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RESEARCH REPORT | Higher Education Reform Initiative

State Reforms to Protect Children from Harmful and Irreversible Transgender Medical Procedures

Christopher Schorr, Ph.D.

TOPLINE POINTS

- An explosive increase in childhood transgender identification threatens the health and well-being of American children. Transgender identification is the first step along the path toward harmful and irreversible transgender medical interventions.
- These interventions—puberty blockers, cross-sex hormones, and sex-reassignment surgeries—are associated with dangerous and debilitating side effects, including sterility, loss of sexual function, reduced bone density, blood clots, and cancer. They do not clearly improve mental health or reduce risks for suicide.
- State action is urgently needed to protect vulnerable children. States must prohibit all transgender medical interventions for children. States must also arrest the social contagion that fuels these abuses in K-12 schools and online.

The United States is experiencing an epidemic of childhood transgenderism. In 2022, more than 300,000 American children aged 13–17 identified as "transgender," twice the number previously estimated (Herman et al., 2022). As displayed in Figure 1, this age cohort contains the highest proportion of Americans who identify as transgender. Viewed another way, 13- to 17-year-olds represent a remarkable one in five transgender identifiers (20 percent) despite comprising only 8 percent of the total U.S. population.

This trend is cause for alarm. Transgender identification increases risks for exposure to dangerous and irreversible medical interventions like puberty blockers, cross-sex hormones, and sex-reassignment surgeries. This relationship is demonstrated in Figure 2 using data collected and analyzed by Komodo Health, Inc.

Drawing on private and public health insurance claims data, Komodo found that gender dysphoria diagnoses—a proxy for transgender identification—increased 178 percent among children aged 6–17 from 2017–2021. Transgender medical interventions for children (aged 6–17) also increased substantially during this same period: Puberty blocker and cross-sex hormone prescriptions more than doubled, and "top surgeries" (i.e., breast implantations and removals) increased by more than 18 percent (Respaut & Terhune, 2022).

These trends are stark. At the same time, the true scope of the youth market for transgender medical procedures is almost certainly larger than the analysis by Komodo suggests. A recent analysis of the National Insurance Database uncovered "evidence of 5,288 to 6,294 'gender-affirming' double mastectomies for girls under age 18" from 2017–2023. Annual counts for these procedures exceeded 1,000 in both 2021 and 2022—far more than the 238–282 identified by Komodo (Sapir, 2024a).

Another analysis of private and public health insurance claims data found the following from 2019–2023:

Figure 1. Transgender Identification by Age Cohort, 2022

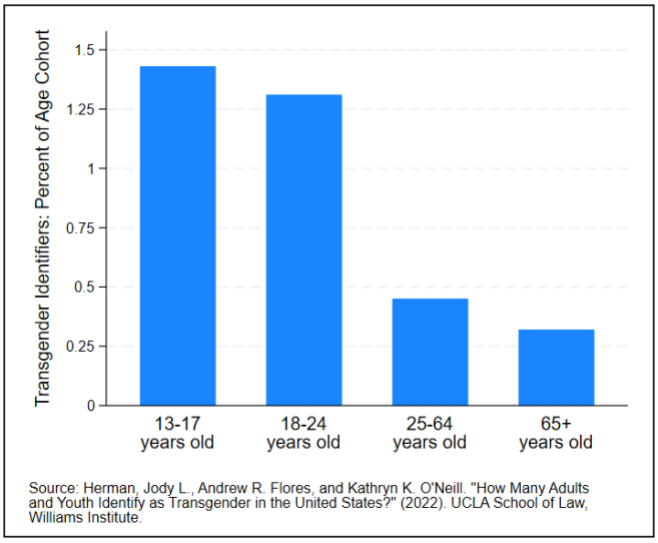
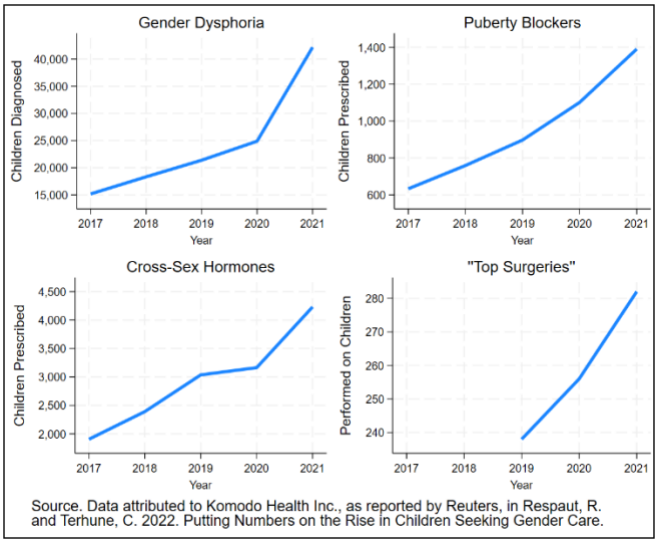


Figure 2. Childhood (6–17 years old) Gender Dysphoria Diagnoses and Transgender Medical Procedures, 2017–2021



- 13,994 transgender medical interventions were performed on children.
- 5,747 "sex change" surgeries were performed on children.
- 62,682 hormone and puberty blocker prescriptions were written for 8,579 child patients.
- At least $119,791,202 was made from performing transgender medical interventions on children (Stop the Harm Database, n.d.).

These reckless medical interventions are associated with serious and irreparable harm. The side effects of puberty blockers and cross-sex hormones include impotence, sterility, and physical health complications ranging from stunted growth to cancer (Schwartz, 2021). Notwithstanding claims to the contrary by transgender activists, these changes are often permanent (National Health Service, 2020). Sex-reassignment surgeries are worse still. Amputating healthy body parts because confused children believe doing so will ease their anxiety is reckless and cruel.

Children are not legally permitted to consume alcohol or tobacco or even to get tattoos. This is because children are mentally competent adults in progress. By definition, they are not capable of making life-altering decisions (Cornell Law School, n.d.). Moreover, to describe children as *choosing* to undergo transgender medical interventions or as *choosing* to identify as transgender neglects the role played by adults throughout the youth transgender school-to-clinic pipeline (Sapir, 2022).

As detailed in Sections 3 and 4 below, it is adults (activists and politicians) who sow the seeds of transgender identification by pushing gender ideology on impressionable children, including in classrooms around the country (Meyer, 2007; Luhmann, 2012; Schorr, 2024). It is adults—specifically, men—who dress as hyper-sexualized caricatures of women and recruit children to publicly participate in their fetishes (Rufo, 2022). It is adults who implement policies allowing boys into girls' sports and intimate facilities and who mandate the use of so-called "preferred pronouns" (Pidluzny, 2023a; Hardin, 2024). It is adults, not children, who create the online social media platforms and pornographic content that fuels the transgender social contagion (Littman, 2021; Gluck, 2023).

Responsible adults must protect children from such predation for the simple reason that children cannot protect themselves. The intent of this research paper is to equip state policymakers with the following:

1. Essential background information on transgender medical interventions for children.
2. Reforms to address these abusive medical practices and the drivers of the underlying social contagion that fuels them.

Section 1. Rebranding a Mental Health Condition an "Identity"

The current fad is to view transgenderism as an identity—akin to being Black/White, male/female, Christian/Jewish, etc. This characterization is remarkable in terms of its recency and tenuousness. As recently as 2012, transgenderism (formerly "transsexualism") was widely recognized as a mental/sexual health disorder. For example, in the fourth edition of its Diagnostic and Statistical Manual (DSM-IV), the American Psychiatric Association (APA) defined "gender identity disorder" (GID) as "a persistent and strong cross-gender identification and a persistent unease with one's sex" (APA, 1994; Meston and Frohlich, n.d.). It further defined autogynephilia, a rarely discussed variant of transgenderism, as "a male's propensity to be sexually aroused by the thought or image of himself as a female" (Lawrence, 2011).[1]

[1] Autogynophelia likewise departs from developmentally healthy norms. Autogynophelic males exhibit "erotic target identity inversion," a desire "to impersonate or turn their bodies into facsimiles of the persons or things to

GID research supports this earlier understanding. Prominent explanations for the origins of childhood gender confusion emphasize the role played by disruptions to natural developmental processes related to identity formation (Korte et al., 2008). A key insight is that infant children first develop a sense of self by differentiating themselves from their mothers (Mahler, 2018). One account holds that unresolved anxiety related to this separation causes some young boys to create "reparative fantas(ies) of symbolic fusion with (their) mother(s)" (Person & Ovesey, 1974; Meyer, 1982). Other accounts emphasize dysfunctional family dynamics (Haber, 1991) and associated trauma. For example:

- Young boys adopt feminine identities to compensate for their mothers' emotional or physical absence (Person & Ovesey, 1974).
- Young girls adopt defensive masculine identities in response to their abusive fathers and their association of masculinity with strength and power (Bradley, 1980).
- Neglected children adopt the gender of the sibling they feel their parents love more (Cretella, 2017).

Genetic or hormonal abnormalities have also been proposed (Bradley & Zucker, 1990). Still other research highlights associations with autism spectrum and borderline personality disorders (Warrier et al., 2020; Anzani et al., 2020; Zucker, 2019). In such cases, gender confusion may be a byproduct of other underlying mental health conditions (Cantor, 2022).

