

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII

R.G., an individual; C.P., an individual by
and through her next friend, A.W.; and
J.D., an individual,

Plaintiffs,

vs.

LILLIAN KOLLER, Director of the State
Department of Human Services, in her
individual and official capacities;
SHARON AGNEW, Director of the Office
of Youth Services, in her individual and
official capacities; KALEVE TUFONO-
IOSEFA, Hawaii Youth Correctional
Facility Administrator, in her individual
and official capacities; *et al.*

Defendants.

CIVIL NO: 05-566 JMS/LEK

[CIVIL RIGHTS ACTION]

DECLARATION OF CAITLIN
CONOR RYAN; EXHIBITS A-B

DECLARATION OF CAITLIN CONOR RYAN

I, Caitlin Conor Ryan, hereby declare:

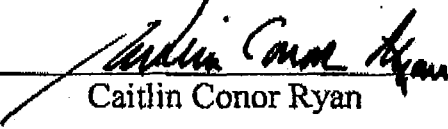
1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows.

2. Attached hereto as Exhibit A is a true and correct copy of my curriculum vitae, which sets forth my professional qualifications.

3. Attached hereto Exhibit B is a true and correct copy of my report entitled "Report on Review of Complaint & Declarations in *R.G. v. Koller*."

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 3 day of October, 2005 in San Francisco, California.



Caitlin Conor Ryan

[Signed original to be filed shortly per
Local Rule 10.2(e)]

EXHIBIT A

CAITLIN CONOR RYAN, MSW, ACSW
432 Capp Street
San Francisco, CA 94110
(415) 920-9230
caitlin@sfsu.edu

EDUCATION:

Virginia Commonwealth University Public policy & administration/ Concentration: Health policy	Ph.D. cand.
Smith College School for Social Work Northampton, MA	M.S.W. August 1982 Clinical Social Work
Academy of Certified Social Workers	June 1985
Hunter College City University of New York New York, NY Concentration: Human sexuality	B.S. <i>Summa cum Laude</i> 1980

WORK EXPERIENCE:

2003-present **Director, Adolescent Health Initiatives**
César E. Chávez Institute, College of Ethnic Studies, San Francisco State University

Development and direction of research projects on health, mental health, sexual orientation, policy and social issues. Director, internship training program.

2000-02 **Director of Policy Studies, Institute on Sexuality, Inequality, and Health,**
Human Sexuality Studies Program
Development of research projects on sexual orientation and health. Coordinator of practitioner research training program.

1993-present **Consultant and Principal, Basile Ryan, Inc,** Washington, DC

Consultation on health services, planning and program development for government, business and non-profit organizations. Health policy research and analysis on HIV/AIDS, mental health, and lesbian and gay health care.

1991-93 **Administrator, Agency for HIV/AIDS,** Commission of Public Health, Department of Human Services, District of Columbia.

Management and supervision of HIV/AIDS related activities, overseeing an annual budget of \$22 million and an 86-member staff. Grantmaking and management of federal funds for HIV related programs (Title I, II, IIIa, CDC AIDS surveillance and prevention). Developed and implemented school and prison-based condom availability programs and a pilot needle exchange program.

1990-91 **Special Assistant, Office of the Director,** National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland.

Liaison to constituents including advocacy groups, researchers and professional associations. Coordinator, National Conference on Women and HIV Infection, sponsored by the NIH and U.S. Public Health Service (PHS). Chaired national coalition and planned PHS research agenda on women and HIV infection. Prepared background papers and presentations on the research needs of women and HIV infection.

- 1989-90 **Fulbright Scholar, Seoul National University**, School of Public Health, Institute for Public Health and Environmental Science, Seoul, Korea.
- Research on the needs of HIV-infected individuals and initiating a comprehensive national AIDS prevention plan. Prepared reports for the Korean Ministry of Health and Social Affairs. Professional training of health care workers with outreach and training to missionaries and church groups.
- 1987-90 **Director and Co-Director, AIDS Policy Center**, Intergovernmental Health Policy Project, The George Washington University, Washington, D.C.
- 1986-87 **Senior Research Associate**.
- Research and analysis of AIDS legislation, policies, trends and initiatives. Prepared monographs, publications and testimony on AIDS policy for state and federal agencies, Congress and legislative committees. Co-authored the first book on AIDS policy, written for the U.S. Public Health Service and distributed to all members of Congress and key state and local policymakers. Provided technical assistance and consultation to state governments and related state, federal and private agencies.
- Editor, "State AIDS Reports" and "Intergovernmental AIDS Reports,"*
- 1985-90 **President, Healthsource, Inc.**, Washington, D.C.
- AIDS training and consultation. Policy and program development. AIDS consultation to the American Red Cross, National Institute of Mental Health, National Institute on Drug Abuse, Centers for Disease Control, National AIDS Information Clearinghouse, Washington Business Group on Health, businesses, agencies and health facilities. Extensive public speaking and media relations experience.
- 1984-85 **Director, AIDS Services, Whitman Walker Clinic**, Washington, D.C.
- Re-organized community-based AIDS service program. Trained and supervised volunteers. Developed clinical and mental health services for patients with AIDS and HIV infection. Supervised public education and risk reduction programs. Elevated level of public funding ten times during a one-year period.
- 1984 **Executive Director, AID Atlanta**, Atlanta, GA.
- Developed community-based AIDS service organization including management of daily operations, fundraising, grantwriting, staff and volunteer supervision. Coordinated education and prevention, clinical services and referrals. Developed referral system for isolated people with AIDS and related professionals in Atlanta and the Southeastern region.

TESTIMONY:

- October 6, 1997 Institute of Medicine, Board on Neuroscience and Behavioral Health, Committee on Lesbian Health Research Priorities, "Research on Lesbian Health: Challenges to University Researchers" and "Lesbian Health: Historical & Developmental Perspectives."
- July 18, 1990 National Commission on AIDS, Personnel and Workforce Hearing, "Social Work Issues: Recruitment and Retention/Education and Training," representing the National Association of Social Workers.

June 8, 1988 Senate Subcommittee on Labor, Health and Human Services and Education — on behalf of the Coalition for AIDS Prevention and Education, representing 28 national associations, including the American Psychological Association, the National Council on Alcoholism and the American Public Health Association.

