

1 **PUBLIC COUNSEL**

2 Mark Rosenbaum (SBN 59940)
3 mrosenbaum@publiccounsel.org
4 Amanda Mangaser Savage (SBN 325996)
5 asavage@publiccounsel.org
6 Mustafa Ishaq Filat (SBN 346089)
7 ifilat@publiccounsel.org
8 Kathryn Eidmann (SBN 268053)
9 keidmann@publiccounsel.org
10 610 S. Ardmore Avenue
11 Los Angeles, California 90005
12 Tel. 213.385.2977

BALLARD SPAHR LLP

Scott Humphreys (SBN 298021)
humphreys@ballardspahr.com
Tel. 424.204.4373
Elizabeth Schilken (SBN 241231)
schilkene@ballardspahr.com
Tel. 424.204.4371
2029 Century Park E, Suite 1400
Los Angeles, CA 90067

Maxwell S. Mishkin (D.C. Bar 1031356)
(*pro hac vice forthcoming*)
mishkinm@ballardspahr.com
1909 K Street, NW, 12th Floor
Washington, DC 20006-1157
Tel. 202.508.1140

10 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
11 **FOR THE COUNTY OF RIVERSIDE**

12 MAE M., through her guardian ad litem
13 Anthony M.. SUSAN C., through her
14 guardian ad litem Sabrina C.. GWEN S.,
15 through their guardian ad litem Ramona S..
16 CARSON L., through his guardian ad litem
17 Nancy L.. DAVID P., through his guardian
18 ad litem RACHEL P., VIOLET B., through
19 her guardian ad litem INEZ B., STELLA B.,
20 through her guardian ad litem INEZ B.,
21 TEMECULA VALLEY EDUCATORS
22 ASSOCIATION, AMY EYCHISON,
23 KATRINA MILES, JENNIFER SCHARF,
24 and DAWN SIBBY,

Plaintiffs,

v.

21 JOSEPH KOMROSKY, JENNIFER
22 WIERSMA, DANNY GONZALEZ,
23 ALLISON BARCLAY, and STEVEN
24 SCHWARTZ, in their official capacities as
25 members of TEMECULA VALLEY
26 UNIFIED SCHOOL DISTRICT BOARD OF
27 TRUSTEES, TEMECULA VALLEY
28 UNIFIED SCHOOL DISTRICT, and DOES
1 – 100,

Defendants.

Case No.: CVSW2306224

**DECLARATION OF SABRA L. KATZ-
WISE, Ph.D. AND SARI L. REISNER,
Sc.D. AS EXPERT WITNESSES**

Judge: Honorable Irma Poole Asberry

Dept.: 5

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DECLARATION OF SABRA L. KATZ-WISE AND SARI L. REISNER

We, Sabra L. Katz-Wise and Sari L. Reisner, hereby declare that if called as a witnesses we would and could each testify competently as follows:

I. Background and Experience

Sabra L. Katz-Wise

1. I am an Associate Professor in Pediatrics at Harvard Medical School, in Adolescent/Young Adult Medicine at Boston Children’s Hospital, and in Social and Behavioral Sciences at the Harvard T. H. Chan School of Public Health.

2. I am also the co-Director of the Harvard Sexual Orientation and Gender Identity and Expression Health Equity Research Collaborative, which brings together internationally recognized experts across diverse disciplines who research sexual orientation, gender identity and expression, and health.

3. I earned my Ph.D. in Developmental Psychology and my M.S. in Psychology from the University of Wisconsin–Madison. I earned my B.S. in Psychology from the University of Washington.

4. My research focuses on LGBTQ+ adolescents and the ways family, community, and school may victimize or support the psychosocial health of transgender youth. I lead the Trans Teen and Family Narratives Project (TTFN), a community-based longitudinal study funded by the National Institutes of Health examining how the family environment affects transgender and nonbinary youths’ health and wellbeing over time. As part of this study, my team developed the TTFN Conversation Toolkit, an online intervention to help support families with transgender and nonbinary youth. I am also a co-investigator for the widely-cited Advancing Voices of Adolescents Identifying as Non-Binary and Transgender project (Project AVANT), the first national, longitudinal study of transgender and nonbinary youth.

5. Along with my colleagues, I developed consensus-driven parenting guidelines to support transgender and gender diverse children’s wellbeing.