Strong associations between childhood gender confusion and trauma likewise lend credence to the disorder hypothesis. Surveys of transgender adults consistently find abnormally high rates of "adverse childhood events," including physical and sexual abuse and parental mental health challenges (Craig et al., 2020; Schnarrs et al., 2019; Suarez et al., 2021). In a survey of 95 gender dysphoric adults, *90 percent* had experienced "complex trauma," defined as "cumulative, chronic and prolonged traumatic events, most often of an interpersonal nature, involving primary caregivers and frequently arising in early childhood or adolescence." The same study found that 56 percent of gender dysphoric respondents had experienced four or more complex trauma events in comparison to 7 percent of respondents in the non-gender dysphoric control group (Giovanardi et al., 2018).

Perhaps the strongest evidence for the disorder hypothesis comes from associations between gender confusion and other maladaptive mental and behavioral health conditions. A 2019 study examined previous-year mental health and substance use diagnoses among transgender (n=10,279) and non-transgender (n=53,449,400) patients. Transgender patients were:

- Nearly four times as likely to have been diagnosed with substance abuse disorders (10% vs. 2.6%).
- More than four times as likely to have been diagnosed with one or more mental health disorders (58% vs. 13.6%).

which they are sexually attracted" (Lawrence, 2011). Research suggests most transgender-identifying adult males are autogynephilic; however, the condition is rare in children—hence, the limited attention to it in this report (Perry, 2019).

- More than five times as likely to have been diagnosed with a mood (46% vs 9%) or anxiety disorder (31% vs. 6%).
- Nearly 10 times as likely to have been diagnosed with obsessive-compulsive disorder (2% vs. 0.21%).
- Nearly 13 times as likely to have been diagnosed with posttraumatic stress disorder (6.7% vs. 0.52%).
- Nearly 16 times as likely to have been diagnosed with a personality disorder (5.9% vs. 0.37%) (Wanta et al., 2019).

Other studies report similar findings. A 2015–2017 survey of college students compared mental health and substance abuse disorders among "gender minorities" (n=1,237) and non–gender minorities (n=65,213). Gender minorities were more than twice as likely to report depression (58% vs. 28%) and more than four times as likely to have at least one mental health disorder (Lipson et al., 2019).

Given these strong associations, it is necessary to consider the question of whether gender confusion is causally related to the development of (other) mental health conditions, including diagnosed disorders. The nature of this relationship is unclear. For example, gender confusion may cause or exacerbate anxiety and depression symptoms. Conversely, mental health conditions (e.g., borderline personality disorder) may contribute to the development of gender confusion (Cantor, 2022). Regardless, it is difficult to imagine any case in which gender confusion *enhances* a child's well-being.

Consequently, the standards of care for children suffering from GID formerly emphasized psychosocial counseling to "resolv(e) stressors and issues potentially related to desistance" (Cantor, 2022, p. 7). In 80 percent or more of such cases, minor patients' gender confusion subsided (Korte et al., 2008). This point bears emphasis: Not affirming childhood gender confusion but rather, combining desistance-oriented counseling with "watchful waiting" results in *the vast majority* of child patients overcoming their gender confusion.

Unfortunately, the medical community has recently embarked on a very different course. In 2013, the APA released the DSM-V, replacing the GID diagnosis with "gender dysphoria." In explaining this change, the APA clarified that the new diagnosis pertains to the distress felt by gender-confused patients resulting from their physical bodies not aligning with their (subjective) gender identities. It is this distress, and not the underlying discrepancy, that the APA now regards as constituting a mental health disorder. The APA further clarified that, in replacing GID with gender dysphoria, it aimed to reduce the stigma associated with transgender identification while also preserving access to transgender medical procedures (APA, 2013a).

The practical effect of substituting gender dysphoria for GID is to preclude medical and mental health professionals from interpreting patients' gender identity assertions as symptoms of an underlying problem—namely, a disordered self-perception. Yet, GID research overwhelmingly supports this characterization and demonstrates that it is treatable. Moreover, the gender dysphoria diagnosis itself seems to confirm that the APA regards transgender-identifying patients as mentally unwell to the point of

requiring medical interventions.[2] How, then, can the APA rule out the possibility that mentally unwell patients' subjective self-assessments are incorrect? Is disordered thinking not a symptom of mental unwellness?

To understand how this sea change in perspective took hold of the Nation's mental health and medical establishments, one must look *outside* those establishments to fields of study on the radical fringes of the humanities and social studies. Before doing so, however, it is necessary to first note one prominent exception from the *well-established* field of psychology: John Money. Money is credited with first using the term "gender" as distinct from "sex" to refer to behavioral characteristics. Like contemporary gender theorists and activists, Money regarded sex and gender as essentially independent phenomena; however, his research is downplayed today due to the cruel and sexually exploitative experiments he conducted on children (Smith, 2023).

Money aside, the transformation of established medical and mental health community understandings of sex and gender—and the resulting emergence of "transgender medicine"—has largely been an "outside-in" process. The notion that individuals possess an inchoate "gender identity" as distinct from their sex draws heavily on feminism and postmodernism, for example (Szilvay, 2022). These ideas gained traction in elite circles through exposure in higher education and in broader public opinion through activism.

Most critically, these ideas have transformed policy in major institutions and in law. The key to their success has been branding transgenderism as an identity. Doing so has allowed activists essentially to hijack the potent civil rights framework and regime to advance their cause. This single maneuver has dramatically shifted the focus of institutions away from the well-being of vulnerable children and toward a new crusade for equality and justice for a newly discovered group of "marginalized" Americans. Prominent examples include:

- The APA's GID-to-gender dysphoria revisions that followed in the wake of intense pressure from transgender activists (Beredjick, 2012; Overton & Campana, 2023).
- Well-funded organizations like the Human Rights Campaign (HRC) exerting significant pressure on institutions (businesses, professional bodies, etc.), including through their impact on environmental, social, and governance scores, which can powerfully affect access to capital for publicly traded companies (HRC, 2023).
- Leaked emails ("The WPATH Files") demonstrating that the World Professional Association for Transgender Health (WPATH) operates as a pseudoscientific advocacy organization, despite presenting itself as a credible health authority. Nonetheless, WPATH's standards of care are widely utilized, nonetheless (Hughes, 2024).

Given the identity/civil rights framing, it is not surprising that the federal government has directed much of this crusade. The Biden Administration aggressively championed the view that individuals suffering

[2] So-called "gender-affirming medical care" is endorsed by several leading medical associations, including the American Medical Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry (Redfield et al., 2023).

from gender confusion are a legally protected class (The White House, 2022). On such grounds, Biden issued guidance in 2023 reinterpreting Title IX of the 1972 Education Amendments to the Civil Rights Act (1964) to force schools to allow male (transgender identifying) students into girls' sports and intimate facilities (Pidluzny, 2023a).

The Biden Administration subsequently extended this same framing into the workplace. In May of 2024, Biden's Department of Health and Human Services (HHS) finalized a rule adding gender dysphoria to the list of protected disability conditions to force employers to provide a range of accommodations and eliminate sex-specific dress codes. The brazenness of this assertion was striking, given that neither of the relevant statutes, The Rehabilitation Act (1973) and the Americans with Disabilities Act (1990), cover the 2013 gender dysphoria diagnosis. Indeed, both statutes explicitly exclude coverage for "transvestism, transsexualism," and "gender identity disorders not resulting from physical impairments" (Szilagy, 2024).

More shockingly, the Biden Administration aggressively pushed for so-called "gender-affirming" medical interventions for children (Office of the Assistant Secretary for Health [OASH], 2023). As described in the following section, these procedures yield ghastly results. It is difficult to imagine anyone, much less medical professionals, countenancing these abuses of children but for the re-casting of gender-confused individuals (children included) as a marginalized identity group. This is all the more tragic given that transgender patients' mental health symptoms persist even after undergoing social and medical transitioning (Hepp et al., 2005). This stubborn finding is borne of an obvious truth: One cannot simply reimagine reality and will it into being.

To this blunt assessment, it is necessary to add that to criticize a new and poorly grounded understanding of gender identity is not to suggest that gender-confused individuals should face unfair discrimination or harassment. They should not. However, to claim that anything short of affirming a person's asserted gender identity claims is hateful is to buy into a false dichotomy constructed by activists. And, in the case of children, the consequences of affirming delusional thinking can be devastating.

Section 2. "Gender-Affirming" Medical Interventions

In transgender medicine, the term "gender-affirming" refers to interventions to support patients' identification with the gender opposite to their sex. These interventions include:

1. Social affirmation: using preferred pronouns and providing access to restrooms and other public spaces intended for members of the opposite sex.
2. Puberty blockers: hormones that pause normal pubertal development.
3. Cross-sex hormone therapies: testosterone for females and estrogen for males.
4. Surgeries: breast removal/implantation, facial surgeries, and "bottom" surgeries on genitals and reproductive organs (OASH, 2023).

Gender-affirming/transgender *medical* interventions (numbers 2–4 above) carry a host of physical risks. For example, cross-sex hormones are associated with reduced bone density, stunted growth, blood clots, infertility, and cancer (Overton & Campana, 2023; Schwartz, 2021). Many of the physical changes caused

by these treatments (e.g., hair loss/growth, voice changes, and infertility) are permanent (National Health Service, 2020).