TEACHING EXPERIENCE/ACADEMIC APPOINTMENTS:

2004 *Scholar in Residence*, Bryn Mawr College, Graduate School of Social Work and Social Research, Philadelphia, PA
2003 *Lydia Rapoport Distinguished Visiting Professor*, Smith College School for Social Work, Northampton, MA
2003-present *Adjunct Professor*, College of Ethnic Studies, San Francisco State University
2003-2004 *Field Instructor*, San Francisco State University School of Social Work
2001-2002 *Lecturer*, San Francisco State University, Human Sexuality Studies Program, San Francisco, CA
1986-1998 *Adjunct Faculty*, National Catholic School of Social Service, Catholic University of America, Washington, DC
1985-86 *Faculty Field Instructor*, University of Maryland School of Social Work and Community Planning, Baltimore, MD
1984, 1987 *Instructor*, Clinical Social Work, Smith College School for Social Work, Northampton, MA

Courses:

SMITH COLLEGE SCHOOL FOR SOCIAL WORK:

TM 327 Gay and Lesbian Identity: Developmental and Treatment Considerations

TM 528 AIDS: Clinical Social Work Responses

NATIONAL CATHOLIC SCHOOL OF SOCIAL SERVICE:

SSS 552 AIDS: Individual and Social Issues

SAN FRANCISCO STATE UNIVERSITY:

HMSX 651 Fieldwork in Gay/Lesbian/Bisexual Community Service

Independent Studies

New Courses Developed:

HMSX 703 Lesbian, Gay, Bisexual, Transgender Sexuality & Health

HMSX 801 Sexuality, Ethnicity and Health

RESEARCH:

Research & Grant Funding

2005-06 Principal Investigator, Impact of Family Acceptance on Health Outcomes for LGB Youth, Vanguard Charitable Trust, \$75,000
2004-05 Principal Investigator, Impact of Family Acceptance on Health Outcomes for LGB Youth, Vanguard Charitable Trust, \$75,000
2004-05 Principal Investigator, Impact of Family Acceptance on Health Outcomes for LGB Youth, Evelyn & Walter Haas, Jr. Fund, \$50,000
2004-05 Principal Investigator, Impact of Family Acceptance on Health Outcomes for LGB Youth, Walter J. Mossier Foundation, \$15,000
2004 Principal Investigator, Preventing & Managing School Victimization, Casey Family Programs, \$20,000

2004-05 Principal Investigator, Preventing & Managing School Victimization, Annie E. Casey Foundation, \$20,000
2002-05 Principal Investigator, Impact of Family Acceptance on Health Outcomes for LGB Youth, The California Endowment, \$876,965
2002-04 Principal Investigator, Impact of Family Acceptance on Health Outcomes for LGB Youth, Evelyn & Walter Haas, Jr. Fund, \$72,000
2000-02 Co-Investigator, Impact of Charitable Choice on LGBT Youth: Policy, Care and Legal Issues, Ford Foundation, \$235,000
2001 Project Director, Practitioner Research Training Program, The California Endowment, \$25,000
2000 Project Director, Gay-Straight Alliance Policy Project, Horizons Foundation, \$5,000
2000 Project Director, Gay-Straight Alliance Policy Project, R. Gwinn Follis Foundation, \$20,000
1995 Co-Investigator, Lesbian Research Network, Legacy Foundation, \$10,000
1986 Grantee, National Institute of Mental Health, Data analysis for the National Lesbian Health Care Survey, \$8,000
1986 Grantee & Co-Investigator, National Lesbian Health Care Survey, Sophia Fund, \$1,000
1985 Grantee & Co-Investigator, National Lesbian Health Care Survey, Chicago Resource Center, \$10,000
1984-85 Principal Investigator, National Association of People With AIDS, founding grant, Chicago Research Center, \$10,000
1983-84 Principal Investigator, Minority AIDS Education Project, Chicago Research Center, \$10,000
1983-84 Grantee & Co-Investigator, National Lesbian Health Care Survey, Ms. Foundation, \$10,000

Federal Grants Management

1992-93 Principal Investigator, Prevention Cooperative Agreement, Centers for Disease Control, \$3.2 million
1991-93 Grant Administrator, Ryan White Titles I & II, Health Resources and Services Administration, \$4.8 to 6.5 million
1991-92 Grant Administrator, Prevention Cooperative Agreement, Centers for Disease Control, \$2 million

ADDITIONAL EXPERIENCE:

1983-90 *Private Practice - Clinical Social Work*
1983-present *Community Researcher*
1980-84 *Clinical Social Worker, special education*
Social Work Intern, Northside Community Mental Health Center, Atlanta, GA
Child Psychiatric Unit, Georgia Mental Health Institute, Atlanta, GA
1978-present *Conference coordinator and seminar planner*
1969-77 *Professional photographer and audio-visual consultant, New York, NY*
1967-present *Community Organizer*

AWARDS AND HONORS:

Champions of LGBT Youth, Gay & Lesbian Adolescent Social Services, Los Angeles, CA, 2004.
Pi Alpha Alpha, National Honor Society of Public Affairs and Public Administration, 2001.
Distinguished Book Award, American Psychological Association, Division 44, for *Lesbian & Gay Youth: Care & Counseling*, 1999.

American Journal of Nursing Book of the Year Award in psychiatric nursing for Lesbian & Gay Youth: Care & Counseling, 1998.
Nominee, *GLAAD Media Awards*, for Caring for lesbian and gay teens, *Contemporary Pediatrics*, 1998.
Lesbian Honor Roll for contribution to AIDS. Whitman-Walker Clinic, Washington, DC, 1996.
Distinguished Service Award, Gay and Lesbian Activists Alliance, Washington, DC, 1993.
Fulbright Scholar, Korea, Seoul National University, School of Public Health, Institute for Public Health and Environmental Sciences, 1989-90.
Jane Addams-Howard Brown Lifetime Achievement Award, National Lesbian and Gay Health Foundation, 1989.
Social Worker of the Year, National Association of Social Workers, 1988.
Notable Documents List Citation for AIDS: A Public Health Challenge, American Library Association, Government Documents Round Table, 1988.
Social Worker of the Year, Metropolitan Washington Chapter, National Association of Social Workers, 1988.
Ruth Hutton Fred Annual Lecturer, Baylor College of Medicine, Psychiatry Grand Rounds, 1988.
Recognition Award, National Committee on Lesbian and Gay Issues, National Association of Social Workers, 1988.
Recognition Award, National Association of People With AIDS, 1987.
Achievement Award, American Association of Physicians for Human Rights with co-recipients Elizabeth Taylor, Surgeon General Everett Koop and Dr. Mathilde Krim, 1987.
Recognition Award, National Lesbian and Gay Health Foundation, 1984.

