

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,

v.

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-  
ISOSEFA, 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 VALLI KALEI  
KANUHA, M.S.W., Ph.D.;  
EXHIBIT 1

DECLARATION OF VALLI KALEI KANUHA, M.S.W., Ph.D

I, Valli Kalei Kanuha, M.S.W., Ph.D, 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. I am a graduate of the University of Wisconsin and received a Bachelor of Arts degree in social work in 1973. I am also a graduate of the University of Minnesota, where I received my M.S.W. in 1975. In 1997, I completed my Ph.D. in social welfare at the University of Washington, Seattle, where the title of my dissertation was *Stigma, Identity, and Passing: How Lesbians and Gay Men of Color Construct and Manage Stigmatized Identity in Social Interaction*. From 1981 through 1994, I was in private practice as a psychotherapist. Additionally, from 1984 through the present, I have been a private consultant with national and Hawai`i-based organizations in the areas of domestic, sexual and family violence, where I have provided training, organizational development, and clinical guidance on the development of policies and practices relating to working with victims, perpetrators, children and families experiencing family violence, sexual assault, child abuse, and harassment.

3. I am currently a tenured Associate Professor at the School of Social Work (“School of Social Work”) at the University of Hawai`i at Manoa,

having served in that role since 2003. From 1998 through 2003, I was an Assistant Professor at the School of Social Work. I am also a member of the Advisory Board of the Lesbian, Gay, Bisexual, and Transgender (“LGBT”) Student Center at the University of Hawai`i and have served in that role since 1999.

4. I have been invited to speak on numerous occasions regarding the effects of violence and stigma on LGBT youth and adults. These include, for example: (a) *Violence Against Gay, Lesbian, Bisexual and Transgender Youth*, Workshop presenter, 6th National Conference on Family and Community Violence Prevention, Honolulu, Hawai`i (2005); (b) *Managing Stigma: An Analysis of Passing Among Gays and Lesbians of Color*, Presenter, Feminist Research Forum, Northwest Center for Research on Women, Seattle, Washington (2001); (c) *Multicultural Competence in the Hawai`i Setting*, Invited speaker, Cultural Competence Training, Hawai`i Youth Services Network, Waikoloa, Hawai`i (2001); and (d) *Passing as a Stigma Management Strategy Among Asian and Pacific Islander Gay Men and Lesbians*, Invited campus lecturer, Asian and Pacific Islander Invisibility Project, University of Michigan, School of Social Work, Ann Arbor, Michigan (2000).

5. I also have been involved with numerous community and national organizations, including, at the national level, the National Council of Juvenile

and Family Court Judges, Queer Asian and Pacific Island Domestic Violence Organizing Project, and the Council on Social Work Education Sexual Orientation and Gender Expression Mentoring Program, and, at the local level, the Hawai`i State Commission on the Status of Women, Nānā I Ke Kumu III Core Cultural Committee of The Queen Lili`uokalani Children's Center, and the Violence Prevention Consortium. My current research includes development and evaluation of a Native Hawaiian cultural intervention with Native Hawaiian batterers and battered women, and exploring indigenous, community-based alternatives to the criminal-legal system that address violence against women and children.

6. I have worked as a clinician, administrator, and consultant with community agencies, domestic violence programs, HIV/AIDS organizations, and other social service settings in the continental United States and Hawai`i for over 30 years. Specifically, my professional expertise encompasses the following areas: (a) elucidating the social conditions under which social stigma and discrimination emerge and are enacted; and (b) multicultural theory and practice, which is the study of how the interaction of variables such as race, national origin, gender, sexuality, socioeconomic class, age, and disabilities are constructed through social policies and practices and how public policies and practices can mitigate social stigma and discrimination. My professional

research in these areas has focused on (a) violence against women of color, with a specific interest in Asian, Native Hawaiian, and Pacific Island women and lesbian populations; and (b) LGBT identity and social development. I have published and trained extensively in each of these areas and I am the author or co-author of numerous publications in these fields. A true and correct copy of my curriculum vitae is attached hereto as Exhibit 1.

7. My opinions set forth herein are based on my 30 years of clinical experience working both with victims and perpetrators of abuse, violence, and harassment and with LGBT youth and adults and on my familiarity with the extensive scholarly research regarding: (a) how LGBT people experience and respond to anti-LGBT social stigma, including how they manage the coming out process and when and how they elect to “pass” (*i.e.* refrain from revealing their sexual orientation or gender identity); and (b) how minority populations such as people of color, women and LGBT people perceive and respond to identity-based violence and harassment targeted against them. My own extensive research and national consultations focus equally on each of these areas of inquiry.

8. It is well established in the professional literature and clinical practice that adolescence is a time during which young people are faced with the emergence of their own unique social and sexual identity — a task that is

fundamentally developmental in nature. The attendant complexities associated with emerging sexuality are likely to be exacerbated for LGBT youth because they must simultaneously negotiate the challenges of adolescence with the cultural stigma of alternative sexual or gender identities in an atmosphere that often includes lack of positive role models, lack of LGBT peers, familial and community hostility, prejudice, and discrimination. The effects of societal bias and harassment on LGBT youth — based solely on their alternative sexual and gender identities — from this vulnerable time period may have lifelong psychological and emotional consequences.