Proponents of transgender medicine frequently characterize puberty blockers as safe and fully reversible (Magafas, 2024; OASH, 2023). In reality, 98 percent of children prescribed puberty blockers subsequently proceed to cross-sex hormones (Genspect, 2022). Moreover, puberty blockers are dangerous in their own right. Like cross-sex hormones, puberty blockers are prescribed to children "off-label" for purposes not approved by the Food and Drug Administration (FDA). The FDA has warned that commonly used puberty blockers cause brain swelling and vision loss (FDA, 2022). These drugs—also used to castrate sex offenders chemically—have not undergone long-term, methodologically sound, peer-reviewed evaluations for safety and efficacy for pausing puberty. Simply put, there is no evidentiary basis for asserting that the neuropsychological harms they cause are fully reversible (Zepf et al., 2024; Baxendale, 2024). Indeed, two major pharmaceutical companies are currently under investigation in Texas for promoting puberty blockers for unapproved uses without disclosing the risks to child patients and their parents (Paxton, 2021).

Transgender surgical procedures are likewise dangerous and permanent. This is especially true of so-called "bottom surgeries," procedures that radically refashion sexual organs. Bottom surgeries are associated with high complication rates (e.g., infections) and debilitating side effects, including chronic pain, incontinence, and bowels leaking into and from artificial sex organs (Guevara-Martínez et al., 2021). Although the procedures are distinct (e.g., phalloplasty and vaginoplasty), bottom surgeries are risky and permanent for both male and female patients (Jun & Santucci, 2019; Monstrey et al., 2009).

Even when these surgeries are judged successful, the results can be horrifying. For example, male patients who undergo vaginoplasty—inverting a penis to create an artificial vagina—must subsequently dilate (force open) the resulting wound cavity for the rest of their lives (Mass General, Brigham, 2024). This is because their bodies will never recognize the artificial ("neo-") vagina as a reproductive organ because *it isn't one*. In reality, sex cannot be reassigned. As described by psychologist David Schwartz, gender-affirming ("sex reassignment") surgeries "remove healthy tissue, disable functional organs, impede development and operation of inborn neuro-chemical systems and render previously fertile individuals into sterile, post-surgical, chronically medicated ones" (Society for Evidence-Based Gender Medicine [SEGM], 2021).

Less extreme sex-reassignment surgeries include facial feminization or masculinization, breast removal (mastectomy), and breast implantation. These procedures are likewise life-altering and, in some cases, permanent (OASH, 2023). For example, a girl who undergoes a mastectomy will never be able to nurse her children should she desire to have a family later in life. A boy who takes estrogen is likely to severely compromise his future sexual function and ability to father children. To date, in the U.S.:

- Top surgeries have been performed on children as young as 12.
- Cross-sex hormones have been prescribed to children as young as 13.
- Puberty blockers have been prescribed to children as young as 8 (Do No Harm, 2023).

Transgender medical interventions should be understood for what they are: grotesque, Mengele-like experiments that stunt and suppress children's natural development and surgically mutilate their healthy bodies in the service of unscientific fantasies. While the long-term effects of transgender medical interventions on children are unknown, no credible evidence supports the claim that they benefit children's mental health (Anderson et al., 2024). Indeed, research on adults has not shown these interventions to improve mental health or to reduce suicidality (Dhejne et al., 2011; McNeil et al., 2017). Systematic reviews on the effects of puberty blockers do not support claims of improved mental health or reduced suicidality (Cantor, 2022; Brignardello-Wiercioch, 2022; National Institute for Health and Care Excellence, 2020).

Even if one accepts the flawed premises of gender ideology—i.e., that sex and gender are severable such that a biological male can be a woman and vice versa—only 12 percent to 27 percent of children who experience gender dysphoria carry this condition into adulthood (Holt et al., 2016). This high rate of desistance alone renders childhood transgender medical interventions indefensible.

An alternative and far less risky approach has been termed the "First, Do No Harm" (FDNH) model. FDNH recognizes the dangers of transgender medical interventions and cautions providers to pursue exploratory psychotherapy instead and to help gender-confused children navigate puberty rather than fear it. The advantages of exploration over so-called affirmation are aptly described by SEGM:

> (Affirmation) requires that therapists confirm a minor's self-diagnosis of transgender and facilitate their access to hormones and surgeries. Exploratory therapy affirms a young gender dysphoric person's feelings as real and valid, but rather than confirming their self-diagnosis, questions and probes, looking for developmental factors that may have contributed to gender-related distress (SEGM, 2021).

Like watchful waiting before it, FDNH represents a responsible and humane alternative to transgender medical interventions. FDNH is not rooted in fanciful, postmodern ideological claims (described in the next section). Indeed, it does not rely on *any* ideological claims but rather carefully pursues the well-being of vulnerable children.

The importance of adopting prudent, evidence-based, non-ideological approaches to caring for children suffering from gender confusion is increasingly apparent. Whistleblowers have detailed efforts by gender clinic personnel to fast-track children into hormone therapies and surgeries, ignoring obvious mental health warning signs in the process (Reed, 2023; Hughes, 2024). Testimonies from detransitioners, individuals who have reverted to living in accordance with their biological sex after previously transitioning, are likewise bringing the physical and emotional horrors of transgender medical interventions into public view (Scott, 2022; Olohan, 2024a).

In response to these and similar abuses, other developed countries are halting transgender medical interventions for children. The United Kingdom has closed its only youth gender clinic, and youth transition has been sharply curtailed in Sweden, Finland, and Germany (Davis, 2022; SEGM, 2024). In the United States, by contrast, juvenile sex reassignment surgery is a lucrative business, and the market is

booming with more than 100 dedicated youth gender clinics in operation (Tang et al., 2022; Research & Markets, 2023; Terhune et al., 2022).

This market has grown, in part, due to coordination among senior government officials, trans-activists, and providers like Planned Parenthood. As described by a former "reproductive health assistant" for Planned Parenthood, "Trans-identifying kids are cash cows, and they are kept on the hook for the foreseeable future in terms of follow-up appointments, bloodwork, meetings, etc., whereas abortions are (hopefully) a one-and-done situation" (Brock & Duggan, 2023). From 2017–2023, Planned Parenthood increased its provision of transgender medical interventions by 10 times. It now provides hormones at more than 450 locations, primarily to young adults but also to minors in some cases (Block, 2024).

Before President Trump's inauguration in 2025, the U.S. government shamefully sacrificed the health and safety of American children to cater to an extreme, antiscientific ideology and to the demands of radical activists (OASH, 2023; Hughes, 2024). The Biden Administration supported the full spectrum of transgender medical interventions for children, including sex-reassignment surgeries (Tyler, 2024). It also aggressively leveraged the immense influence of the federal government to promote the underlying social contagion (Pidluzny, 2023).

Section 2.1. Enact Popular State Reforms to Protect Vulnerable Children from Transgender Medical Interventions

The regulation of medical care is principally the purview of the states. As of February 19, 2025, 27 states had passed legislation to protect children from harmful, irreversible, and unapproved transgender surgeries and medications:

> Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wyoming (Dawson & Kates, n.d.).

Assessing the strength of state-level child protections is complicated by the inclusion of "grandfather clauses" in several cases. For example, legislation passed in Florida, Oklahoma, and North Dakota allows children to continue to receive hormonal therapies as part of in-progress, medically assisted gender transitions; however, these bills also contain strong protections, such as felonies for providing transgender medical interventions to children. In many cases, grandfather clauses are wisely limited to allow minor patients to taper off puberty blockers and cross-sex hormones (Choi & Mullery, 2023).

States with the strongest overall child protections include Florida, North Carolina, Idaho, Montana, Alabama, North Dakota, Nebraska, and Oklahoma. Notably, Florida protects children in cases of parental custody disputes. Montana protects children from both transgender medical interventions and the social promotion of gender transitioning, a topic addressed in greater detail in Section 3 of this report (SB 99, 2023).

Among the 27 states to have legislated protections for children against transgender medical interventions, the weakest protections are present in Arizona, Georgia, and New Hampshire:

- Arizona and New Hampshire allow hormone treatments and puberty blockers (SB 1138, 2022; HB 619, 2024).
- Georgia allows puberty blockers (SB 140, 2023).

More concerning is that 23 states and the District of Columbia provide no protections for children against gender transition procedures. Indeed, 14 states and the District of Columbia have enacted so-called "shield laws" to codify access for children to these dangerous procedures. These include:

> California, Colorado, Connecticut, D.C., Illinois, Maine, Maryland, Massachusetts, Minnesota, New Mexico, New York, Oregon, Rhode Island, Vermont, and Washington.

Another two states, Arizona and New Jersey provide children access to transgender medical interventions through executive orders (Movement Advancement Project, n.d.-a).

Drawing on existing state reforms, reform legislation would ideally do the following:

1. Prohibit all transgender medical interventions for minor children (under 18 years of age), including puberty blockers, cross-sex hormones, and surgeries (SB 1, 2023).
2. Revoke medical licenses from physicians who violate the previous provision (HB 808, 2023) and/or classify violation of this provision as a felony (H 71, 2023).
3. Prohibit the use of public funds for transgender medical interventions for minor children (HB 1570, 2021).
4. Prohibit insurance companies from providing coverage for transgender medical interventions for minor children (HB 1570, 2021).
5. Make physicians who perform transgender medical interventions for minor children legally liable for medical malpractice claims for up to 25 years after the child turns 18 years old and establish a minimum award of $500,000 (with no maximum) for injured parties (SB 49, 2023).
6. Impose, in such cases—e.g., the "castration, sterilization, or mutilation" of a minor patient—liabilities upon other (e.g., mental health) professionals who facilitate that minor's social transitioning with a minimum award of $10,000 for injured parties (HB 2258, 2025).
7. Enable the state to take temporary emergency custody of children exposed to or threatened with transgender medical interventions (S 254, 2023).