EDITORIAL BOARDS:

Sexuality Research and Social Policy, National Sexuality Resource Center, SFSU, 2004-present.
Journal of Lesbian Studies, Haworth Press, 2003-present.
Journal of Gay & Lesbian Issues in Education, Haworth Press, 2003-present.
Journal of the Gay and Lesbian Medical Association, Plenum Publishing, New York, 1996-present.
Cultural Diversity and Mental Health, John Wiley & Sons, 1995-1998.
Senior Consulting Editor, *Journal of Lesbian and Gay Social Services*, The Haworth Press, 1992-present.
Editor, *AIDS Workplace Update*, Panel Publishers, Greenvale, NY, 1987-1989.
AIDS Education Prevention – An Interdisciplinary Journal, International Society for AIDS Education, University of South Carolina, 1986-1988.

PUBLICATIONS:

Books:

Ryan, C. & Futterman, D. *Lesbian and Gay Youth: Care and Counseling*. New York: Columbia University Press, 1998 (*American Journal of Nursing Book of the Year Award in psychiatric nursing*, 1998; Distinguished Book Award, American Psychological Association, Division 44, 1999).
Rowe, M. & Ryan, C. *AIDS: A Public Health Challenge – State Issues, Policies and Programs. Vols. I, II & III*. Washington, DC: The George Washington University, Intergovernmental Health Policy Project, 1987. (American Library Association, *Notable Documents List Citation*, 1988).

Peer-Reviewed:

Ryan, C. LGBT youth: Health concerns, services and care. *Clinical Research and Regulatory Affairs*, 2003, 20(2): 137-158.
Ryan, C. & Rivers, I. Lesbian, gay, bisexual and transgender youth: Victimization and its correlates in the USA and UK. *Culture, Health & Sexuality*, 2003, 5(2):103-119.

- Ryan, C. & Futterman, D. Lesbian, gay and bisexual youth Q & A. *The Prevention Researcher*, 2002; 9:1-4.
- Ryan, C. & Futterman, D. Lesbian and gay adolescents: Identity development. *The Prevention Researcher*, 2001; 8(1):1-5. [Reprinted in: *School Nurse News*, 2002; 19(3):18-22.]
- Bradford, J., Ryan, C. Honnold, J. & Rothblum, E. Expanding the research infrastructure for lesbian health, *American Journal of Public Health*, 2001, 91:1029-1032.
- Ryan, C. My roots as an activist. *Journal of Lesbian Studies*, 2001, 5(3):141-149.
- Ryan, C. & Futterman, D. Experiences, vulnerabilities, and risks of gay and lesbian students. *The Prevention Researcher*, 2001; 8(1):6-8.
- Descamps, M.J., Rothblum, E., Bradford, J., & Ryan, C. Mental health impact of child sexual abuse, rape, intimate partner violence and hate crimes in the National Lesbian Health Care Survey. *Journal of Lesbian and Gay Social Services*, 2000, 11(1):27-55.
- Ryan, C. & Bradford, J. Conducting the National Lesbian Health Care Survey: First of its kind. *Journal of the Gay and Lesbian Medical Association*, 1999; 3(3):87-93.
- Ryan, C., Bradford, J. & Honnold, J. Social workers' and counselors' knowledge and understanding of lesbians. *Journal of Lesbian and Gay Social Services*, 1999; 9(4):1-26.
- Ryan, C., Futterman, D. & Stine, K. Helping our hidden youth. *American Journal of Nursing*, 1998;98(12):37-41.
- Bradford, J, Honnold, J. & Ryan, C. Disclosure of sexual orientation in survey research on women. *Journal of the Gay and Lesbian Medical Association*, 1997; 1(3):169-177.
- Ryan, C. & Futterman, D. Lesbian and gay youth: Care and counseling. *Adolescent Medicine: State of the Art Reviews*, 1997; 8(2):207-374.
- Bradford, J., Ryan, C. & Rothblum E. National lesbian health care survey: Implications for mental health care, *Journal of Consulting and Clinical Psychology*, 1994;62(2):228-242.
- Vlahov, D., Ryan, C., Solomon, L., Cohn, S., Holt, M. & Akhter, M. The pilot syringe exchange program in Washington, D.C. *American Journal of Public Health*, 1994;84(2):303-304.
- Rosenberg, P.S., Levy, M.E., Brundage, J.F., Petersen, L.R., Karon, J.M., Fears, T.R., Gardner, L.I., Gail, M.H., Goedert, J.J., Blattner, W.A., Ryan, C.C., Vermund, S.H. & Biggar, R.J. Population-based monitoring of an urban HIV/AIDS epidemic: Magnitude and trends in the District of Columbia. *Journal of the American Medical Association*, 1992;268(4):495-503.
- Ryan, C. Lessons learned from the recent past: A personal perspective on U.S. AIDS policy. *Journal of the Korean Society for Preventive Medicine*, Spring 1990.
- Ryan, C. The social and clinical challenges of AIDS: Counseling AIDS affected clients. *Smith Studies in Social Work*, 1988;59(1):3-20.
- Rowe, M. & Ryan C. Comparing state-only expenditures for AIDS. *American Journal of Public Health*, 1988;78(4): 424-429.
- Ryan, C. & Rowe, M. AIDS: Legal and ethical issues. *Social Casework*, 1988;69(6): 324-333.
- Ryan, C. AIDS in the workplace: Reaching out to those among us. *Public Welfare*, 1986;44(3):29-33.
- Smith, D. & Ryan, C. Psychosocial aspects of AIDS. *Journal of the Medical Association of Georgia*, 1984; August, 73.