9. The process of coming out and to whom is an intensely personal and private series of decisions comprised of levels of coming out and circles of disclosure. This process may or may not include disclosure to parents, siblings, friends, pastors, coaches, teachers or other adults or peers. Most importantly, coming out is not a one-time event but a lifetime process accompanied at every step in every situation by a complex and always self-conscious risk assessment to determine when it is safe to disclose one's stigmatized identity to others.

10. It is generally accepted in the professional literature and clinical practice that to ensure the immediate and long-term health and well-being of an LGBT individual who is coming out that each decision about whether, when and to whom to disclose one's sexual orientation or gender identity or to refrain

from doing so should be controlled by the individual. The decision is best made in an environment of support and guidance and should never be compelled. It also is generally accepted in the professional literature and clinical practice that forcing public disclosure, which deprives an individual of the opportunity to make such critical decisions in a social environment that is least perilous to one's physical, emotional, and psychological health, typically causes trauma based on well-grounded fears of societal response, which may include discrimination, harassment and even violence. The ability to weather such trauma is particularly lacking for LGBT teenagers and young adults who do not have the tools to counteract the pervasive stigma and discrimination found in all aspects of society.

11. In the context where an individual has already suffered harassment, discrimination or violence, forcing disclosure would compound the trauma already experienced. Accordingly, it is my professional opinion that should the plaintiffs in this case be subjected to public disclosure of information about their actual or perceived sexual orientation and/or gender identities, it is likely that they will suffer resulting psychological trauma.

12. My opinion is also supported my research, which indicates that anti-LGBT social stigma presents a particularly difficult challenge for LGBT people in Asian Pacific Islander (“API”) communities, where LGBT identity is

often perceived to be at odds with ethnic identity. As a result, many APIs who are LGBT use selective passing as a way of managing their exposure to stigma in their families, their communities and in the broader culture. My research also indicates that with API communities and in particular LGBT individuals of API ancestry who have grown up “local,” the relative social and geographic isolation of Hawai`i sometimes limits the development of full LGBT identities due to the constraints of living in what many “local” LGBT individuals call “a fishbowl” where they perceive their social and peer development to be subject to intense cultural scrutiny by Hawai`i’s unique inter-generational families and communities. This social context is further reinforced by the cultural importance of community and family for “local” API-LGBT individuals and by the geographic isolation that restricts one’s options to start anew in an unknown community, options that typically are available to those LGBT youth and adults who live in major urban areas in the continental U.S.

13. Furthermore, it is well accepted both in the research literature and in clinical practice that victims of sexual harassment, abuse or assault typically experience shame about their victimization and feel that their experiences are not only intensely private but that they may be subjected to re-victimization if their abuse is disclosed to anyone in a public domain, including professional helpers (law enforcement, prosecutors, clergy, social workers) who are



paradoxically charged to protect and care for them. More importantly, three decades of scholarly research confirm that these fears of rejection and revictimization are well founded as professionals, friends and family members typically still “blame the victim” for any harm that befalls him or her. It also is generally accepted that measures to protect the identity of such victims are necessary to encourage them to come forward to challenge the violence, harassment or mistreatment against them. Due to the negative social response and feelings of vulnerability resulting from public disclosure of such victimization, victims typically experience a range of negative emotional and sometimes physical responses, including flash backs (*i.e.*, reliving the trauma as if it were happening again), shame, self-hatred, sleeplessness, nausea, loss of appetite, depression, suicidal ideation, substance abuse, truancy, homelessness and other very serious short- and long-term consequences. The research indicates that these experiences and responses to identity-based trauma apply equally to victims of anti-LGBT harassment, abuse or assault, particularly when it is sexual in nature.

14. The biggest fear for many local, non-White LGBT persons (which I have been informed by plaintiffs’ counsel accurately describes at least some of the plaintiffs in this case) is that they will be ostracized, rejected, physically harmed and/or disowned by their families and communities if they come out as

LGBT. There is also a deep need to respect and protect one's own family over the enactment of personal/sexual identity, *i.e.*, it is selfish to live an "out" life and embarrass your family and community in a place such as Hawai'i where it is perceived that everyone knows each other or their families. Coming out is considered a liability as much to oneself as to one's family and community.

15. Forcing the plaintiffs in this case to disclose their names and identifiers will require them by default of their testimony to also reveal their very personal stories of debasement, abuse, harassment, and violence based on their actual or perceived sexual orientation and/or gender identity. It is my professional opinion that such disclosure is likely to cause them to experience some of the above-described negative emotional and/or physical responses to public disclosure of victimization. Indeed, from my extensive clinical work and academic research, I am confident that some if not all of these plaintiffs will be subject to some adverse short- and long-term consequences as a result of disclosure of their names given the explicit nature of their complaints. Such disclosure is not in the best interest of these young people or anyone who has been the victim of harassment, violence, abuse or discrimination.

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

Executed on 16 of January 2006 in Honolulu, Hawai'i.

A handwritten signature in cursive script, appearing to read "Valli Kalei Kanuha", written above a horizontal line.

VALLI KALEI KANUHA, M.S.W., Ph.D.