Most state protections for children (17/27) are currently working through legal challenges. These challenges have prevented protections from going into effect in several states, including Arkansas, Montana, Ohio, and Florida (Dawson & Kates, n.d.). The Supreme Court is expected to rule on a challenge to Tennessee's child protection law in June or July of 2025 (Howe, 2024; SB 1, 2023).

It is important for state policymakers to appreciate that legal challenges and setbacks are "par for the course" when advancing important reforms, especially those touching on controversial social issues. The adversarial and fragmented character of the American legal system is a "feature" rather than a "bug"—one designed to protect Americans' liberties from intrusive government policies. Unfortunately, the

system of checks and balances can be exploited by well-funded interest groups on the Left. They have a long history of abusing civil rights protections to advance far-left policy priorities. State leaders should continue to pursue bold reforms, including those suggested here, to protect vulnerable children from harmful and irreversible transgender medical interventions.

To this end, state policymakers should consider strategies for crafting legislation to survive judicial review. A recent Congressional Research Service analysis cautions, "A court that construes a ban on certain medical treatments for transgender minors as a sex-based classification, or that concludes transgender persons constitute a quasi-suspect status, is more likely to invalidate a challenged law" (Black & Cole, 2024). It may, therefore, be helpful to frame prohibitions on transgender medical intervention as applying to all children, *regardless of sex*, while emphasizing the state's interest in protecting children from dangerous and life-altering experimental procedures. Policymakers should also consider whether adding to legislative text some discussion of the flawed theoretical foundations for so-called "gender-affirming" medical interventions (discussed in Section 3) would help to counter claims that such interventions have a credible basis in medical research.

Research indicates a strong majority of registered voters support policies to protect children from transgender medical interventions. For example, a national survey of registered voters conducted by Rassmussen on October 18–20, 2022, found:

- 59% "believe it should be against the law to provide 'gender-affirming care,' which involves puberty blockers or surgery to help transition a boy to a girl or a girl to a boy, to children."
- 56% "believe conducting gender-transition surgery on children is a form of child abuse."
- 73% "either strongly or somewhat disagree with people who advocate that children should be allowed to receive 'gender-affirming care,' including puberty blockers and surgery, without the permission of their parents" (America First Parents, 2022).

A similar Rassmussen survey fielded from March 10–12, 2022, asked registered voters: "Some people advocate 'gender-affirming care' which involves surgery to alter a person's physical and sexual characteristics to match their gender identity, which can be used to transition a boy to a girl or a girl to a boy. Should it be against the law to perform such a surgery on young children?" The survey found that 66 percent agreed that gender-affirming surgeries should be against the law for anyone under 18 (America First Parents, 2022).

Section 3. The Root of the Problem: Gender Ideology

Second-wave feminism and the gay rights movement coalesced in the 1960s and 1970s around the goals of achieving greater social equality for women and homosexuals. These movements succeeded, in part, by framing their demands around core American values of individual rights and equality. However, success can be a double-edged sword for social movements. Mainstream adoption of popular movement positions ("low-hanging fruit") can cause a movement to splinter off and become increasingly defined by the less popular positions it now embraces but that the mainstream rejected.

It is, therefore, unsurprising that contemporary (radical) gender ideology, including postmodern feminism (e.g., Butler, 1990) and queer theory (e.g., McCann & Monaghan, 2020), conflicts with American values and traditions to a greater degree than the sex/gender/sexuality movements that preceded it. Gender ideology holds that social norms governing sex, gender, and sexuality perpetuate oppressive power hierarchies. It argues these norms are primarily regulated through category-based distinctions in everyday language (Foucault, 1966; Wilchins, 2004). For example, distinctions between "true" and "false" and between "normal" and "abnormal" are said to *arbitrarily privilege* ideas and behaviors benefiting dominant groups (Derrida, 1982). Furthermore, categorization itself is claimed to hurt women and sexual minorities by:

1. Creating superior and inferior categories (e.g., men/straight vs. women/gay).
2. Excluding people who do not fit into categories (e.g., so-called "non-binary" people) (Wilchins, 2004).

Gender activists and theorists deconstruct dominant social norms and their supporting "narratives" to undermine the social power they undergird (Meyer, 2007). Gender ideology thus blurs and subverts gender distinctions by targeting the "gender binary"—the observed fact that human beings are sexually dimorphic—encouraging men to dress and comport themselves as women and vice versa (Burnes & Stanley, 2017; Butler, 1990). Drag queens, bearded ladies, and miscellaneous niche "gender identities" (e.g., "polygender" and "demiflux") all advance this goal (Langtree, 2025).

It is important to understand that gender ideology is not primarily concerned with greater inclusion for so-called marginalized groups within the existing social order. This was the goal of the sex/gender/sexuality social movements that preceded it. Rather, gender ideology seeks to abolish the social order to free people from the "fascism of meaning" that prevents them from realizing their true "queer consciousness" (Warner, 1991; Wilchins, 2004). In the K-12 context, the goal is to confuse children about sex and sexual identity so that they will be more receptive to gender ideology and its associated lifestyles.

If this all sounds fanciful and absurd, this is because gender ideology is deeply rooted in postmodernism, a philosophy that rejects the authority of science and reason and objective standards of values (Pluckrose, 2024). Once one embraces the supposition that rational, coherent, evidence-based explanations are merely arbitrary rationalizations for power and privilege, anything is possible! Men can get pregnant (Compton, 2019). Women can have penises (Kirkup, 2018). After all, what is a woman (Ward, 2022)?

Gender ideology presents itself as fighting for the interests of vulnerable and marginalized sexual minorities and women. Many of its activists and theorists are undoubtedly sincere in this regard. However, in practice, sexual minorities and women are the very groups harmed most by this radical, antiscientific worldview. Recall that, absent gender ideology–inspired gender affirmation, most gender-confused children naturally desist and, thereby, avoid proceeding to transgender medical interventions, including surgical mutilations.

The strong connection between gender dysphoria and both mental illness and substance abuse also begs for further investigation. Gender theorists denounce the "medicalization" of transgenderism as an affront

to the dignity of transgender-identifying people (Butler, 2004). In fact, a genuine concern for their well-being should incline us to want to understand and treat the source of that distress.

Defenders of transgender medical interventions counter that the tragic suffering of transgender-identifying people is caused by a lack of social acceptance (Schreiber, 2016). This amounts to arguing that disagreement with gender ideology causes transgender-identifying people to have poor mental health and to harm themselves. This claim is often used by practitioners of transgender medicine to bully parents of transgender-identifying children into providing consent to hormonal and surgical interventions (e.g., "Would you rather have a living son or a dead daughter?") (Richardson, 2024). It is important to note that the claim that transgender-identifying individuals commit suicide at extraordinary rates is not supported by existing evidence (Sapir, 2024b). However, were this claim to be substantiated, it would only further corroborate known associations between transgender identification and poor mental health.

If, indeed, gender ideology is harmful to mental health, as these associations suggest, why might this be the case? A thorough investigation of this question is beyond the scope of this report; however, a glimpse at how prominent gender (queer) theorists understand queer identity strongly suggests children are unlikely to benefit. Consider the following excerpts:

> Unlike gay identity… queer identity need not be grounded in any positive truth or stable reality. As the very word implies, "queer" does not name some natural kind or refer to some determinate object; it acquires its meaning from oppositional relation to the norm. Queer is by definition *whatever* is at odds with the normal, the legitimate, the dominant. *There is nothing in particular to which it necessarily refers.* It is an identity without an essence (Halperin, 1995. p. 62, italics in original).
>
> How do normalcy and abnormalcy become assigned subject positions? How can they be subverted? How can the very notion of a unified human subject be parodied and, jointly with other discourses, radically deconstructed into a fluid, permanently shifting, and unintelligible subjectivity? (Luhmann, 1998, p. 5).

It is difficult to imagine a child benefiting from adopting an "unstable" identity characterized by "fluid, permanently shifting, and unintelligible subjectivity." In what other contexts do children benefit from instability? On the contrary, unstable identities are associated with unpredictable behavior and difficulties maintaining jobs and relationships (Brown, 2024a). Or consider that the DSM-V describes "identity disturbance"—a diagnostic criterion for borderline personality disorder—as a "markedly and persistently unstable self-image or sense of self" (APA, 2013b, p.663).[3] It is exceedingly difficult to imagine how gender theorists could purposefully destabilize children's identities without expecting to harm children in the process.

Transgender activists confuse children in many ways, some of them extreme. For example, gender ideology has been likened to a *cult* due to the abusive "trauma bonding" practices its advocates sometimes

[3] Borderline personality disorder is also common among patients suffering from gender dysphoria (Meybodi & Atefeh, 2022).

use to recruit and retain adherents. As described by Logan Lancing and James Lindsay in *The Queering of the American Child* (2024, p. xii):

> Trauma bonding involves exposing children to age-inappropriate content related to sex, "gender," and sexuality, causing deep psychological disturbances. These disturbances generate emotions that are difficult to cope with, especially for innocent children who aren't yet equipped to deal with such topics, especially on fraudulent terms. Once disturbed, children search for affirmation, "healing," kindness, and love. They find their relief in the very hands that just abused them. (Logan & Lindsay, 2024, p. xii).