Additional Articles, Monographs and Reports:

- Ryan, C. Families of lesbian, gay and bisexual adolescents. *Current Problems in Pediatric and Adolescent Health Care*, 2004; 34(10): 369-375.
- Ryan, C. & Gruskin, E. Health and mental health issues for lesbian, gay & bisexual clients. In Morrow, D.F. & Messinger, L. *Sexual Orientation and Gender Identity in Social Work Practice: Working with Gay, Lesbian, Bisexual, and Transgender People*. Columbia University Press.
- Ryan, C. *A Review of the Professional Literature & Research Needs for LGBT Youth of Color*. Washington, DC: National Youth Advocacy Coalition, 2002.
- Ryan, C. Homosexuality. *New World Book of Knowledge*, Scholastic, Grolier Educational, 2002, 202.
- Ryan, C. & Futterman, D. Lesbian adolescents. *Health and Sexuality*, 2001;6(2).
- Contributor, "Health," "Education," and "Children exposed to violence." *America's Children Still at Risk: A Report of the Steering Committee on the Unmet Legal Needs of Children*. Chicago, American Bar Association, 2001.

- Ryan, C. Counseling lesbian, gay and bisexual youth. In Anthony D'Augelli & Charlotte Patterson (eds.), *Lesbian, Gay and Bisexual Identities and Youth: Psychological Perspectives*. Oxford University Press, 2001.
- Ryan, C. Clinical issues with youth. In *A Provider's Guide to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals. Volume 2: A Clinician's Guide*. Rockville, MD: U.S. Department of Health and Human Services, 2001.
- Ryan, C. (ed.). Reducing Barriers to Care. *Directions in HIV Service Delivery & Care: A Policy Brief*, no. 4. Rockville, MD: Health Resources and Services Administration, 2000.
- Ryan, C. (ed.). Responding to the Changing Epidemic. *Directions in HIV Service Delivery & Care: A Policy Brief*, no. 3. Rockville, MD: Health Resources and Services Administration, 2000.
- Ryan, C. (ed.) Delivering and Financing Care. *Directions in HIV Service Delivery & Care: A Policy Brief*, no. 2. Rockville, MD: Health Resources and Services Administration, 2000.
- Ryan, C. *An Analysis of the Content and Gaps in the Scientific and Professional Literature on the Health and Mental Concerns of Lesbian, Gay and Bisexual Youth*. Report prepared for the American Psychological Association, Healthy LGB Students Project, March, 2000.
- Ryan, C. (ed.) Vulnerable Populations. *Directions in HIV Service Delivery & Care: A Policy Brief*, no. 1. Rockville, MD: Health Resources and Services Administration, 1999.
- HRSA AIDS Advisory Committee: Recommendations for CARE Act reauthorization. *HRSA Care Action*, October 1999:1-8.
- Ryan, C. & Futterman, D. Primary care for lesbian adolescents. In S. Coupey (ed.) *Primary Care for Adolescent Females*. Philadelphia, PA: Hanley & Belfus, 1999.
- Ryan, C. & Futterman, D. Caring for gay and lesbian teens. *Contemporary Pediatrics*, 1998;15(11):107-130.
- Ryan, C.C. & Boxer, A.M. Coming out in primetime: The mental health impact of Ellen's "debut." *Cultural Diversity and Mental Health*, 1998; 4(2):135-142.
- Ryan, C. & Bradford, J. Methodological issues in research with lesbians, gay men and bisexuals. In James Carmichael (ed.) *Daring to Find Our Names: The Search for Lesbian and Gay Library History*, Greenwood Press, 1998.
- Ryan, C.C. *African-American Women with HIV/AIDS in Virginia: Issues and Needs for Prevention Planning*. Survey Research and Evaluation Laboratory, Virginia Commonwealth University, 1997.
- Ryan, C. & Bogard, R. HIV/AIDS: Medical basics. *AIDS Benchbook*. The National Judicial College, American Bar Association, 1995.
- Use of Zidovudine to Reduce Perinatal HIV Transmission in HRSA-Funded Programs*, Program Advisory. Washington, DC: US Department of Health and Human Services, 1995.
- Report on Ryan White CARE Act: Future Program Directions and Reauthorization*. HRSA AIDS Advisory Committee. Rockville, MD: Health Resources and Services Administration, 1994.
- What Every Lesbian and Gay American Needs to Know About Health Care Reform*. Washington, DC: Human Rights Campaign Foundation, 1994.
- District of Columbia, Comprehensive Plan for HIV/AIDS: 1992-1996*. Department of Human Services, Washington, D.C., 1992.
- Ryan, C. & Bradford, J. Health issues of middle-aged lesbians. In Barbara Sang and Adrienne Smith (eds.), *Lesbians at the Midlife*. San Francisco: Spinster's Ink, 1991:147-163.
- Rowe, M. & Ryan, C. *Policymaker's Guide on AIDS*. Washington, DC: The George Washington University, Intergovernmental Health Policy Project, 1990.
- Ryan, C. AIDS in Korea: A challenge to compassion. *Inculturation*, 1990;5(1):22-27.
- Ryan, C. The training and support of health care professionals dealing with the psychiatric aspects of AIDS. In David Ostrow (ed.) *Behavioral Aspects of AIDS and Other STDs*. New York, NY: Plenum Press, 1990.
- Rowe, M. & Ryan, C. *A Governor's Policy Guide on AIDS*. Washington, DC: National Governors' Association, 1989.
- Bradford, J. & Ryan, C. *The National Lesbian Health Care Survey: Final Report*. Washington, DC: National Lesbian and Gay Health Foundation, 1988.
- Ryan, C. Helping co-workers deal with an employee With AIDS. *AIDS Workplace Update*, 1988;1(3):3-6.
- Ryan, C. & Rowe, M. State AIDS discrimination laws. *AIDS Workplace Update*, 1988;1(7).

