 48% of minors referred to the Gender Identity Development Service (GIDS) in England were found to present with [autistic traits](#) while other studies found that trans-identified minors have elevated rates of [depression](#) and [anxiety](#).
- [ADHD](#) and [Obsessive-Compulsive traits](#) were also found to be more common among patients with gender dysphoria or gender variance.
- An independent review commissioned by the UK's National Health Service (NHS) was highly critical of the "[affirmative model](#)" practiced in the clinic partly due to **diagnostic overshadowing**, the phenomenon of overlooking co-existing mental health issues and instead treating only for gender distress.

For the majority of young people, a medical pathway may not be the best way to manage their gender-related distress. For those young people for whom a medical pathway is clinically indicated, it is not enough to provide this without also addressing wider mental health and/or psychosocially challenging problems.

–Key points, [Cass Interim Report](#) commissioned by NHS England and NHS Improvement, 2020

SUICIDE IS ALWAYS ABOUT MORE

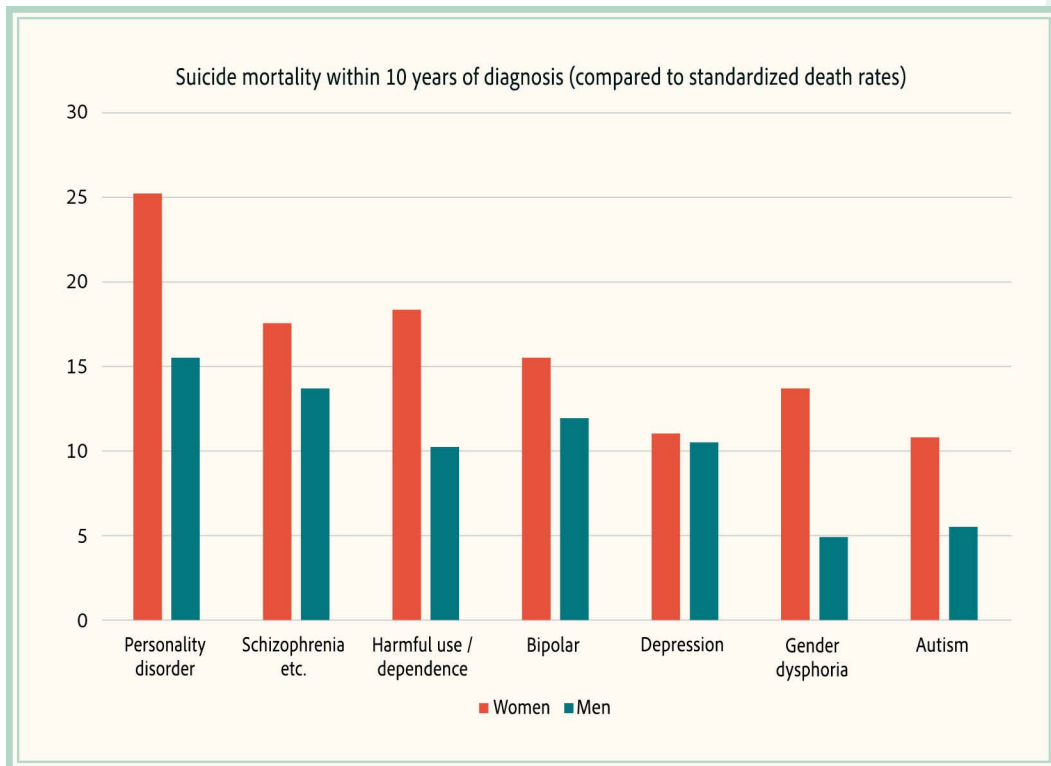
THAN ONE THING

Suicide rates are often invoked in materials about transgender children. It is terrifying when a child expresses suicidal thoughts or behaviors. But the commonly expressed trope that parents have a choice between a *dead biological male or female child and a living trans child* is simply **not true**—nor is it ethical for doctors, therapists, teachers or other school personnel to use this reasoning to pressure parents or hide information from them.

Children with gender dysphoria *do* seem to present with higher rates of comorbidities, which in themselves contribute to higher rates of suicidality—suicidal thoughts and sometimes attempts.