Trauma bonding encourages children to adopt new (as noted, unstable) "gender identities" to escape the guilt they have been made to feel by their association with "oppressive" social norms (e.g., "cis-heteronormativity"). Gender activists encourage these transitions and, again, in cult-like fashion, encourage children to isolate themselves from unsupportive family members and friends ("If your parents aren't accepting of your identity, I'm your mom now").

These dynamics are present in K-12 schools across the Nation. Children are instructed in the language and tenets of gender ideology, the adoption of which distances them from traditional understandings of sex and gender. For example, children are taught:

- Terms like "cisgender," "transgender," "gender identity," and "heteronormativity."
- Neo-pronouns and sexual identities.
- To differentiate "sex assigned at birth" from gender identity.
- To critique the gender binary (Butensky & Brown, 2021).

Children are also assigned to read and discuss books advocating for LGBTQ lifestyles. According to its proponents, the explicit goal of this instruction is "deliberately to interfere with, to intervene in, the production of 'normalcy' in school subjects" (Bryson & de Castell, 1993).

Much of the material associated with gender ideology indoctrination is obscene and age-inappropriate. In some cases, it is *outright pornographic* (Pidluzny & Caro Campana, 2022). For example:

- *All Boys Aren't Blue* describes sex acts in lurid detail.
- *Gender Queer* graphically depicts various sex acts, including one between an adult man and a boy.
- *This Book Is Gay* explains how sex apps work and directs young people to the gay sex app Grindr (Stanton, 2023; Pidluzny, 2023b).

Parents have been removed from school board meetings on public indecency grounds for reading out loud (in a room full of adults) materials present in their children's school libraries (Miller, 2021). K-12 schools and public libraries also host "drag queen story hours"—events where young children publicly participate in the sexual fetishes of grown men. Unsurprisingly, some number of these men are child sex offenders (Rufo, 2022).

The list of abuses goes on. K-12 schools encourage the social transitioning of children and hide their efforts from parents (America First Policy Institute, 2022). K-12 schools mandate that students and staff use so-called preferred pronouns in clear violation of First Amendment free speech and religious freedom protections (Hardin, 2024). K-12 schools provide gender-confused children access to bathrooms, locker rooms, and sports teams reserved for students of the opposite sex. These policies expose underage girls to male nudity, risk their physical safety, and unfairly limit their access to valuable college athletic scholarship opportunities (Gaines & Schorr, 2024).

Gender activists target children in this way because they are vulnerable. They understand that childhood is a critical period for the transmission of societal norms and values. Indeed, gender theorists go so far as to attack the concept of childhood innocence for undermining sexual expression in children. For example, Dyer (2017) writes:

> … the rhetoric of innocence that envelops normative theories of childhood development has the damaging effect of reducing the child to a figure without complexity… Here, I help to illustrate how some of the affective, libidinal, epistemological, and political insistences on childhood innocence can injure the child's development and offer a new mode of analytical inquiry that insists upon embracing the child's queer curiosity and patterns of growth (pp. 291–292).

In effect, gender theorists have developed an argument for sexualizing youth, which may help to explain why several major contributors to gender ideology have/had disturbing links to pedophilia (Jeries, 2021; Smith, 2023). Some gender theorists even defend sexual predation against children. Rubin (2002) bemoans the "ill-conceived and misdirected" "child porn panic" for its abrogation of "important sexual civil liberties" (p.146). Describing a photographer who lost her job after submitting photos of her seven-year-old son masturbating, Rubin writes:

> It is easy to see someone like Livingston as a victim of the child porn wars. It is harder for most people to sympathize with actual boy-lovers. Like communists and homosexuals in the 1950s, boy-lovers are so stigmatized that it is difficult to find defenders for their civil liberties, let alone for their erotic orientation (p. 147).

The incorporation of gender ideology and associated practices in K-12 schools is a national scandal in at least two respects. First, as described above, K-12 schools across the Nation are poisoning young minds and guiding children down the primrose path to harmful and irreversible transgender medical interventions. Second, the presence of gender ideology in K-12 schools is a *national* scandal in the sense that nearly every abusive gender ideology practice, from indoctrination to sexually explicit materials in school libraries to trans-identifying boys in girls' sports and intimate facilities, implicates national (i.e., federal) policy.

As detailed by a recent Claremont Institute report titled *The Sex Ed Industrial Complex*, federal sex education programs function as a Trojan Horse for gender ideology in K-12 schools. Remarkably, Planned Parenthood, an organization best known for performing abortion services, appears to be principally responsible for developing these programs. The organization managed to capture 79 percent of federal sex education grants totaling more than $1.6 billion from 2020–2023. Planned Parenthood and

affiliates' sex education curricula emphasize gender ideology concepts, including the introduction of children to novel gender identities and sexualities (Miller & Yenor, 2023).

Of course, gender ideology isn't *the only thing* covered by Planned Parenthood's sex education programs. They also promote transgender medical interventions and abortion and provide children "how-to" instructions on the full panoply of sex acts.[4] More precisely, in some states, K-12 sex education provides children instructions on *nearly* the full panoply of sex acts. This is because several states impose "abstinence-only" requirements on sex education programs that program designers interpret as authorizing classroom instruction on the performance of *nonprocreative* sex acts (Miller & Yenor, 2023).

Nowhere is the federal government's involvement in promoting gender ideology in K-12 schools more conspicuous than in the Biden Administration's aggressive manipulations of civil rights law. For example, in 2023, the administration appointed a "book czar" to investigate efforts by parents and school boards to remove pornographic and obscene content from K-12 schools (Pidluzny, 2023b). In an official White House fact sheet, the administration assailed these efforts, stating that they:

- "Erode our democracy."
- "Remove vital resources for student learning."
- "Contribute to the stigma and isolation the LGBTQI+ people and other communities face."
- "Create a hostile school environment (that) may violate federal civil rights laws" (The White House, 2023).

The Biden Administration's purpose here was clear: Threatening school districts with civil rights violations is an intimidation tactic. The Biden Administration wanted parents and school officials to know that attempting to place obscene materials beyond the reach of impressionable children would cause them to be tarred as "hateful bigots" by the same federal agencies responsible for combatting racial discrimination.

Recent scandals involving transgender-identifying male students in female sports and intimate facilities are also directly attributable to the Biden Administration's civil rights policy. Relying on a misinterpretation of the Supreme Court's ruling in *Bostock v. Clayton County* (2020), a case that applied to Title VII of the Education Amendments to the 1964 Civil Rights Act, President Biden issued an executive order revising Title IX prohibitions against sex discrimination to extend sex-based protections to cover students' subjective gender identities (The White House, 2021; Pidluzny, 2023a). As a result of this change, schools failing to provide transgender-identifying students access to restrooms, locker rooms (including showers), and sports teams reserved for members of the opposite sex risked incurring federal civil rights charges. Biden's executive order likewise imperiled schools in which faculty or staff members

[4] The promotion of transgender medical interventions and abortion in K-12 sex education is noteworthy. Recall that Planned Parenthood now derives substantial revenues from providing cross-sex hormones treatments, including to minor children (Brock & Duggan, 2023; Block, 2024). It appears the organization has constructed a sophisticated and self-sustaining system wherein current "investments" in sexual libertinism and gender confusion yield future revenues from the provision of abortion services and transgender medical interventions.

failed to address students by their so-called "preferred" (i.e., fictitious) pronouns (Wiggins, 2024). As if this wasn't enough, the administration threatened to withdraw school lunch funding from non-compliant schools (Harper, 2022).

Section 3.1. Enact Popular State Reforms to Combat Gender Ideology Indoctrination and Related Abuses in K-12 Schools

State governments are leading in the fight against gender ideology's assault on children's minds, dignity, and physical safety. This includes the 16 states that have enacted laws to protect children from gender ideology and pornographic materials in K-12 schools since 2022:

> Arkansas, Florida, Idaho, Iowa, Indiana, Kentucky, Louisiana, Montana, New Hampshire, North Carolina, North Dakota, Ohio, Tennessee, Utah, and West Virginia, Wyoming (Trans Legislation Tracker, n.d.).

Gender ideology proponents have challenged these reforms in courts on First Amendment grounds; however, they appear unlikely to succeed. The Supreme Court has affirmed states' authority to determine the content of school curricula and has clarified that such determinations do not implicate First Amendment free speech protections (*Hazelwood School District v. Kuhlmeier,* 1988*).* Furthermore, the Court has long affirmed states' authority to rein in rogue school boards and other political subdivisions, ruling that the power of such entities rests "in the absolute discretion of the State" (*Hunter v. Pittsburgh,* 1907). Finally, the Court has upheld the removal of "pervasively vulgar" books from K-12 schools in response to education suitability concerns (*Island Trees School District v. Pico,* 1982).