- Ryan, C. A day on the front line fighting AIDS. *NASW News*, March 1988: 3-4.
- Ryan, C. & Bradford, J. The national lesbian health care survey: An overview. In Michael Shernoff and William Scott (eds.) *Sourcebook on Lesbian and Gay Health Care*. Washington, DC: National Lesbian and Gay Health Foundation, 1988:30-40.
- Macks, J. & Ryan, C. Lesbians and AIDS: An overview of our history and experience. In Michael Shernoff and William Scott (eds.) *Sourcebook on Lesbian and Gay Health Care*. Washington, DC: National Lesbian and Gay Health Foundation, 1988:198-201.
- Ryan, C. & Pohl, M. *Protocol for AIDS Education and Counseling in Chemical Dependency Treatment Settings*. Waltham, MA: Addiction Recovery Foundation MA, 1987; 2nd edition, 1990.
- National Lesbian Health Care Survey: Mental Health Implications for Lesbians*. National Institute of Mental Health, National Technical Information Service, PB88-201496/AS, 1987.
- Ryan, C. AIDS: Statement of the Challenge. *Responding to the Challenge of AIDS: Psychosocial Initiatives*. Washington, DC: National Association of Social Workers, 1987.
- Editorial Committee. How the AIDS virus affects the brain: A guide for caregivers. National Institute of Mental Health, 1987.
- Ryan, C. Impact of AIDS on the community: Responses and resources. Medical Society of the District of Columbia. *News*, 1986;18(2).
- Counseling with people with AIDS. Monograph. National Institute on Drug Abuse, 1985.
- Ryan, C. Gay health issues: Oppression is a health hazard. In Travis Peterson and Hilda Hidalgo (eds.) *Resource Manual on Lesbian and Gay Issues*. Silver Spring, MD: National Association of Social Workers, 1984.
- Ryan, C. Supplementary bibliography on issues of differences and alternative treatment modalities. Smith College School for Social Work: Northampton, MA, 1981.
- Ryan, C. & Brossart, J. *National Gay Health Directory: A Compendium of Services for Lesbians and Gay Men*. New York, NY: National Gay Health Coalition, 1979.

Publications In Development:

- Ryan, C. A history of the lesbian health movement: Looking back, looking ahead.
- Ryan, C. & Harper, G. Research gaps and needs: An analysis of the literature on LGBT youth of color.
- Ryan, C., Russell, S., & Sweat, J. Gay Straight Alliances: An important resource for youth development.

COMMUNITY SERVICE:

- Member, Children, Adolescents and Young Adults Specialty Practice Section Committee, National Association of Social Workers, 2005-2007.
- Advisory Committee, Model Standards Project for LGBTQ youth in out-of-home care, Legal Services for Children, 2003-present.
- Member, Bay Area Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Foster Care Task Force, 2003-present.
- Researchers Circle, Lesbian Health Research Center, University of California–San Francisco, 2003-present.
- Member, GLMA Experts Panel, Gay & Lesbian Medical Association, 2002-present.
- Steering Committee, California Safe Schools Coalition, 2001-present.
- Co-Chair, Youth & Family Committee, American Psychological Association, Division 44, 2000-2003.
- Program Review Panel, Healthy Lesbian, Gay and Bisexual Students Project, American Psychological Association, 2000-present.
- Member, GLBT Steering Committee, American Legacy Foundation, 2000-present.
- Member, Board of Directors, Youth Guardian Services, Washington, DC, 1999-present.
- Columnist, *Ask Caitlin*, Advocates for Youth GLBT Youth Resource website, 1998-present.
- Member, AIDS Task Force, Fulbright Alumni Association, Washington, DC, 1992-1994.
- Executive Committee, Metropolitan Washington Regional HIV Health Services Planning Council, Government of the District of Columbia, 1992-93.

- Member, Planning Subcommittee, "World Assembly: Improving the Human Condition" and International Social Work and AIDS Conference, National Association of Social Workers, 1991-92.
- Member, National Advisory Board, National Resource Center on Women & AIDS, Center for Women Policy Studies, Washington, DC, 1988-90.
- Member, Washington Area National-Community AIDS Advisory Committee, Eugene & Agnes E. Meyer Foundation, 1988-89.
- Member, Interdisciplinary Task Force on Women and Depression, American Psychological Association, 1987-88.
- Member, National Association of Social Workers, National Committee on Lesbian and Gay Issues, 1986-88.
- Member, Metropolitan Washington Chapter - National Association of Social Workers, Board of Directors, Delegate Assembly, 1986-88.
- Convener, Minority & AIDS Working Group, (now the National Minority AIDS Council), with funding from the National Institute of Mental Health, 1986.
- Member, National Advisory Board, Pride Institute, Minneapolis, MN, 1985-89.
- Member, Ad Hoc AIDS Advisory Committee, National Institute of Mental Health, 1985.
- Member, Commission on Gay and Lesbian Issues, Council on Social Work Education, 1984-87.
- Member, Board of Directors, National Lesbian and Gay Health Foundation, 1983-88.
President, National Lesbian and Gay Health Foundation, 1985-86.
- Initiator and co-Investigator, National Lesbian Health Care Survey, National Lesbian and Gay Health Foundation, Washington, D.C., 1981-87.
- Coordinator, National Lesbian and Gay Health Conference and AIDS Forum, George Washington University Medical Center, Washington, D.C., 1985.
- Preliminary Organizer, National Association of People With AIDS, 1983-85.
- Coordinator, Southeastern Lesbian and Gay Health Conference and AIDS Forum, Emory University Medical School, Atlanta, GA, 1984.
- Vice-President, Board of Directors, AID Atlanta, Atlanta, GA, 1983-84.
- Steering Committee, Federation of AIDS Related Organizations (FARO), precursors to AIDS Action Council and the National AIDS Network, 1983-84.
- Coordinator, National Lesbian and Gay Health Conference, Hunter College, New York, NY, 1979.
- Preliminary Organizer, National Lesbian and Gay Health Foundation, 1978-79.
- Community Worker, Dublin Itinerant Settlement Committee, Dublin Ireland, 1967-68.
- Community Organizer, Appalachian Volunteers, VISTA, Beckley, W VA, 1967.