6. For my work described above, I received the Prism Award for Service to the LGBTQ+ Community from Boston Children’s Hospital in 2017. I was also awarded a Harvard

1 Medical School Sexual and Gender Minority Curriculum Development Fellowship, which
2 provided me with dedicated time to develop, implement, and evaluate the effectiveness of
3 curricular innovations designed to enhance care for sexual and gender minority patients.

4 7. My CV is attached as Exhibit A. My research on this subject includes:

- 5 • Katz-Wise, S. L. & Hyde, J. S. (2012). Victimization experiences of lesbian,
6 gay, and bisexual individuals: A meta-analysis. *Journal of Sex Research*, 49,
7 142-167. doi:10.1080/00224499.2011.637247. PMID: 22380586
- 8 • Katz-Wise, S. L., Scherer, E. A., Calzo, J. P., Sarda, V., Jackson, B., Haines, J.,
9 & Austin, S. B. (2015). Sexual minority stressors, internalizing symptoms, and
10 unhealthy eating behaviors in sexual minority youth. *Annals of Behavioral*
11 *Medicine*, 49, 839-852. PMID: PMC4636454
- 12 • Katz-Wise, S. L., Rosario, M., Calzo, J. P., Scherer, E. A., Sarda, V., & Austin,
13 S. B. (2017). Associations of timing of sexual orientation developmental
14 milestones and other sexual minority stressors with internalizing mental health
15 symptoms among sexual minority young adults. *Archives of Sexual Behavior*,
16 46, 1441-1452. PMID: PMC5489360
- 17 • Bhattacharya, N., Budge, S. L., Pantalone, D. W., & Katz-Wise, S. L. (2021).
18 Conceptualizing relationships among transgender and gender diverse youth and
19 their caregivers. *Journal of Family Psychology*, 35, 595-605. PMID:
20 PMC8081734
- 21 • Katz-Wise, S. L., Godwin, E. G., Parsa, N., Brown, C. A., Pullen Sansfaçon, A.,
22 Goldman, R., MacNish, M., Rosal, M. C., & Austin, S. B. (2022). Using family
23 and ecological systems approaches to conceptualize family and community-
24 based experiences of transgender and/or nonbinary youth from the Trans Teen
25 and Family Narratives Project. *Psychology of Sexual Orientation and Gender*
26 *Diversity*, 9, 21-36. PMID: PMC9231420
- 27 • Parodi, K. B., Holt, M. K., Green, J. G., Katz-Wise, S. L., Shah, T. N., Kraus, E.,
28 & Xuan, Z. (2022). Associations between school-related factors and mental

- 1 health among transgender and nonbinary youth. *Journal of School Psychology*,
2 90, 135-149. doi:10.1016/j.jsp.2021.11.004
- 3 • Kidd, K. M., Didden, E., Harman, H., Sequeira, G. M., Faeder, M., Inwards-
4 Breland, D. J., Voss, R. V., & Katz-Wise, S. L. (2023). Parents of gender diverse
5 youth: Support sought, received, and still needed. *Journal of Adolescent Health*.
6 Advance online publication.
 - 7 • Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). LGBT youth and family
8 acceptance. *Pediatric Clinics of North America*, 63, 1011-1025. PMID:
9 PMC5127283

10 *Sari L. Reisner*

11 8. I am an Assistant Professor in the Department of Medicine at the Harvard
12 Medical School and Brigham and Women's Hospital and Assistant Professor in the Department
13 of Epidemiology at the Harvard T.H. Chan School of Public Health.

14 9. I am the director of transgender research at Brigham and Women's Hospital,
15 based in the Division of Endocrinology, Diabetes and Hypertension. I also serve as the director
16 of transgender health research at The Fenway Institute of Fenway Health, a federally qualified
17 community health center specializing in provision of care to sexual and gender minority
18 LGBTQ+ people in Boston, Massachusetts.

19 10. I earned a Doctorate of Science from the Harvard T.H. Chan School of Public
20 Health, a M.A. from Brandeis University, and a B.A. from Georgetown University.

21 11. My research focuses on health inequities in underserved populations, including
22 transgender and gender diverse populations, and mental health risks and resiliencies among
23 adolescents and young adults.

24 12. I am an internationally renowned transgender health researcher, and was profiled
25 in *The Lancet* in 2016 and served as a co-author for the World Professional Association for
26 Transgender Health (WPATH) Standards of Care Version 8 released in 2022, which provides
27 clinical guidance for health professionals to meet the needs of transgender and gender diverse
28 individuals.