At the present time, Florida has enacted the most comprehensive prohibition on gender ideology and pornographic materials in K-12 schools, as well as the most comprehensive protections for parents' rights in education. Together, Florida's recently enacted reforms do the following:

- Prohibit K-8 instruction on sexual orientation and gender identity and require that such instruction, beginning in grade eight, be "age appropriate."
- Require parental notification for healthcare services, questionnaires, or related materials offered to students.
- Affirm parents' right to refuse those services and materials.
- Require parental notification of changes in student's mental, emotional, and physical health or well-being.
- Define "sex" as a biologically determined, immutable, binary, and stable trait.
- Prohibit non-sex-conforming pronoun requirements for students, employees, or contractors.
- Prohibit non-sex-conforming pronoun disclosures to students by employees or contractors.
- Prohibit employees and contractors from asking students for preferred pronouns or from punishing students who refuse to provide them.
- Require districts to develop and publish procedures for receiving and addressing parent complaints regarding obscene, pornographic, or inappropriate school materials in a timely manner.
- Stipulate procedures for evaluating and removing such content.

- Require districts to publish all course materials and annually report a list of removed and discontinued materials to the Commissioner of Education (H 1557, 2022; H 1069, 2023).

Regarding federal sex education programs, the assessment of the authors of "The Sex-Ed Industrial Complex" is stark. They state: "None of (the) 'sex ed' programs can be salvaged. To correct the situation, states must reject the money offered by the federal government through sex education programs" (Miller & Yenor, 2023). To be sure, Congress must also reform federal sex education policies to excise organizations like Planned Parenthood. However, states cannot afford to wait for the federal government to act. The authors, therefore, recommend states disentangle themselves from the federal sex education regime by enacting legislative reforms to:

1. Reject HHS's National Sexuality Education Standards and prevent school districts from utilizing them.
2. Prohibit schools from utilizing any sex-education curricula or training endorsed by Planned Parenthood or by Planned Parenthood–affiliated organizations.
3. Develop approaches to hold school districts and schools financially accountable for using curricula endorsed by Planned Parenthood.
4. Prevent school districts from applying for or accepting grants connected to the "big four" federal sex education programs.[5]
5. Investigate whether sex education interest groups have violated state laws protecting children.
6. Enact new laws criminalizing public employees instructing children on the performance of perverse sexual acts (Miller & Yenor, 2023, pp. 28–29)

Turning to K-12 "drag" events, 10 states have enacted laws prohibiting adult live sexual performances in the presence of children since 2022:

> Arizona, Arkansas, Florida, Idaho, Kentucky, Montana, North Dakota, South Dakota, Tennessee, and Texas (Chamlee, 2023; Trans Legislation Tracker, n.d.).

Idaho legislation prohibits adult live sexual performances on public property and prohibits public funding of adult live sexual performances. It further requires such performers and their hosting institutions to make reasonable efforts to prevent children from accessing these events. Idaho additionally creates a private right of action for children or parents/guardians in cases where children are exposed to adult live sexual performances. Awards include $10,000 per violation and additional compensation for emotional or physical harm, and attorney fees (H 265, 2023).

Montana similarly prohibits adult live sexual performances in the presence of children and includes cause of action and awards in cases where children are exposed to such performances. Montana further prohibits children from attending adult live sexual performances on public property and prohibits publicly funded libraries and schools from hosting them. This prohibition includes drag story hour events (HB 359, 2023).

[5] These programs include Title V Sexual Risk Avoidance Education, the General Departmental-Sexual Risk Avoidance Education Program, the Teen Pregnancy Prevention Program, and the Personal Responsibility Education Program (Miller & Yenor, 2023, p. 6).

Finally, since 2022, 25 states have enacted laws to protect girls' sports and intimate facilities and/or to codify sex-based definitions of men and women in state law:

> Alabama, Arkansas, Arizona, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wyoming (Trans Legislation Tracker, 2024; Movement Advancement Project, n.d.-b).

The Biden Administration's Title IX revisions were struck down on January 9 in *Tennessee v. Cardona* (2025) and subsequently revoked by the Trump Administration on February 4 (Alonso, 2025). Notwithstanding these very positive developments, state legislation provides important safeguards against future federal policy change. Just as important, state legislation can drive federal policy change through its impact on the courts. Before the January ruling, the Biden Administration's Title IX revisions had already been frozen in about half of the country following a successful lawsuit by 26 states that had enacted policies to protect female students (Olohan, 2024b).

Today, Arizona requires all athletic teams associated with or playing against K-12 public schools to be designated as "male," "female," or "co-ed" based on players' biological sex. It further prohibits male students from playing on female-designated teams, shields sex-separated sporting institutions from adverse action by government entities or private organizations, and creates a private cause of action for students injured, denied athletic opportunities, or harmed by schools or athletic organizations who knowingly violated these rules (SB 1165, 2024).

Idaho defines "male" and "female" in terms of reproductive function at birth. It further clarifies that the terms "woman" and "girl" refer to females, while the terms "man" and "boy" refer to males. It defines sex as binary and observable at or before birth and states that sex is "in no case" determined by stipulation or self-identification (H 421, 2024). West Virginia requires birth certificates to list a child's sex as either "male" or "female" and prohibits the use of the label "non-binary" (HB 4233, 2024).

Kansas's Women's Bill of Rights both defines sex in terms of reproductive function at birth and bars males from entering female-designated spaces "where biology, safety, or privacy are implicated that result in separate accommodations." Kansas' law includes but is not limited to restrooms and locker rooms in K-12 public schools. It includes such facilities throughout the state as well as other facilities, such as domestic violence shelters and prisons (SB 180, 2023).

Laws protecting children from gender ideology and related abuses have been the subject of numerous legal challenges. Florida's K-12 education reform, labeled "Don't Say Gay" by its opponents, survived nearly two years of legal and intense media pressure, with minor alterations (Mazzei, 2024). In *Adams v. School Board of St. Johns County* (2022), the Eleventh Circuit ruled in favor of restricting access to school bathrooms based on biological sex.

The legal environment is somewhat mixed regarding state laws restricting males from participating in K-12 girls' sports (Donley, 2024). Temporary injunctions currently block the enforcement of state

protections in Arizona, Idaho, Utah, and West Virginia, and they are partially blocked in New Hampshire. Legislative protections remain active in 19 states, and recently enacted *regulatory* protections remain active in Alaska (Movement Advancement Project, n.d.-b; Rockey, 2023).

The legal environment is essentially *wide open* with respect to state laws defining sex. Since 2023, 21 states have enacted legislation defining sex. Two additional states, Oklahoma and Nebraska, did the same via executive action (Abels, 2024). Presently, no state law or executive action defining sex in terms of biology/reproductive function has been blocked by court action; however, one ongoing case (*Kansas v. Harper)* could implicate enforcement of aspects of Kansas' Women's Bill of Rights (ACLU, 2024).

Conversely, attempts to shield children from adult live sexual performances have fared poorly in courts. Presently, only laws passed in North Dakota, Idaho, and Kentucky remain standing. A major problem appears to be a lack of precision in legislative text. Imprecise wording raises "unconstitutional vagueness" concerns—e.g., prohibiting but not defining "lewd content" or defining drag queens/kings in terms of their (subjectively) "flamboyant" or "glamourous" attire (Millhiser, 2023). Notwithstanding the difficulty of the task, policymakers should carefully craft language to protect children from adult live sexual performances and drag events designed to stoke sexual confusion in children. The fact that pedophiles are drawn to such events (Rufo, 2022) should be all the impetus policymakers need.

Research indicates very strong public support for policy reforms along these lines. Findings from several Rasmussen national surveys of registered voters speak to gender ideology and related abuses:

- 84% "strongly agree or somewhat agree that parents should be able to see all curriculum plans and materials for classes their children take" (December 6–8, 2023).
- 76% "do not support schools teaching children that they can change their gender. Only 11% support schools teaching children that they can change their gender" (August 7–8, 2023).
- 75% say "schools should not teach children that they can change their gender" (April 27–28, 2023).
- 60% "do not think public schools in their area should allow biological males who identify as women to use the women's locker rooms, showers, and bathrooms" (April 11–13, 2023).
- 70% "believe that biological males have an unfair advantage over biological females when competing against each other in women's sports" (March 9–10, 2023).
- 78% "believe parents should be primarily responsible for passing on values related to sex and gender identity" (April 14–16, 2022; America First Parents, 2022).

In addition, a Rasmussen national survey of American adults conducted May 24–25, 2023, found that 71 percent agreed that "there are two genders, male and female." Fifty-seven percent of American adults strongly agreed with this statement, while only 10 percent strongly disagreed (Rasmussen Reports, 2023b).

Section 4. Contributing Factors: Social Media and Pornography

Rapid increases in youth mental health disorder diagnoses have sent researchers scrambling for explanations. One prominent account emphasizes the role of social media and smartphones. In *Anxious Generation,* Jonathan Haidt (2024) argues that these factors, combined with changes in parenting practices, are responsible for increased anxiety and depression in children (Haidt, 2024). Separately, the growth of online pornography raises mental and sexual health concerns (Camilleri et al., 2021; Park et al., 2016). The relationship between social media and pornography use and the concurrent rise of transgender identification is not yet conclusively established; however, there is cause to believe these phenomena are related.

Beginning with social media, a pioneering study by Littman (2021) links "rapid-onset gender dysphoria" (ROGD) to a "social contagion" fueled by online social media use (primarily) among teenage girls (Littman, 2021). Littman surveyed parents of post-pubertal transgender-identifying minors (n=256). Remarkably, she found that *86.7 percent* of parents surveyed reported their child's ROGD had been preceded by one or both of the following:

- A marked increase in social media/internet use.
- Joining a friend group in which multiple members came to identify as transgender during a similar timeframe.