Presentations and References Upon Request

EXHIBIT B

Report on Review of Complaint & Declarations in *R.G. v. Koller*

Caitlin C. Ryan, MSW, ACSW
Adjunct Professor, College of Ethnic Studies
Director, Adolescent Health Initiatives, César E. Chávez Institute
San Francisco State University

October 2, 2005

I. QUALIFICATIONS

For the past 30 years, I have worked on lesbian and gay health and mental health issues developing community services, working as a clinical social worker, provider, administrator, researcher and educator. I have an undergraduate degree with a major in human sexuality from Hunter College, a master's degree in clinical social work from Smith College School for Social Work and I am A.B.D. from Virginia Commonwealth University in public policy and health policy.

My clinical training has been with children and adolescents and for the past 14 years I have focused on the care of LGBT (lesbian, gay, bisexual and transgender) adolescents. I have served as a consultant on these issues for many government and community agencies. In 1993, I coordinated development of guidelines for care of lesbian and gay youth for the federal Health Services and Research Administration and was co-author of the first comprehensive guide to care for lesbian and gay adolescents which was published by the American Academy of Pediatrics adolescent section journal and received awards from the American Journal of Nursing and the American Psychological Association's Division 44. I have published numerous articles in professional journals on care of lesbian and gay and LGBT youth, and I have studied care of out-of-home LGBT adolescents, school victimization and support for LGBT youth. Since 2002, I have been studying the impact of acceptance and rejection on the health and mental health of LGBT adolescents and young adults.

My work has been acknowledged by a number of professional and community groups, including the American Association of Physicians for Human Rights and the National Association of People With AIDS. In 1988, I received my profession's highest honor when I was named Social Worker of the Year by the National Association of Social Workers for my leadership and contributions to the social work profession. My curriculum vitae is attached.

II. MATERIALS REVIEWED

I have been provided, and I have reviewed and noted the following material that has a direct relation to this case.

- 1) Complaint Civil Action No. 05-566 JMS/LEK
- 2) First Amended Complaint
- 3) Declaration of R.G.
- 4) Declaration of C.P.
- 5) Declaration of J.D.
- 6) Declaration of Robert J. Bidwell, M.D.

III. INTRODUCTION

Changes in Attitudes & Professional Practice Related to Homosexuality

The past three decades have seen striking changes in social attitudes and perceptions of lesbians and gay men (e.g., Herek, 2000; Yang, 1997). The proportion of Americans surveyed who were very unsympathetic to gay people fell from a high of 46% in 1983 to 16% by 1994. Among parents and guardians of children and adolescents participating in a national poll conducted a few years ago, more than half (56%) believe that prejudice and discrimination against gay men and lesbians is morally wrong (Lake Snell Perry, 2000). Seventy percent support extending hate crime legislation to include lesbians and gay men, while a similar proportion (67%) believe in teaching their children that lesbians and gay men are just like other people. In a Kaiser Family Foundation (2001) poll conducted during a similar timeframe, Americans believe that lesbians and gay men experience the most discrimination and prejudice of any group in the population, including ethnic and religious minorities, while a majority of Americans (73%) favor a law to mandate increased penalties for hate crimes against lesbians and gay men. Each year, negative attitudes continue to decrease as the public becomes increasingly accepting of lesbian and gay Americans.

Professional Practice Policy Statements & Guidelines

As has been well documented, by the mid-1970s the major mental health professional associations had adopted policies that rejected homosexuality as a mental illness and opposed discrimination against lesbians and gay men (see, for example, American Counseling Association, 1998; American Psychiatric Association, 1994; American Psychological Association, 1991; National Association of Social Workers, 1977). As gay people increasingly began coming out (self-identifying and sharing their sexual orientation with others) during adolescence in the 1980s and 1990s, health and mental health professional associations began to add specific guidance on working with lesbian, gay and bisexual youth in their policy statements and guidelines. Medical associations have also been clear about their opposition to attempts to change an individual's sexual orientation. For example, the American Psychiatric Association (1997) asserts that "there is no published scientific evidence supporting the efficacy of 'reparative therapy' as a treatment to change one's sexual orientation" and it "opposes any psychiatric treatment, such as 'reparative' or 'conversion' therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon a prior assumption that the patient should change his/her homosexual orientation" (American Psychiatric Association, 1998). And the American Academy of Pediatrics (1993) states that, "Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in sexual orientation." More recently, both the National Association of Social Workers, 2000 and the American Public Health Association (1999) have developed policy guidance on practice with transgender youth and adults.

Although public attitudes towards lesbians and gay men have changed dramatically and the major professional associations have adopted policy guidance on appropriate practice with lesbian and gay adults and adolescents, many agencies and institutions have been slow to implement these policies across systems of care. In particular, the widespread nature of anti-gay bias and prejudice in institutional settings has led to the development of Model Standards for care of LGBT youth in child welfare and juvenile justice settings (Wilber et al., 2005) which the Child Welfare League of America will publish and disseminate to all of their member agencies nationwide later this year. These standards draw from current research and informed practice to provide guidance to child welfare and juvenile justice institutions, administrators and staff in

providing safe and equitable environments for all youth, regardless of their sexual orientation or gender identity, with particular direction on developing appropriate agency policies and practices and addressing training needs of administrators and staff. When published, these standards will provide direct guidance to correct the kind of hostile environment fostered by the Hawaii Youth Correctional Facility (HYCF) which has been injurious to the Plaintiffs' mental health and well-being and sends a clear message to other youth in the facility who may not be open about their sexual orientation or gender identity what will happen to them if others know or suspect that they are LGBT.

Research on Anti-Gay Victimization

Research has increasingly documented the extent of and, more recently, the impact of anti-gay victimization and bias-related crimes against adults and adolescents as a result of their sexual orientation. A range of studies have shown that anti-gay victimization is widespread in home, school, institutional, and community settings. Anti-gay victimization includes verbal abuse and verbal harassment such as derogatory name calling, making demeaning and insulting comments and threatening an individual with physical or emotional acts and negative outcomes, including religious condemnation or damnation; physical responses, including destroying property, pushing, hitting, assault and violence; sexual abuse, including unwanted sex acts, touching, pantomime and threats; and emotional abuse such as shunning or isolating an individual because of their sexual orientation or gender identity.