FACT

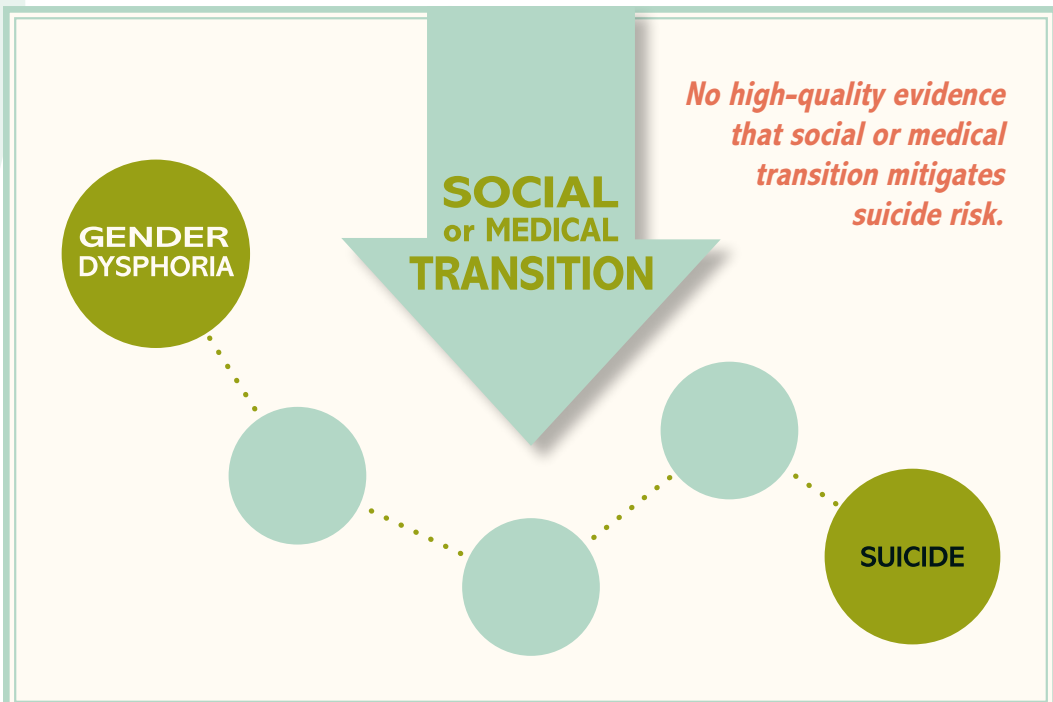
FICTION



THERE IS NO HIGH-QUALITY EVIDENCE

THAT MEDICAL TRANSITION OR PUBERTY BLOCKERS PREVENT SUICIDE IN GENDER DYSPHORIC MINORS

- A large [international systematic review](#) found a lack of high-quality evidence to support the use of puberty suppression to improve the mental health and gender distress in adolescents experiencing gender dysphoria.
- Suicidal ideation, self-harm, and suicide attempts are high in children with gender dysphoria, but a small 2024 Finnish study showed that [rates are comparable in children with other mental health disorders](#).
- Any suicide or self-harm is disturbing, but the [rate of completed suicide is very low](#).
- There is no high-quality evidence to suggest that social or medical transition mitigates suicide risk. One recent longitudinal study [in youth 12-20 years of age](#) showed a high rate of completed suicide in a cohort receiving hormone treatment.
- For more resources on this topic: [The Myth About Suicide and Gender Dysphoric Children](#) and [Trans suicide facts and myths](#).



MANY GENDER NONCONFORMING CHILDREN

GROW UP TO BE GAY/LESBIAN

Gender Identity Disorder was “more closely related to later homosexuality than to later transsexualism.” The Dutch team that **pioneered** the use of puberty blockers to treat minors experiencing gender distress [acknowledged](#) that children with Gender Identity Disorder rarely turn out transsexual after puberty (they expressed this using the official terminology used at the time their study was published).