In more than a third of the friendship groups evaluated, more than half of minors began identifying as transgender during a similar time frame. Given that the rate of transgender identification in this age cohort is 0.7 percent, this finding suggests a strong role for peer influence (Wadman, 2018).

Regarding pornography, research has linked its online consumption to poor mental health (e.g., stress, anxiety, and depression) and sexual health challenges (e.g., compulsive sexual behavior and impotence) (Camilleri et al., 2021; Park et al., 2016). Pornography has been described as a "supranormal stimulus" because it exerts an exaggerated effect on a natural inclination (Hilton, 2013). Online pornography is essentially limitless, and habitual users often progress to more extreme (e.g., graphic or fetishistic) content, much as drug addicts often progress to higher dosages (McNichols, 2023; Park et al., 2016). In one study, half of pornography users (49%) reported progressing to material they had previously considered "disgusting" (Wéry & Billieux, 2016).

How might pornography implicate transgenderism (Gluck, 2023)? Several female detransitioners describe their prior transition as trauma responses to previous sexual abuses. In essence, "becoming men" enabled these young women to escape the vulnerability they associated with femininity (Olohan, 2024a). Given its extremely misogynistic portrayal of women, pornography may likewise encourage young women to reject femininity, as both detransitioners and parents of transgender-identifying children attest (Helena, 2022; Parents with Inconvenient Truths about Trans, 2021).

For autogynephilic males, the link to pornography is more straightforward. Prominent figures, including Pulitzer Prize winner Andrea Long Chu and *The Matrix* director Lily Wachowski, have spoken positively about becoming "trans" as a direct result of consuming online pornography (Chu, 2018; Wachowski,

2019). These accounts are supported by peer-reviewed academic research advocating for transgender pornography on similar grounds (Gilbert, 2020).

The connection between childhood social media and pornography use, on the one hand, and gender confusion, on the other, is intuitive. At a minimum, the mental health case for restricting access for children to social media and pornography is evident. Haidt recommends legislators raise social media age minimums up to 16 years and impose mandatory age verifications (age minimums are currently set to 13 with no verification).

Section 4.1. Develop and Enact New Strategies to Reduce Child Online Exposure to Social Media and Pornography

American children spend an average of four hours per day online (McCloud, 2022). During this time, roughly one-quarter to one-third of their waking hours, they inhabit a digital "wild west" wherein they invariably encounter age-inappropriate content. The regulatory environment has not kept pace with fast-moving technologies where children are concerned, particularly in the areas of social media and pornography. Fortunately, momentum for reform appears to be building. Since 2023, 15 states have enacted child protections related to social media access:

> Arkansas, California, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, New York, Ohio, South Carolina, Tennessee, Texas, Utah, and Virginia.

Utah led early efforts, with other states following suit. Utah enacted broad child protections in 2023, including requiring social media companies to:

- Verify profile user ages.
- Obtain parental consent before providing access to children.
- Provide parents access to their children's social media accounts.
- Restrict child account access from the hours of 10:30 p.m. through 6:30 a.m. unless otherwise directed by a parent (HB 311, 2023; SB 152, 2023).

The measure also prohibited social media companies from:

- Advertising to children.
- Displaying child accounts in search results.
- Collecting information from children.
- Targeting or suggesting content to children.
- Allowing children to direct message non-"friend" accounts.
- Knowingly employing addictive technologies in applications used by minor children (HB 311, 2023; SB 152, 2023).

These requirements were enforced via a private right of action for parents of children harmed by a social media company's failure to comply with state regulations.

Utah subsequently revised its social media child protections in 2024 following legal challenges from NetChoice, a trade association representing several technology companies, including Meta and Google (*NetChoice v. Reyes et al., 2023*). Utah's new child protections, HB 464 and SB 194 attempt to survive similar challenges by replacing regulatory requirements and prohibitions with options and incentives. For example, SB 194 addresses child privacy concerns, in part, by requiring child accounts to be set to maximum privacy default settings. It then requires child account holders to be able to ***request*** their personal information be deleted rather than mandating this action. It requires social media companies to offer supervisory tools that the child account holder can ***choose*** to activate and assign to an individual (presumably a parent/guardian). These tools empower families to achieve most of the objectives the legal mandates originally sought. In theory, a parent can then:

- Set time limits and schedule breaks on their child's account.
- View the child's usage data and connected accounts.
- Receive notifications when a child has altered his/her account settings (Stauss & Dolen, 2024; SB 194, 2024).

Utah's new child protections (HB 464) also retain a private right of action in cases where a child account holder develops a clinically verified "adverse mental health outcome arising, in whole or in part, from the minor's excessive use of the social media company's algorithmically curated social media service." It provides a presumptive legal shield ("rebuttable presumption") for social media companies who implement other restrictions for child accounts, such as limiting time and hours of use for such accounts (HB 464, 2024).

Taken together, Utah's 2024 amendments achieve a high level of protection, perhaps comparable to the original law, assuming *active parent involvement*. Without question, children with less engaged or less tech-savvy parents will have greater access to potentially harmful social media content. Although HB 464 is in effect, SB 194 is on hold following a preliminary injunction granted by the U.S. District Court (D. Utah) at the request of NetChoice (Seariac, 2024).

Reforms enacted by New York tackle youth social media use from a different angle. New York's S7694 (the "Stop Addictive Feeds Exploitation (SAFE) for Kids Act") prohibits social media companies from algorithmically targeting content to minor children. In practice, this means that a child's social media feed must display content chronologically rather than in a curated fashion as determined by his/her user data. Additional social media regulations include:

- Requiring parental approval to provide children access to applications with "addictive feeds."
- Requiring parental approval to send children notifications between the hours of 12:00 p.m. and 6:00 a.m.
- Requiring age verification for profile users (S7694, 2024).

A second New York bill—S7695, the New York Child Data Protection Act—prohibits websites from collecting and sharing minor users' personal data without their consent. This regulation builds on existing federal privacy protections for users under 13 (S7695, 2024; Fung, 2024). S7695 is important from a

privacy standpoint but also in conjunction with S7694A insofar as it further impedes algorithmic targeting by denying social media (and other online) companies access to user data.

New York's social media reforms are the first of their kind. Research suggests prohibiting algorithmic targeting could transform how social media companies operate in beneficial ways. A common dictum holds: "If you are not the customer, you are the product." Social media platforms are "free" to users because social media companies (e.g., Facebook and X) derive revenues from advertising. To maximize ad revenues, these companies collect users' data to tailor content in such a way as to maximize user engagement and, therefore, ad revenues (Hari, 2023; Busch, 2023). This business model is thought to produce various negative externalities, including reduced attention spans, poor mental health, and vulnerability to extremism (Hari, 2022; Haidt, 2024; Purnell & Horwitz, 2021). Reducing the *addictiveness* of social media platforms would seem to be a prudent way to mitigate the impact of these externalities on children.

Although New York's social media reforms are generally laudable, they are also unnecessarily weak in some respects. For example, New York's age verification requirement bizarrely prohibits social media companies from "[relying] solely on biometrics or [requiring] government identification that many New Yorkers do not possess" (S7694, 2024, p.2). Instead, it encourages social media companies to use facial recognition software to determine user ages. It is difficult to imagine how such approaches could be more accurate than biometric or official government ID. As such, this provision confers no obvious benefits from a child protection standpoint.

Lawmakers should also consider whether S7694A goes far enough with respect to restricting algorithmic targeting. As discussed in greater detail below, courts have been extremely reticent to allow government regulation that could be characterized as infringing on First Amendment speech rights. As recently demonstrated in *Murthy v. Missouri* (2024), this reticence even extends to efforts to prevent social media companies from censoring users' speech rights on political grounds (i.e., discrimination). However, it is far from clear that the use of targeted algorithms constitutes protected corporate "speech."

Conversely, the privacy rights case for restricting social media algorithms seems robust. Federal and state laws protect consumer privacy rights, including:

- The Children's Online Privacy Protection Act (1998), which establishes data protection requirements for online operators collecting information from children under 13.
- The Communications Act of 1934, which establishes data protection requirements for common carriers.
- The California Consumer Privacy Act (2018), which provides consumers with the right to know and opt out of online companies' data-gathering schemes and to request online companies to delete their collected user data (Mulligan & Linebaugh, 2022).

In short, states can likely enact bolder restrictions on social media algorithmic targeting than those enacted by New York. Such reforms—for example, a blanket prohibition on social media algorithmic

targeting for *all* users—could dramatically alter the broader social media ecosystem of which children are a part.

Since 2023, 19 states have enacted laws protecting children from online pornography:

> Alabama, Arkansas, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Montana, Nebraska, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Utah, and Virginia (National Conference of State Legislatures, 2024a, 2024b).

Louisiana and Utah have emerged as leaders in this regard. Louisiana recently passed HB 142, requiring websites composed of 33.3 percent or more pornographic material to verify users' ages using government-issued identification (HB 142, 2022). The law prohibits commercial entities tasked with age verification from retaining personally identifying user information to address privacy concerns. Louisiana also empowers parents to sue pornographic website operators if their children successfully access said website due to noncompliance with age verification requirements (HB 142, 2022). In a companion bill, Louisiana empowers the state attorney general to investigate and, if necessary, assess fines and other court fees against pornographic website operators who fail to comply with age verification requirements established in HB 142 (HB 77, 2023).