More recently, researchers have begun to document gender-based victimization against adolescents and adults who are gender non-conforming, including individuals who identify as transgender. When studying the impact of victimization on lesbian, gay and bisexual (LGB) adolescents, researchers have found that youth who are more open about their sexual orientation and are more gender non-conforming are more likely to be victimized (D'Augelli, Hershberger, & Pilkington, 1998). This finding has a chilling effect on normative identity development among LGBT adolescents. For adolescents, in general, identity development is a core developmental task. This includes incorporating all aspect of their identity – ethnicity, gender and sexual orientation. Integrating a healthy sexual and gender identity is more difficult for LGBT youth since discrimination and anti-gay bias are widespread. However, healthy identity development is important for optimal health & well-being for all adolescents. For LGB youth, disclosing one's sexual identity to others promotes self-esteem, and youth who share their sexual identity with others report feeling better about themselves and are more comfortable being out at school and in their communities (D'Augelli, et al., 1998) which helps them learn to manage stigma and prejudice in later life. Providing an environment that supports positive adolescent development is particularly important for youth in correctional facilities who have often had poor modeling by adults and who need support to build self-esteem to help them develop good judgment and learn how to make appropriate choices in their lives.

Impact of Anti-Gay Victimization

In studying the impact of victimization, researchers have noted a range of negative reactions including posttraumatic stress disorder, sleep disturbances, anxiety, depression, vigilance, somaticization, suicidal ideation and attempts and increased use of drugs to cope (e.g., Garnets, Herek & Levy, 1992; Sales, Baum & Shore, 1984). Reactions to victimization can be heightened in individuals who lack social support and who are already stigmatized by homosexuality or race. Research on lesbian and gay adult victims of anti-gay hate crimes shows that lesbian and gay adults who have experienced anti-gay hate crimes and related victimization report higher rates of depressive symptoms, posttraumatic stress and anxiety than lesbian and gay

adults who have experienced non-bias related crimes (Herek, Gillis, & Cogan, 1999). Lesbian and gay adults who have experienced anti-gay victimization are also more likely to perceive the world as unsafe, to see others as malevolent and to have a relatively low sense of personal mastery compared with their peers who have experienced other, non-bias related crimes. Researchers who study LGB adolescents argue that if this is the case for adults, anti-gay victimization during adolescence is likely to have an even more detrimental effect due to their younger age, more limited access to resources, such as support, and less control of their environment which restricts their ability to change or manage negative, abusive and threatening situations (D'Augelli, Pilkington, & Hershberger, 2002).

For LGBT individuals who have been victimized or threatened with victimization and abuse, feelings of vulnerability are heightened. As the American Psychological Association (APA) points out in the APA's position paper on hate crimes, "...the association between vulnerability and sexual orientation is particularly harmful. This is because sexual identity is such an important part of one's self concept" (APA, 1998).

Although victimization of LGBT youth occurs in home, school, community, and institutional settings, researchers have focused on the impact of victimization in schools where adolescents are educated and socialized and spend much of their time. In a range of studies, researchers in diverse communities have documented high rates of victimization of youth who are known or perceived to be LGB in schools. In all studies, LGB adolescents report more negative outcomes than their heterosexual peers. In the 1995 Massachusetts Youth Risk Behavior Study (a federally-sponsored investigation of health risk behaviors conducted by many states and some local departments of education), for example, Garofalo and colleagues (1998) found that adolescents who identified as lesbian, gay or bisexual were more than four times as likely as their heterosexual peers to have skipped school during the past month because they felt unsafe or to have been injured or threatened with a weapon at school during the past year. In the California Healthy Kids Survey, an ongoing study state of student health risk and resiliency factors, a recent analysis found that 7.5% (or 200,000 California students) had been harassed based on their known or perceived LGB identity (California Safe Schools Coalition, 2004). Students who had experienced anti-gay harassment were more than twice as likely to report depression and substance use and to report seriously considering suicide and developing an actual plan to commit suicide.

The 1995 Seattle Youth Risk Behavior Survey—a school census of all students in grades 9–12—found that one in three lesbian, gay or bisexual youth had been victimized because of their sexual orientation (Reis & Saewyc 1999). However, the study also demonstrated the impact of homophobia on school climate, overall: 6% of heterosexual students—or 449 young people—had also been harassed or attacked because they were *perceived* to be gay. Moreover, the impact on heterosexual students who were victimized because they were perceived to be gay was comparable to the impact on LGB students. Heterosexual students who had experienced anti-gay victimization were three times as likely to have missed school during the past month because they felt unsafe, more than twice as likely to have been injured or threatened with a weapon at school during the past year, and more than three-and-a-half times as likely to have attempted suicide during the past year than heterosexual students who were not targeted for anti-gay abuse.

A second study sponsored by the Safer Schools Coalition of Washington State qualitatively documented the experiences of anti-gay harassment and violence from kindergarten to 12th grade, from 1994–1998, and reported a range of educational and psychological costs for individuals who reported harassment and abuse related to their sexual orientation (Reis 1999). Nearly three-quarters of students avoided parts of school buildings or grounds and about one in

six dropped out of school. Nearly all who were victimized felt unsafe; about three-quarters felt scared or afraid; two-thirds felt more isolated or lonely; while about one in seven began or increased their use of alcohol and drugs, and a similar proportion attempted suicide.

Policy Response to Protect LGBT Youth

These research studies followed extensive earlier work to document and respond to the needs of lesbian and gay adolescents that have occurred over a period of time in an increasing number of jurisdictions around the country in response to community reports of victimization, exclusion, and isolation of LGBT youth. Following hearings by the Seattle Commission on Children and Youth in 1988 that identified the needs of lesbian and gay youth, including the need for school support and anti-harassment measures, Seattle implemented policies to promulgate a safe school environment for LGBT adolescents; developed and implemented training for administrators and staff on LGBT issues; and put support resources for LGBT students in all public high schools and many middle schools. In 1992, Massachusetts implemented the first statewide initiative to protect and support lesbian, gay and bisexual youth in schools through policies and training, and in 2000, California passed the California Student Safety and Violence Prevention Act to protect students on the basis of actual and perceived sexual orientation and gender. As a follow up to extensive policy work at the local level, Washington State adopted the Anti-Harassment, Intimidation, and Bullying Act in 2002 to protect students from harassment and bullying on the basis of personal characteristics, including sexual orientation. As public opinion has continued to change in a positive direction and society has become more aware and informed about the nature of sexual orientation and gender identity as normative expressions of identity, public policy and social policy have also continued to change in jurisdictions across the country. From my review of the case materials, however, it is clear that HYCF has been oblivious to these substantial social, professional and policy changes over the past three decades.