- 1 13. My CV is attached as Exhibit B. My research on this subject includes:
- 2 ▪ Reisner, S. L., Biello, K., Perry, N. S., Gamarel, K. E., & Mimiaga, M. J. (2014).
- 3 A compensatory model of risk and resilience applied to adolescent sexual
- 4 orientation disparities in nonsuicidal self-injury and suicide attempts. *American*
- 5 *Journal of Orthopsychiatry*, 84(5), 545–556.
- 6 ▪ Reisner, S. L., Vettters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., &
- 7 Mimiaga, M. J. (2015). Mental health of transgender youth in care at an
- 8 adolescent urban community health center: A matched retrospective cohort
- 9 study. *Journal of Adolescent Health*, 56(3), 274-279.
- 10 ▪ Reisner, S. L., Greytak, E., Parsons, J. P., & Ybarra, M. (2015). Gender minority
- 11 social stress in adolescence: Disparities in adolescent bullying and substance use
- 12 by gender identity. *Journal of Sex Research*, 52(3), 243-256.
- 13 ▪ Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E.,
- 14 Holland, C. E., Max, R., & Baral, S. D. (2016). Global health burden and needs
- 15 of transgender populations: A review. *Lancet*, 388(10042), 412-436.
- 16 ▪ Reisner, S. L., White Hughto, J. M., Gamarel, K. E., Keuroghlian, A. S.,
- 17 Mizock, L., & Pachankis, J. (2016). Discriminatory experiences associated with
- 18 posttraumatic stress disorder symptoms among transgender adults. *Journal of*
- 19 *Counseling Psychology*, 63(5), 509-519.
- 20 ▪ Reisner, S. L., Biello, K., White Hughto, J. M., Kuhns, L., Mayer, K. H.,
- 21 Garofalo, R., & Mimiaga, M. J. (2016). Psychiatric diagnoses and comorbidities
- 22 in a diverse, multicity cohort of young transgender women: Baseline findings
- 23 from Project LifeSkills. *JAMA Pediatrics*, 170(5), 481-486.
- 24 ▪ Reisner, S. L., Katz-Wise, S. L., Gordon, A. R., Corliss, H. L., & Austin, S. B.
- 25 (2016). Social epidemiology of depression and anxiety by gender identity.
- 26 *Journal Adolescent Health*, 59(2), 203-208.
- 27
- 28

- 1 ▪ Lipson, S. K., Raifman, J., Abelson, S., & Reisner, S. L. (2019). Gender
2 minority mental health in the U.S.: Results of a national survey on college
3 campuses. *American Journal of Preventative Medicine*, 57(3), 293-301.
- 4 ▪ Reisner S. L., & Hughto, J. M. W. (2019). Comparing the health of non-binary
5 and binary transgender adults in a statewide non-probability sample. *PLoS One*,
6 14(8): e0221583.
- 7 ▪ Reisner, S. L., Sava, L. M., Menino, D. D., Perritti, J., Barnes, T. N., Humphrey,
8 D. L., Nikitin, R. V., & Earnshaw, V. A. (2020). Addressing LGBTQ student
9 bullying in Massachusetts schools: Perspectives of LGBTQ students and school
10 health professionals. *Prevention Science*, 21(3), 408-421.
- 11 ▪ Reisner, S. L., Mateo, C., Elliott, M. N., Tortolero, S., Davies, S. L., Lewis, T.,
12 Li, D., & Schuster, M. (2021). Analysis of reported health care use by sexual
13 orientation among youth. *JAMA Network Open*, 4(10), e2124647.
- 14 ▪ Committee on Understanding the Well-Being of Sexual and Gender Diverse
15 Populations* for The National Academies of Sciences, Engineering and
16 Medicine (NASEM). C. J. Patterson, M. J. Sepulveda, & J. White (Eds.).
17 Understanding the Well-Being of LGBTQI+ Populations. Washington, DC: The
18 National Academies Press; 2020. (Member of the study team cited in the text)

19 **II. Sex and Gender Refer to Different Characteristics.**

20 14. Sex refers to the biological characteristics of an individual, including their
21 hormones, chromosomes, and internal and external genitalia. Gender refers to the attitudes,
22 feelings, and behaviors that a given culture associates with a person’s biological expression of
23 sex. The term “cisgender” applies to individuals whose gender identity matches the sex they
24 were assigned at birth. The term “transgender” applies to individuals whose gender identity
25 differs from the sex they were assigned at birth. The term “nonbinary” refers to people whose
26 gender is not aligned with societal expectations for girls/women and boys/men.