Utah has taken a different approach, mandating a pornography "device filter" requirement for all tablets or smartphones manufactured, sold, or activated within the state. The law requires device filters to be easily removable by adults using government-issued identification. A modest $10 penalty per violation is assessed on non-compliant device manufacturers, capped at $500 per device (HB 72, 2021).

Laws protecting children from social media have faced stiff legal resistance from tech companies, including Meta, Google, and TikTok (Alberty, 2024). Several such laws have been halted by judges, including for states that followed Utah's lead in 2023: Ohio, Arkansas, and Mississippi (Feiner, 2024). The evolution of Utah's social media regulation may again set the standard for child protection reforms. This is yet another area where states should continue to push the boundaries so that federal courts quickly establish a clear body of jurisprudence for a new online world to which future bills can be responsibly conformed.

State reforms to protect children from pornography have fared comparatively better under legal challenges. Of the 18 recently enacted state laws, only those in Mississippi, Indiana, and Arkansas are currently halted (each on First Amendment grounds) (Brown, 2024b; Field, 2023). Laws in Texas and Utah were halted but subsequently reinstated on appeal (Howe, 2024; Metz, 2023). In Utah's case, the law's reliance on third parties for age verification helped it to survive legal challenges (Metz, 2023).

Courts typically apply the highest level of scrutiny to content-based speech restrictions. Under this "strict scrutiny," states must demonstrate both a "compelling government interest" for speech regulations and an approach "narrowly tailored" to achieving said interest. Courts may also apply strict scrutiny in cases that nominally address content-neutral regulations—i.e., to cases ordinarily subject to the less demanding standard of intermediate scrutiny—if they find speech restrictions function as content-based restrictions *in*

effect (Holmes, 2023). Such a determination was recently used to grant a preliminary injunction halting Arkansas' enforcement of its social media child protection law, for example (*NetChoice LLC v. Griffin, 2024*).

Pornography bans are unquestionably content-based, yet the Supreme Court recognizes sexually explicit materials can harm children (*Ginsberg v. New York, 1968).* The prevention of this harm potentially satisfies the compelling government interest standard. However, the narrow tailoring requirement remains a very high bar—one that has thwarted numerous attempts to regulate pornography in the recent past (Holmes, 2022). Whether state laws protecting children from online pornography survive will depend, in large part, on states' ability to demonstrate that such restrictions can be practically confined to children with little to no impact on adults.

In crafting protections for children from social media and online pornography, state lawmakers should assume their efforts will be subjected to strict scrutiny. They should further assume that courts will expect the record to reflect substantial evidence establishing the states' compelling interest assertions, especially where non-pornographic content is concerned. For example, in *Brown et al. v. Entertainment Merchants' Association* (2011), the Supreme Court rejected California's attempt to restrict the sale of violent video games to minors on obscenity grounds. In his majority opinion, Justice Scalia explicitly rejected arguments equating violent content with sexually graphic content, stating, "speech about violence is not obscene." The justices also rejected California's compelling interest claims on the grounds that the asserted link between violent video games and violent behavior in minors had not been sufficiently established.

The Supreme Court's reticence to allow non–obscenity–based speech restrictions poses a challenge to state efforts to protect children from abusive social media practices; however, such efforts appear to be broadly popular. Most Americans understand that the use of social media is not safe for children: An April 17–19, 2023, Rasmussen national survey of American adults found that 57 percent agreed that social media sites like Facebook and Twitter are "not safe for children and teenagers, including 16% who say the sites are 'Not At All Safe' for minors" (Rasmussen Reports, 2023a). Similarly, a year-long survey of American adults conducted by the Harris Poll (April 2022–April 2023) found that 50 percent of parents reported their minor child/children's mental health had suffered during the previous 12 months due to social media use (Nationwide Children's, 2023).

The same can be said of the public's view of pornography. The General Social Survey of American Adults (GSS) has tracked Americans' attitudes on this issue ***since 1973,*** long before there was an "online" in which pornography could reside. According to the GSS, a plurality of Americans (48–69%) have consistently supported making pornography illegal for minor children (under 18). A smaller share (25–44%) support banning pornography for everyone ("always illegal": 25–44%), while only 3–11 percent state pornography should be "always legal." In its most recent (2022) estimates, the GSS found 66 percent of Americans believe pornography should be illegal for minor children (under 18), and 5 percent believe it should be legal in all cases (GSS, 1972–2024).

Section 5. Conclusion

The growth of gender confusion in young Americans is cause for national concern. Transgender identification is the first step along a path culminating in medically unnecessary, dangerous, and life-altering medical interventions. The pain and suffering caused by these (often ghastly) procedures are especially tragic, given that the premise underlying this entire field of "medicine" is so obviously in error. No person possesses a "gender identity" contrary to that person's sex.

The confusion that pushes vulnerable children toward these barbaric procedures is exacerbated by many of the Nation's prominent institutions—its medical, education, and political establishments—embracing unscientific, gender ideology–informed policies, concepts, and jargon. The spread of gender ideology in K-12 schools is especially concerning. There is additionally good cause for believing online social media and pornography consumption contribute to gender confusion.

Fortunately, the American people oppose these trends and support efforts to reverse them. They have selected President Trump to lead in this battle at the national level, but much of it will continue to be waged in the states. This report has thus sought to equip state lawmakers with critical background information, including policy reform options, to aid in efforts to protect children from transgender medical abuses.

It is worth remembering that, before January 20, 2025, it was state lawmakers who stood in the breach to defend our Nation's children from the predations of a corrupt medical establishment and its allies in the federal government (see Appendix 1 for a summary of state legislative efforts). The vigilance and courage of state lawmakers was desperately needed then. These same qualities will be needed again in the coming years.

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Appendix 1. Summary of Current State Legislative Protections for Children.

	Prohibits:				Protects:	Defines:	Limits:
States	Transgender Medical Interventions	Gender Ideology & Smut	K-12 "Drag" Events	Access to Online Porn	Girls' Sports & Facilities	Male & Female	Social Media Exposure
Alabama	√ Enacted	X	X	√ Enacted	√ Enacted	X	X
Alaska	X	X	X	X		X	X
Arizona	(Incomplete)	X	√ Enacted	X	√ Enacted	X	√ Enacted
Arkansas	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	X	√ Enacted
California	X	X	X	X	X	X	X
Colorado	X	X	X	X	X	X	X
Connecticut	X	X	X	X	X	X	X
Delaware	X	X	X	X	X	X	X
D.C.	X	X	X	X	X	X	X
Florida	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	X	√ Enacted
Georgia	(Incomplete)	X	X	√ Enacted	X	X	√ Enacted
Hawaii	X	X	X	X	X	X	X
Idaho	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	X
Illinois	X	X	X	X	X	X	X
Indiana	√ Enacted	√ Enacted	X	√ Enacted	√ Enacted	X	X
Iowa	√ Enacted	X	X	√ Enacted	√ Enacted	X	X
Kansas	√ Enacted	X	X	√ Enacted	√ Enacted	√ Enacted	X
Kentucky	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	X	X
Louisiana	√ Enacted	√ Enacted	X	X	√ Enacted	√ Enacted	√ Enacted
Maine	X	X	X	X	X	X	X
Maryland	X	X	X	X	X	X	√ Enacted
Massachusetts	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X
Mississippi	√ Enacted	X	X	√ Enacted	√ Enacted	√ Enacted	√ Enacted
Missouri	√ Enacted	X	X	X	√ Enacted	X	X
Montana	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted
Nebraska	√ Enacted	X	X	√ Enacted	X	X	X
Nevada	X	X	X	X	X	X	X
New Hampshire	(Incomplete)	√ Enacted	X	X	√ Enacted	X	X
New Jersey	X	X	X	X	X	X	X
New Mexico	X	X	X	X	X	X	X
New York	X	X	X	X	X	X	√ Enacted
North Carolina	√ Enacted	√ Enacted	X	√ Enacted	√ Enacted	X	X
North Dakota	√ Enacted	√ Enacted	√ Enacted	X	√ Enacted	√ Enacted	X
Ohio	√ Enacted	√ Enacted	X	X	√ Enacted	X	√ Enacted
Oklahoma	√ Enacted	X	X	√ Enacted	√ Enacted	√ Enacted	X
Oregon	X	X	X	X	X	X	X
Pennsylvania	X	X	X	X	X	X	X
Rhode Island	X	X	X	X	X	X	X
South Carolina	√ Enacted	X	X	√ Enacted	√ Enacted	√ Enacted	√ Enacted
South Dakota	√ Enacted	X	√ Enacted	X	√ Enacted	X	X
Tennessee	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted	√ Enacted
Texas	√ Enacted	X	√ Enacted	√ Enacted	√ Enacted	X	√ Enacted
Utah	√ Enacted	√ Enacted	X	√ Enacted	√ Enacted	√ Enacted	√ Enacted
Vermont	X	X	X	X	X	X	X
Virginia	X	X	X	√ Enacted	X	X	√ Enacted
Washington	X	X	X	X	X	X	X
West Virginia	√ Enacted	√ Enacted	X	X	√ Enacted	√ Enacted	X
Wisconsin	X	X	X	X	X	X	X
Wyoming	√ Enacted	√ Enacted	X	X	√ Enacted	√ Enacted	X

Note. Table excludes non-legislative state protections, such as executive orders.