Impact of Prejudice and Bias

A current study of the impact of positive and negative adolescent experiences on early adulthood has found that youth who have been victimized in school because of their LGBT identity are at significant risk for negative health and mental health outcomes (Ryan & Diaz, 2005). For example, LGBT young adults (ages 21-25) who experienced high levels of anti-gay victimization in middle or high school were twice as likely to report symptoms of depression and substance abuse problems associated with addiction as were their LGBT peers who experienced low levels of victimization. Moreover, 44% of LGBT young adults with high levels of victimization during adolescence reported suicidal ideation during the past 6 months, compared with 8% who had experienced low levels of victimization. More than two-thirds (68%) had attempted suicide, compared with 20% who reported low victimization levels during adolescence. As disturbingly, nearly half (48%) of young adults who reported high levels of victimization had put themselves at risk for HIV infection during the past 6 months, compared with 20% of their LGBT peers who reported low levels of anti-gay victimization during adolescence. Predictably, young adults who reported high levels of anti-gay victimization in school had significantly lower levels of self-esteem, social support and life satisfaction than their LGBT peers who had experienced low levels of bias-related victimization, underscoring the persistent and long-term effects of victimization on a young person's health, mental health and well-being.

In addition to the lingering effects of school victimization, how families and caregivers treat LGBT adolescents directly affects their health, mental health and well-being as we saw in our study of LGBT youth and their families and caregivers (Ryan & Diaz, 2005). Thus, the kind of negative, demeaning and denigrating behavior exhibited by HYCF administrators and staff is

predictive of the negative health and mental health outcomes described by the Plaintiffs, including sleep and eating disturbances, depression, anxiety, and suicidal ideation and attempts.

IV. CONCLUSIONS AND OPINIONS

The preceding social, policy and practice framework provides an overview of the broader context in which the events reported by Plaintiffs in *R.G. v. Koller* have occurred. As becomes clearly evident from reviewing the complaint and individual declarations in this case, the actions and behavior of the Defendants are far outside the boundaries of appropriate professional practice. In fact, their actions and the climate they have fostered at HYCF are reflective of institutional practice during the 1960s and early 1970s before the American Psychiatric Association determined that homosexuality was not a mental illness.

The Defendants' actions not only express, encourage and promote bias and prejudicial attitudes and behavior toward the Plaintiffs but they also signal to other youth in the facility who may not be open about their sexual orientation or gender identity what will happen to them if their sexual or gender identity were to become known, which promotes a climate of fear and anxiety. In addition to the individual impact these actions have had on each of the Plaintiffs, they have also fostered a toxic and unsafe environment for other LGBT youth and for youth who are perceived to be LGBT who have not been open about their identity. And this intolerant environment that ignores and facilitates bullying affects other youth in the facility, as well, including youth who bully both heterosexual and LGBT peers and their victims, since bullying impacts both bullies and their victims in terms of mental health, substance abuse and even risk for suicide (Nansel, et al., 2001; U.S. Department of Justice, 2001), while promoting antisocial and criminal behavior among bullies (Olweus, 1993).

In reviewing the complaint and declarations, I am struck by HYCF's inability to provide appropriate, equitable and competent care for LGBT youth at all levels, institutionally and on an individual interpersonal level, with LGBT youth and those who are perceived to be gay. The declarations clearly demonstrate the lack of knowledge, policies or training for working with LGBT youth; an apparent lack of policies for dealing with sexual behavior, in general; and double standards for providing services for youth, based on their sexual and gender identity, with marginalized "second class" status for youth who are known or perceived to be LGBT. For example, recommendations for care from the youths' supervising physician (who has extensive expertise in working with LGBT adolescents) were ignored and rebuffed, while discussion of heterosexual relationships and practices between wards, and between correction officials and wards was permitted, but was not allowed in discussing relationships among gay-identified wards.

LGBT youth and those who are perceived to be gay have experienced ongoing pressure to change their sexual or gender identity and have been subjected to repeated derogatory messages from other wards and staff that their sexual or gender identity is "sinful," "disgusting," "not normal" and would cause them to "go to hell" even though these attempts contradict policies and practice guidelines from the major professional associations including the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association and the National Association of Social Workers. The Plaintiffs were not permitted to have access to reading materials or information about developing a positive LGBT identity to promote self-esteem and help them integrate a positive sexual and gender identity, a task that requires reframing of internalized and external social stigma into a positive, consolidated sense of self. J.D. responds by becoming "numb" to the ongoing cycle of psychological violence and R.G. starts to feel bad about herself and believes that she is "not normal." These negative and

rejecting reactions of youth correction officers (YCOs) have even greater impact since youth perceive them as extended family (“ohana”). In our study of LGBT youth and families, youth who have experienced negative and rejecting reactions from family and caregivers are at high risk for negative health and mental health outcomes.

The Plaintiffs report many of the sequelae (health and mental health outcomes) of anti-gay victimization, including sleeping and eating disturbances, depression, suicidal ideation and attempts, and our research indicates that the health and psychological impact of these negative experiences of rejection last into adulthood. As wards in closed facilities, the Plaintiffs had no escape from the ongoing negative and denigrating remarks and actions of staff and the abusive and threatening taunts and actions of their peers. The Plaintiffs routinely spoke of feeling isolated or lonely. Rather than imposing consequences for the abusive behaviors of their peers, other wards were permitted to act with impunity and when the Plaintiffs complained or sought redress they were further victimized by staff who isolated them, even denying them access to the social worker or supervising physician whom they perceived as their sole ally at HYCF.

The Defendants at HYCF have promoted and sustained a climate of intolerance and fear that makes HYCF a dangerous environment for LGBT youth and others who are perceived to be LGBT, and it is inimical and injurious to their health, mental health and well-being. Until extensive institutional changes occur that bring in new staff, retrain others and institute appropriate professional practices informed by the Model Standards and routine practice guidelines from the major professional associations, this facility will remain unsafe and dangerous for LGBT youth.

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