Other examples:

- Of the patients at the world’s largest pediatric gender clinic (GIDS), 60% of males and 70% of females were [same-sex attracted](#).
- According to [one study](#), close to two-thirds of gender dysphoric pre-teen kids will grow up to be gay or bisexual if they are not socially transitioned.
- A longitudinal population-based study found that gender nonconformity is “perhaps the most extensively studied early behavioral “[predictor of sexual orientation](#).”

ANTI-GAY DISCRIMINATION?

In 2023, a [lawsuit](#) was filed against one of the largest providers of transgender medicine in the US. The plaintiff is a gay man who argues that he was subjected to “gay conversion” practices when he was prescribed hormones and surgeries.



FURTHER READING

[Medicalization of Gender Non-Conformance, Gay, not trans—A powerful challenge to gender medicalisation enters the political mainstream](#)

THE RISE IN DETRANSITIONERS

detransitioners:

Individuals who formerly identified as transgender and went through varying degrees of medical interventions with the purpose of appearing as the opposite sex.

There are currently many unknowns regarding the number of people who have detransitioned because the vast majority of patients who do so [fail to contact their clinics](#).

Transgender medications and surgeries are [life-altering treatments](#) that have little scientific evidence of their long-term safety and efficacy.

[One study](#) found that 49% of detransitioners had concerns about potential medical complications.



LAWSUITS in 2023

Detransitioners in the US began to file lawsuits against their former doctors, including detransitioners from [California](#), [Nebraska](#), [Texas](#), [North Carolina](#), and [Rhode Island](#).

One detransitioner, [Isabelle Ayala](#), is also suing the American Academy of Pediatrics over its 2018 [policy statement](#) endorsing the “affirmative model.” Jason Rafferty, Ayala’s former doctor whom she is suing for malpractice, is the main author of this policy.



FURTHER READING

[As Kids, They Thought They Were Trans. They No Longer Do.](#)

HOW DID WE GET HERE?

DUTCH PROTOCOL

1990's

[Dutch clinicians](#) began to medically treat a very selective group of teens as part of a study. The participants were mostly boys with gender dysphoria who had reached puberty, had not socially transitioned, had no other serious mental health conditions, and lived with supportive families.



The Dutch published this **research protocol**.

2006

2007

Dr. Norman Spack co-founded the Gender Management Service at Boston Children's Hospital.

- Clinicians modeled their treatment protocol after the "[Dutch protocol](#)" but expanded treatment to children with complex mental health disorders and quickly began to treat CHILDREN WHO WERE YOUNGER THAN THOSE STUDIED BY THE DUTCH.
- ***It was highly unusual to see doctors adopt a single research protocol for general patient care and expand the criteria for participation.***

2011

The Dutch published a [review](#) of 70 adolescents who received puberty blockers between 2000 and 2008 claiming that "behavioral and emotional problems and depressive symptoms decreased, while general functioning improved." That same year, England's Gender Identity Development Service (GIDS) [unsuccessfully](#) attempted to replicate this in a study.

- The GIDS study found that approximately [98% of children](#) who took puberty blockers went on to take sexualizing hormones. ***These patients appear to have been locked in a very specific medical pathway.***
- ***These findings were not reported until 9 years later.***

EUROPEAN STUDIES

A NEW AND MORE EMPIRICAL APPROACH

- In July 2022, the UK's National Health Service (NHS) [announced](#) that it planned to close what was the world's largest and second oldest pediatric gender clinic—the Tavistock Gender Identity Development Service (GIDS).
- In April 2024 the final [Cass Review](#), the most comprehensive and empirically grounded document on pediatric gender affirmation to date, which includes eight new specifically commissioned [systematic reviews](#), was released. Subsequently, the British pediatrician Dr. Hilary Cass called the evidence underpinning pediatric gender affirmation "[disappointingly poor](#)." One month later, the [UK government](#) introduced new [regulations](#) to "restrict the prescribing and supply of puberty-suppressing hormones" for minors in England, Wales and Scotland: from 3 June to 3 September 2024.
- Systematic reviews—long considered the gold standard for scientific evidence—conducted in [Sweden](#), [Finland](#), and the [UK](#) have led to a decrease in the use of puberty blockers and cross sex hormones for gender distressed minors.
- Critical reviews from public health agencies or pushback by professional societies have also come from [Norway](#), the [Netherlands](#), [Denmark](#), [France](#), [Australia](#) and [New Zealand](#).