27 15. Gender identity is not a choice but a core part of an individual’s identity and
28 being. It is how individuals express the social characteristics of gender, including their clothing,

1 appearance, behaviors, name, and pronouns, which may or may not correspond to their sex
2 assigned at birth.

3 16. Being transgender or nonbinary is not a mental disorder, and characterizing it as
4 such denies individuals' bodily autonomy and self-determination. Every major professional
5 medical organization—including the American Psychiatric Association, the American
6 Psychological Association, the American Medical Association, and the American Academy of
7 Child and Adolescent Psychiatry—concur that it is ineffective and harmful to force a
8 transgender or nonbinary person to become cisgender.¹

9 17. Policy 5020.01 pressures students to maintain the gender identity that
10 corresponds to their assigned sex by mandating disclosure of their gender identity or expression
11 to parents, leaving them vulnerable to abuse, violence, and homelessness. The Policy also
12 creates an official record of their gender identity or expression, exposing them to
13 discrimination, harassment, or bullying at school. As a result, transgender and nonbinary
14 students are more likely to conceal their gender identity. As discussed in this declaration, the
15 Policy will increase stress and trauma for students already facing high rates of discrimination.

16 **III. Policy 5020.01 is Based on Outdated Misconceptions about LGBTQ+ Individuals.**²

17 18. Policy 5020.01 relies on the outdated misconception that transgender and
18 nonbinary identities are mental illnesses. Instead of addressing the external factors that harm
19 transgender and nonbinary students, such as anti-LGBTQ+ bullying or family rejection, the
20 Board's policy erroneously attributes poor mental health outcomes to gender identity, blaming
21 individual students for socially caused mental health disparities.

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23 ¹ American Psychological Association. (Feb. 2021). *APA Resolution on Gender Identity*
24 *Change Efforts*. [https://www.apa.org/about/policy/resolution-gender-identity-change-](https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf)
25 [https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria;](https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria)
26 *American Medical Association. (2022). Sexual Orientation And Gender Identity Change Efforts*
27 *(So-Called "Conversion Therapy")*. [https://www.ama-assn.org/system/files/conversion-](https://www.ama-assn.org/system/files/conversion-therapy-issue-brief.pdf)
28 https://www.aacap.org/AACAP/PolicyStatements/2018/Conversion_Therapy.aspx

² LGBTQ+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more.

1 19. Transgender and nonbinary individuals experience higher rates of certain mental
2 health conditions than their cisgender peers, but these experiences are not the result of their
3 gender identity. Rather, these youth experience distinct stressors associated with the
4 stigmatization of their gender identity and gender expression, including increased rates of
5 victimization, bullying, and the lack of a supportive environment at home, at school, and
6 elsewhere.

7 20. There is a broad consensus among psychologists and psychiatrists that mental
8 health outcomes improve when transgender and nonbinary students receive support from their
9 family and community. According to a nationwide study of over 5,500 adolescents, transgender
10 students are subject to higher rates of bullying and harassment at school than their cisgender
11 peers.³ In addition, research demonstrates that mental health outcomes improve when parents
12 actively support and accept transgender and gender diverse youth.⁴ However, not all families
13 are accepting.⁵ Experiences of victimization are associated with poor mental health outcomes⁶
14 and a higher chance of developing substance use problems among transgender and nonbinary
15 youth.⁷

16 21. Policy 5020.01 does not account for the primary external factors that contribute
17 to poor mental health outcomes: lack of support from peers, community, and family. Rather, it
18 assumes without basis that all parents will be supportive.

21 ³ Reisner, S. L., Greytak, E. A., Parsons, J. T., & Ybarra, M. (2015). Gender Minority
22 Social Stress in Adolescence: Disparities in Adolescent Bullying and Substance Use by Gender
Identity. *Journal of Sex Research*, 52(3), 243–256.

23 ⁴ Kidd, K. M., Didden, E., Harman, H., Sequeira, G .M., Faeder, M., Inwards-Breland,
24 D. J., Voss, R. V., & Katz-Wise, S. L. (2023). Parents of gender diverse youth: Support sought,
25 received, and still needed. *Journal of Adolescent Health*, Advance online publication; Katz-
Wise, S. L., Rosario, M., & Tsappis, M. (2016). LGBT youth and family acceptance. *Pediatric
Clinics of North America*, 63, 1011–1025.