evidence underpinning
pediatric gender affirmation
"disappointingly poor"

– Dr. Hilary Cass, Pediatrician



FURTHER READING

[*Finland Takes Another Look at Youth Gender Medicine*](#)

[*As more transgender children seek medical care, families confront many unknowns*](#)

[*As Kids, They Thought They Were Trans. They No Longer Do*](#)

THE ADVERSE EFFECTS

OF PUBERTY BLOCKERS

2020 [Finnish recommendations](#) conclude that information regarding the **potential harms** of hormone therapies in minors ***is not being systematically reported in the scientific literature.***

A 2017 [investigation by Center for Investigative Reporting](#) discovered that the FDA had received more than 10,000 adverse event reports associated with the use of a type of puberty blocker (Lupron). The reports, which came from women who were given the medication during childhood to help them grow taller, include: thinning and brittle bones, teeth that shed enamel or cracked, degenerative spinal disks, painful joints, radical mood swings, seizures, migraines and suicidal thoughts, fibromyalgia, fertility problems and cognitive issues.

An array of different studies have found similar adverse effects associated with the use of puberty blockers to treat gender dysphoria. For instance:

- A recent [literature review](#) from the UK found that there is evidence of the “detrimental impact of pubertal suppression on IQ.”
- A [wide-ranging study](#) concluded that the use of puberty blockers and cross sex hormones put patients at risk of infertility.
- A [cohort study](#) using data from a longitudinal study found that, when compared to their peers, adolescents who start puberty at an older age have persistently lower bone mass density.

adverse effects PUBERTY BLOCKERS

THINNING & BRITTLE BONES

DEGENERATIVE SPINAL DISKS

PAINFUL JOINTS & FIBROMYALGIA

SEIZURES, MIGRAINES & SUICIDAL THOUGHTS

FERTILITY PROBLEMS & COGNITIVE ISSUES

3

RECOMMENDATIONS FOR PARENTS

RECOMMENDATIONS

WHAT CAN YOU DO?

ARE YOU CONCERNED WITH THE CURRICULA AND/OR PROGRAMMING AT YOUR CHILD'S SCHOOL?

- 1. Know your state's laws on gender and education.**
 - This resource provides a [state-by-state summary](#) of relevant laws.
- 2. Familiarize yourself with your district level and school level policy handbooks.**
 - Find out the policy on names, pronouns and gender identity in your school. Does the school have a policy of hiding this information from parents? Is the policy specific to the school, the district, the county or state?
 - Is the district following its own rules?
- 3. Have face-to-face conversations with other parents to gauge their reactions to the way gender issues are handled in your school and district.**
 - Find common ground and start building a coalition of parents with similar concerns
- 4. Review the curricula, along with school and district programming and ask lots of questions. If it is not readily available, ask for it!**
 - Gender is making its way into the classroom in traditional ways through sex ed class (now sometimes being called [Comprehensive Sexual Education](#)), but it is also making its way in under the guise of diversity and inclusion, [social emotional learning](#) (SEL), and even [art club](#).
 - Look out for surveys, both paper and digital.
 - Some parents have used [Freedom Of Information Act](#) (FOIA) requests to compel districts to release such information.
- 5. Speak with your child about what they are learning daily, review the work they bring home with them, and keep records.**
 - Keep a journal of what your child tells you about class activities and guest teachers.
 - Pay attention to field trip details, plays, and art exhibits that your child may be attending.
 - Phone calls with school officials are fine, but should always be accompanied by an email summarizing the conversation to create a paper trail.

WHO SHOULD YOU TALK TO?

You should have a relationship with school personnel at every level of the district (classroom teacher, school administrators, school board members, and superintendent).

- Generally speaking, the contact information is available online and often districts have office hours or events where parents can show up to meet with district level officials.

As you become more knowledgeable about state laws and local policy, as well as the curricula and programming your child is being exposed to, you can use your judgement about the most appropriate personnel to approach.

- If possible, do this in a group and have a plan of the topics that will be discussed.
- Remember to send a follow-up email summarizing what was discussed for records. You may also want to record the meeting (make sure you know your state laws about recording private meetings, you may have to verbally inform the participants you are recording and they may have the right to object).
- Consider sending your school the [Genspect Brief Guidance for Schools](#) (see also: [Genspect Sample Policies](#)).

Share evidence-based materials with members of the parent and school community.

- Often times there is an existing Facebook group a parent has set up for sharing information about your local district where you can post this information.
- Some parents start their own Facebook page, blog, or mailing list to distribute this information.
- As you build relationships, ***you may share this toolkit*** with teachers, administrators, and school board members, as well as any local parent or non-profit organizations.

If you suspect a school is violating the law and the issue was not successfully and voluntarily resolved, you can submit a report through [FAIR Transparency](#) to be reviewed by a legal team.

You may also file a complaint with the federal Department of Education through the [Office of Civil Rights](#) (OCR).

OPTING-OUT OF LESSONS

This right is protected federally by the Protection of Pupil Rights Amendment, 20 U.S.C. § 1232h, which bestows on parents the legal right to review curricula and sometimes opt-out of activities in schools that receive federal funding.

TIPS

- Ask your principal what the opting-out process for your district entails.
- Some districts will have district-specific opt-out forms to be signed and turned in.
- Keep a copy of the form and follow-up with the school to ensure the form was recorded.
- If your district does not provide an opt-out form, make sure to ask what the opting-out process is.

KEEP IN MIND

- Some districts do not want students to opt-out. Forms may not be made available and your right to opt-out may not be publicized, so you have to ask and may have to follow up.
- The ability to opt-out of educational material is not universal and varies by state.
- Most state opting-out laws deal with sex and health instruction only.

TIPS FOR DISCUSSIONS

CONCERNING GENDER & SCHOOL POLICY



LISTEN

Listen to others and find common ground.



NEUTRALITY

Keep conversations as apolitical as possible.
There is broad agreement among Americans on this issue.



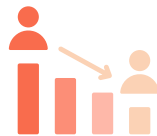
EVIDENCE-BASED

Ensure that the conversation is rooted in evidence.



CLARITY

Use clear language but avoid overly simplistic platitudes.



DE-ESCALATION

De-escalate discussions and disagreements around approaches to gender. *We all want what is best for our children.*



INCLUSIVITY

Suggest that the school create inclusive environments for different perspectives.



PARENTAL INVOLVEMENT

Promote the inclusion of parents in the trajectories of their children and discussions about their well-being.



PARENTAL SUPPORT

Focus on supporting individual student mental, emotional, and social health through parental support rather than by emphasizing gender.

ADVICE FOR PARENTS

OF GENDER DYSPHORIC CHILDREN

- Remember that affirming emotions and beliefs is not the same as confirming emotions and beliefs. For example, we can **affirm** that someone suffering of anorexia nervosa is in severe distress. This is different from **confirming** the person's erroneous belief that they are overweight.
- Have open and non-judgmental communication with your kids.
- Inform yourself on the topic (see: educational and scientific resources on Page 41).
- Become involved in your child's school.
- Kids suffering of gender-related distress may become fixated with language. Learn the different terms and acronyms used for gender-related language so that this does not become an obstacle for communication (keep in mind that these terms change constantly).
- Encourage digital hygiene: create family rules surrounding online behavior, use parental control settings and model digital hygiene yourself; consider a digital detox.
- Promote critical thinking and educate children on the dangers of social media echo chambers. Increased social media use is associated with increased rates of Gender Dysphoria, but also depression, anorexia and body dysmorphic disorder.
- Encourage children to join new hobbies and activities beyond electronic pastimes.

For more – check out these resources:



[Genspect Guidance for Parents](#)

[Top Ten Tips for When Your Child Says They are Trans](#)

[Therapy First-Find a Therapist](#)





GLOSSARY OF TERMS

conversion therapy

A term for ineffective and scientifically-unfounded interventions that attempt to modify an individual's sexual orientation. Because of the lack of medical consensus on how to best treat gender dysphoria, it is a stretch to assume that the term applies to open-ended exploratory psychotherapy, which has now become the first line of treatment for minors with gender dysphoria in [several countries](#). Further, some argue that gender-affirming care and medical transition may constitute a new form of “gay conversion” practices.

detransitioner

An individual who formerly identified as transgender and underwent varying degrees of medical interventions with the purpose of appearing as the opposite sex.