26 ⁵ *Id.*

27 ⁶ Katz-Wise, S. L., Rosario, M., Calzo, J. P., Scherer, E. A., Sarda, V., & Austin, S. B.
28 (2017). Associations of timing of sexual orientation developmental milestones and other sexual
minority stressors with internalizing mental health symptoms among sexual minority young
adults. *Archives of Sexual Behavior*, 46, 1441-1452.

⁷ Reisner et al., *supra* note 3.

1 22. Some transgender and nonbinary individuals may experience gender dysphoria,
 2 which is psychological distress caused by incongruence between one’s assigned sex and gender
 3 identity. Individuals are more likely to experience gender dysphoria in an unaccepting or hostile
 4 home and school environment. Not all transgender and nonbinary individuals experience
 5 dysphoria, however, and transgender and nonbinary identities are not pathological.

6 23. Having a supportive environment at school improves transgender and nonbinary
 7 students’ mental health. The first national, longitudinal study of transgender and gender diverse
 8 youth—that I, Dr. Katz-Wise, helped develop and author—found that those who reported
 9 feeling connected to their peers and school experienced fewer mental health concerns.⁸ The
 10 presence of a gender and sexuality affinity group at school also reduced mental health concerns.
 11 Supportive school environments can be a positive place for many transgender and nonbinary
 12 students that leads to increased feelings of self-efficacy, advocacy, and empowerment.⁹

13 **IV. Policy 5020.01 Harms Transgender and Gender Diverse Students.**

14 24. The Board’s policy contravenes evidence-based approaches that actually support
 15 LGBTQ+ students. Far from “prevent[ing] or reduc[ing] potential instances of self-harm” or
 16 “promot[ing] . . . social-emotional success,”¹⁰ the policy will force students to hide their
 17 identities or be forcibly outed, lose their autonomy, and experience worse outcomes.

18 25. Since the policy’s adoption, Temecula students have reported increasingly
 19 “hostil[e]” climates for LGBTQ+ students.¹¹ This outcome is expected. The research clearly
 20 establishes a link between protective anti-discrimination policies and lower levels of bullying
 21 and victimization.¹² As expected, Temecula students are hiding their identities to avoid forced
 22 disclosure and documentation. The policy has caused Plaintiff Gwen S., a nonbinary student, to
 23

24 ⁸ Parodi, K. B., Holt, M. K., Green, J. G., Katz-Wise, S. L., Shah, T. N., Kraus, E., &
 25 Xuan, Z. (2022). Associations between school-related factors and mental health among
 26 transgender and nonbinary youth. *Journal of School Psychology, 90*, 135–149.
 doi:10.1016/j.jsp.2021.11.004

27 ⁹ *Id.* at 137.

28 ¹⁰ Policy 5020.01, at 1.

¹¹ Declaration of Gwen S. at 1.

¹² Parodi, K.B. et al., *supra* note 8, at 137.

1 experience heightened stress and anxiety, and their peers have likewise “suffer[ed] mental strain
2 and fear as a result of the Policy.”¹³ Teachers have seen an unprecedented rise in anti-
3 transgender bullying, involving children as young as fourth graders.¹⁴ Students are also
4 reporting a rise in peer bullying, including the use of anti-LGBTQ+ slurs towards LGBTQ+
5 students.¹⁵

6 26. The policy harms transgender, nonbinary, and gender diverse students by
7 eliminating support systems that can improve their mental health outcomes, namely supportive
8 adults at school. Studies have repeatedly shown that LGBTQ+ students are more engaged and
9 fare better academically when they have supportive educators.¹⁶ But by forcing teachers to
10 monitor and report students’ gender identities, Policy 5020.01 diminishes their ability to
11 provide a safe and supportive learning environment for LGBTQ+ students. Some teachers will
12 avoid bringing up gender issues and avoid learning students’ gender identities.¹⁷ Students will
13 not share their identities, even with supportive teachers, and they will be more likely to
14 disengage from their studies.¹⁸

15 27. Policy 5020.01 is so pernicious because it denies Temecula students the
16 opportunity to socially transition at a developmentally appropriate pace. Social transition is a
17 process in which individuals change aspects of their gender expression, including their
18 pronouns, to align with their gender identity. This approach has been shown to support positive
19 mental health outcomes for transgender and gender diverse youth. Indeed, research shows that
20 transgender youth who socially transition have mental health outcomes that mirror their
21

22 ¹³ Declaration of Gwen S. at 1-2.

23 ¹⁴ Declaration of Amy Eytchison at 5.

24 ¹⁵ Declaration of Mae M., at 3.