Dutch protocol

The practice of medically transitioning minors using puberty blockers and subsequent cross-sex hormones. Named after the Amsterdam University Medical Center/UMC, which pioneered the use of puberty blockers on minors with gender dysphoria.

FERPA (the Family Educational Rights and Privacy Act)

Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records.

FOIA (Freedom Of Information Act)

A freedom of information law in the United States; parents can make use of this act to compel districts to release information related to their child's curriculum.

gender dysphoria

This is the diagnostic label for the psychological distress associated with gender identity. In 2013, the term replaced the previous diagnosis of **gender identity disorder** (GID) in *The Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5). The International Classification of Diseases (ICD) lists a similar diagnosis but uses the diagnostic label **gender incongruence**.

gender expression

Stereotypically masculine or feminine traits, behaviors, and appearance.

gender identity

An internal feeling which describes an alignment or misalignment between an individual's birth sex and behavior. It remains a poorly defined concept that lacks reliable empirical support; unlike with sexual orientation, not every person has a gender identity.

gender non-conformity/gender non-conformance

Taking on the activities and roles typical for the opposite sex; it describes behavior which is completely normal and should not define or label children in any way.

GIDS (Gender Identity Development Service)

The UK's only pediatric gender clinic, commissioned by NHS England in 1989 and operated on the site of the Tavistock and Portman NHS Foundation Trust. At one point, it was the world's largest and second oldest clinic of its kind. The clinic closed March 2024 in part due to an inability to meet the spike in referrals.

GnRHa (gonadotropin-releasing hormone) agonist

Puberty blockers; the Food and Drug Administration approved these medications to treat conditions such as prostate cancer, endometriosis, and some forms of infertility. They are used to treat children with early onset of puberty and are now used to treat gender dysphoria. Common types and brand names of puberty blockers include: Goserelin (Zoladex), Histrelin (Supprelin LA), Leuprolide (Lupron Depot-Ped, Fensolvi), Triptorelin (Trelstar, Triptodur).

diagnostic overshadowing

The phenomenon of treating only for a particular diagnosis while overlooking mental health comorbidities (i.e., co-existing diagnoses).

iatrogenic

Refers to when an illness is caused by an intervention or ostensibly helpful "treatment."

informed consent

When health care providers grant information on the risks and benefits of a specific intervention to patients; in many instances, minors are not considered capable to grant the informed consent necessary for medical and mental health services to be lawfully provided.

longitudinal study

A type of study that follows a specific group of individuals for long periods of time, including through several decades.

neo pronouns

Personal pronouns beyond “he,” “she,” and “they,” for instance xe/xem/xyr, ze/hir/hirs, and ey/em/eir.

NHS (National Health Service)

The publicly funded health care system in England. In 2020, NHS England and NHS Improvement commissioned [The Cass Review](#) “to ensure that children and young people who are questioning their gender identity or experiencing gender dysphoria, and who need support from the NHS, receive a high standard of care that meets their needs and is safe, holistic and effective.”

OCR (Office for Civil Rights) of The Department of Education

Laws that protect the rights of individuals and entities from unlawful discrimination in the United States.

preferred pronouns

Third-person personal pronouns a person chooses based on the ideological notion of gender identity.

PPRA (Protection of Pupil Rights Amendment)

A federal law which, among other rights, bestows on parents the legal right to review curricula and sometimes opt-out of activities, in schools that receive federal funding.

social transition

Is the process of living as the opposite (or neither) sex by adopting gender stereotypes in social roles, names, and outward appearance. It usually also includes changing pronouns from sex-based to gender identity-based. Social transition is unlikely to be a neutral intervention.

sexual orientation

A person’s sexual and romantic attraction, specifically attraction of the same or opposite biological sex. The term describes how we feel about others.

Title IX

A United States landmark civil rights law, part of the Federal Education Amendments of 1972, which prohibit sex discrimination in any federally funded education program or activity.



RESOURCES

RESOURCES FOR SCHOOLS

[Our Duty](#) (Schools)

[Transgender Trend School Resources](#)

[Genspect Brief Guidance for Schools](#)

[Local Laws—Gender Education](#)

[Genspect Sample Policies](#)

EDUCATIONAL AND SCIENTIFIC RESOURCES

[SEGM Studies](#)

[Stats for Gender](#)

[Cass Interim Report](#)

[Final Report: Cass Review](#)

[Gender-affirming hormone in children and adolescents](#)

[Relevant Scientific Publications](#) (Institute for Comprehensive Gender Dysphoria Research)

[Gender Health Query](#)

[List of Relevant Studies on Pediatric Gender Medicine](#)

[Genspect—Written Resources](#)

[Are “Gender-Affirming” Medical Interventions Being Performed in Minors?](#)

[Paradox Institute](#)

[Do Physicians and Health Professionals Really Support “Gender-Affirming” Interventions in Minors?](#)

[The Myth About Suicide and Gender Dysphoric Children](#)

[Transgender Trend Terminology](#)

US WEBSITES

[4thWaveNow](#)

[Advocates Protecting Children](#) (APC)

[America First Legal](#)

[Child and Parental Rights Campaign](#)

[Do No Harm](#)

[Foundation Against Intolerance and Racism](#) (FAIR)

[FAIR in Medicine](#)

[Partners for Ethical Care](#)

[Rethink Identity Medicine Ethics](#) (ReIME)

[Therapy First](#)

[Women's Liberation Front](#) (WoLF)

INTERNATIONAL WEBSITES

[Fair Play For Women](#), UK

[Gender Dysphoria Alliance](#)

[Gender Dysphoria Support Network](#)

[Gender Health Query](#)

[Genspect](#)

[Institute for Comprehensive Gender Dysphoria Research](#)

[Independent Council on Women's Sports](#) (ICONS)

[LGB Alliance](#)

[OurDuty](#)

[Parents of ROGD Kids](#)

[Protect Child Health Coalition](#)

[Sex Matters](#), UK

[Society for Evidence Based Gender Medicine](#) (SEGM)

[Thoughtful Therapists](#), UK

[Transgender Trend](#), UK

RECOMMENDED NEWSLETTERS

[BROADview](#)

[Gender Clinic News](#), Australia

[Lesbians United](#)

[LGBT Courage Coalition](#)

[Parents with Inconvenient Truths about Trans](#) (PITT)

[Reality's Last Stand](#)

[Restore Childhood](#)





Detrans: When transition is not the solution, **Dr Az Hakeem**

The End of Gender: Debunking the Myths about Sex and Identity in Our Society,
Debra Soh

Freedom of Mind, **Dr Steven Hassan**

Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults, **Susan Evans and Marcus Evans**

Inventing Transgender Children and Young People, **Edited by Michele Moore & Heather Brunskell-Evans**

Irreversible Damage: The Transgender Craze Seducing Our Daughters, **Abigail Shrier**

It's Not Transphobic to Say Your Daughter Is a Girl: The Wise Lesbian Guide for Progressives, **Amber Alt**

Lost in Trans Nation: A Child Psychiatrist's Guide Out of the Madness, **Dr Miriam Grossman**

Material Girls: Why Reality Matters for Feminism, **Kathleen Stock**

Parents with Inconvenient Truths about Trans—Tales from the Home Front in Fighting to Save our Kids, **Edited by Joise A. and Dina S., Foreword by Stella O'Malley**

So, You Think You May be Trans..., **Tim Davies**

Tomboy: The Surprising History and Future of Girls Who Dare to Be Different, **Lisa Selin Davis**

Trans: Exploring Gender Identity and Gender Dysphoria, **Dr Az Hakeem**

Trans: When Ideology Meets Reality, **Helen Joyce**

Time to Think, **Hannah Barnes**

When Kids Say They're Trans—A Guide for Parents, **Sasha Ayad, Lisa Marchiano and Stella O'Malley**



An
URGENT
conversation





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