25 ¹⁶ GLSEN. (2018). *Laws that Prohibit the “Promotion of Homosexuality”*: Impacts and
26 *Implications*, [https://www.glsen.org/research/laws-prohibit-promotion-homosexuality-impacts-
and-implicatio](https://www.glsen.org/research/laws-prohibit-promotion-homosexuality-impacts-and-implicatio)

27 ¹⁷ Declaration of Dawn Sibby, at 4.

28 ¹⁸ GLSEN. (2022). *The 2021 National School Climate Survey 34*,
<https://www.glsen.org/sites/default/files/2022-10/NSCS-2021-Full-Report.pdf> (noting that “a
lack of safety at school can result in students missing or dropping out of school, or “disengaging
with school”).

1 cisgender peers.¹⁹ Policy 5020.01 penalizes social transition by subjecting students to forced
2 disclosure and documentation.

3 28. Research also suggests that premature outing will harm transgender and gender
4 diverse students. Premature disclosure can lead to significant mental and physical risks for
5 transgender and nonbinary students who have not yet shared their gender identity with their
6 parents or guardians. Forced disclosure can be a traumatic experience for children with
7 unsupportive parents, on whom they depend for basic necessities such as food and shelter. The
8 devastating consequences of forced disclosure may include parental abuse, homelessness, and
9 lasting trauma.

10 29. According to the Trevor Project, a leading non-profit focused on suicide
11 prevention for LGBTQ+ youth, only one-third of transgender and nonbinary youth found their
12 home to be gender-affirming.²⁰ Ten percent of transgender respondents faced violence from
13 their immediate family members and 15 percent reported running away or being kicked out of
14 their home because of their gender identity.²¹ Homeless youth are disproportionately members
15 of the LGBTQ+ community, with 67 percent of homeless youth reporting they were kicked out
16 or ran away from their homes due to their sexual orientation or gender identity.²²

17 30. The Policy is a troubling and dangerous manifestation of the Board's anti-
18 LGBTQ+ sentiments. LGBTQ+ students are harmed by the climate of hostility created not only
19 by the Policy but also by Resolution 21, which in silencing LGBTQ+ voices, exacerbated
20 LGBTQ+ students' experiences of victimization at school;²³ the flag policy, which forced

21 ¹⁹ Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental Health and Self-
22 Worth in Socially Transitioned Transgender Youth, *Journal of the American Academy of Child
& Adolescent Psychiatry* 56(2), 116-123.

23 ²⁰ The Trevor Project. (2022). *2022 National Survey on LGBTQ+ Youth Mental Health*.
24 <https://tinyurl.com/2fn5xfjr>.

25 ²¹ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016).
The Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality.

26 ²² Choi, S. K., Wilson, B. D. M., Shelton, J., & Gates, G. (2015). Serving Our Youth
27 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning
28 Youth Experiencing Homelessness. *Los Angeles: The Williams Institute with True Colors Fund*,
5, <https://williamsinstitute.law.ucla.edu/publications/serving-our-youth-lgbtq/>

²³ Declaration of Gwen S. at 1-2; Declaration of Mae M. at 3; Declaration of Amy
Eytchison at 5; Declaration of Dawn Sibby at 5.

1 teachers to take down their pride and transgender inclusive flags;²⁴ and the Board’s rejection of
2 a resolution expressing support for all students, including LGBTQ+ students.

3 31. In such a climate, the risks to transgender and gender diverse students are acute
4 and apparent. Students whose gender identities are prematurely disclosed will be subjected to
5 social antagonism and hostility, potentially exacerbating already existing harms and trauma.

6 **V. Conclusions**

7 32. It is our shared conclusion that Policy 5020.01 fails to achieve its professed goal
8 of promoting students’ mental health. In fact, it does the opposite, inflicting severe harms on
9 students by forcing them to hide their identities or face significant consequences from
10 unsupportive family members. If the Board truly sought to promote students’ socioemotional
11 wellbeing, it could have done so by ensuring that Temecula schools were safe places for all
12 students by giving transgender and gender diverse students a place to be themselves.

13
14 We declare under penalty of perjury of the law of the State of California that the
15 foregoing is true and correct.

16 Executed this November 17, 2023.

17 *Sabra L. Katz-Wise*

Sari L. Reisner

18
19 Sabra L. Katz-Wise, Ph.D.
Declarant

Sari L. Reisner, Sc.D.
Declarant

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²⁴ Declaration of Dawn Sibby at 5.