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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 JEREMY
GOLDBACH, Ph.D. AS EXPERT
WITNESS**

Judge: Honorable Irma Poole Asberry

Dept.: 5

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DECLARATION OF JEREMY GOLDBACH, PH.D.

I, Jeremy Goldbach, declare and state as follows:

1. I have personal knowledge of the facts in this declaration. If called upon to testify, I could and would testify competently to the following facts.

Background

2. I am the Masters & Johnson Distinguished Professor of Sexual Health and Education at Washington University in Saint Louis.

3. I earned my Ph.D. in Social Work and my M.S. in Social Work (Clinical) from The University of Texas at Austin. I have a B.A. in Clinical and Social Psychology from The University of Rochester.

4. My background and research aim to identify, measure, and intervene with respect to factors that influence behavioral health outcomes (including anxiety, depression, suicidality and substance use) of sexual and gender minority (“SGM”) adolescents and young adults, including transgender and gender diverse youth. In 2017, I and my co-authors produced the first ever comprehensive measure of adolescent minority stress (stress resulting from hostility toward LGBTQ people because of their identity) with research funding from the National Institutes of Health (“NIH”).¹ In addition to this work, I have conducted multiple studies exploring the relationship between minority stress—including the experience of outness (*i.e.* the process of accepting and sharing one’s identity)—and behavioral health outcomes

¹ Goldbach, J. T., Schragar, S. M., & Mamey, M. R. (2017). Criterion and divergent validity of the sexual minority adolescent stress inventory. *Frontiers in Psychology*, 8, Article 2057. <https://doi.org/10.3389/fpsyg.2017.02057>;

1 including anxiety and depression,² suicide,³ and substance use⁴ for LGBTQ people, including
2 transgender and gender diverse adolescents.

3 5. I have committed my entire career to the health of SGM adolescents and young
4 adults. I have published more than 100 manuscripts on SGM health, and I currently have six
5 NIH-funded studies (nine total from 2014–2022) focused on understanding minority stress and
6 behavioral health during the critical developmental period of adolescence. These studies include
7 psychometric measurement development work funded by the National Institute of Child Health
8 and Human Development and the National Institute on Minority Health and Health Disparities
9 (“NIMHD”); two longitudinal studies of minority stress and behavioral health among
10 adolescents and young adults funded by NIMHD and the National Institute on Drug Abuse; two
11 studies to develop and establish efficacy for targeted school-based LGBTQ adolescent
12 interventions, and a Department of Defense project to understand discrimination for active duty
13 LGBTQ service members.

14 6. I have reviewed the Temecula Valley Unified School District’s Policy 5020.01,
15 which requires teachers to out transgender and gender diverse students to their parents. My CV
16 is attached, and a subset of my relevant published research includes:

- 17 • Williams, D.Y., Hall, W.J., Dawes, H.C., Rizo, C.F., & Goldbach, J.T. (2022).
18 An integrated conceptual model to understand suicidality among queer youth to
19 inform suicide prevention. *Societies* 12(6). <https://doi.org/10.3390/soc12060170>
- 20 • Rhoades, H., Petry, L., Schragar, S.M., & Goldbach, J.T. (2022). Couch-surfing
21 and mental health outcomes among sexual minority adolescents. *Journal of*

22
23 ² E.g., Goldbach, J.T., Rhoades, H., Mamey, M.R., Senese, J., Karys, P. & Marsiglia, F.
24 (2021). Reducing behavioral health symptoms by addressing minority stressors in LGBTQ
adolescents: a randomized controlled trial of Proud & Empowered. *BMC Public Health*, 21,
Article 2315. <https://doi.org/10.1186/s12889-021-12357-5>.

25 ³ E.g., Feinstein, B. A., Mereish, E.H., Mamey, M. R., Chang, C. J., & Goldbach, J. T.
26 (2022). Age differences in the associations between outness and suicidality among LGBTQ+
youth. *Archives of Suicide Research*, 27(2), 734–748.
27 <https://doi.org/10.1080/13811118.2022.2066493>

28 ⁴ E.g., Mereish, E. H., Cox, D., & Goldbach, J. T. (2022). Heterosexist bullying
victimization and perpetration and substance use among heterosexual adolescents. *International
Journal of Behavioral Medicine*, 30, 431–437. <https://doi.org/10.1007/s12529-022-10109-2>.

1 *Social Distress and Homelessness,*

2 <https://doi.org/10.1080/10530789.2022.2141869>

- 3 • Goldbach, J.T., Parra, L.A., O'Brien, R.P., Rhoades, H., & Schragger, S.M.
4 (2022). Explaining behavioral health differences in urban and rural sexual
5 minority adolescents: A longitudinal investigation of minority stress in a diverse
6 national sample of sexual minority adolescents. *Journal of Rural Health, 39*(1),
7 262–271. <https://doi.org/10.1111/jrh.12706>
- 8 • Mereish, E. H., Cox, D., & Goldbach, J. T. (2022). Heterosexist bullying
9 victimization and perpetration and substance use among heterosexual
10 adolescents. *International Journal of Behavioral Medicine, 30*, 431–
11 437. <https://doi.org/10.1007/s12529-022-10109-2>
- 12 • Goldbach, J.T., Rhoades, H., Mamey, M.R., Senese, J., Karys, P. & Marsiglia, F.
13 (2021). Reducing behavioral health symptoms by addressing minority stressors
14 in LGBTQ adolescents: a randomized controlled trial of Proud & Empowered.
15 *BMC Public Health, 21*, Article 2315. [https://doi.org/10.1186/s12889-021-](https://doi.org/10.1186/s12889-021-12357-5)
16 [12357-5](https://doi.org/10.1186/s12889-021-12357-5)
- 17 • Goldbach, J. T., Raymond, H. F., & Burgess, C. M. (2017). Patterns of Bullying
18 Behavior by Sexual Orientation. *Journal of Interpersonal Violence, 36*(3–4), 1-
19 19. <https://doi.org/10.1177/0886260517741623>

20 **Professional Concerns with Policy 5020.01's Forced Outing Language**

21 7. Based on my research and extensive experience working with transgender and
22 gender diverse youth, Policy 5020.01's requirement of forced outing to parents and guardians
23 without students' consent is concerning for a several reasons.

24 8. First, outing students—particularly transgender and gender diverse students—
25 exacerbates mental health disparities for SGM youth.

26 9. Compared with their peers, transgender adolescents report higher rates of
27 anxiety, depression, substance use, self-harm, and suicidality.⁵ Similar patterns emerge when

28 ⁵ Clark TC, Lucassen, M. F., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M.,
& Rossen, F. V. (2014). The health and well-being of transgender high school students: results

1 comparing sexual minorities and transgender adolescents in symptoms of anxiety (19% vs.
 2 33%), depression (18% vs. 44%), substance use (30% vs. 49%), and PTSD (11% vs. 25%).
 3 Contrary to the view that sexual minority identity itself causes these disparities, significant
 4 research demonstrates that minority stress is the primary driver of disparate behavioral health
 5 outcomes for SGM youth.

6 10. The minority stress theory (“MST”) has been endorsed by the Centers for
 7 Disease Control and Prevention,⁶ the National Academy of Sciences and Medicine,⁷ and
 8 Healthy People 2030.⁸ MST suggests that a pervasive anti-LGBTQ culture leads to increased
 9 stress and drives disparities in numerous health outcomes. Prior research, including my own
 10 work, has described the role of minority stress in adolescence, including the negative outcomes
 11 result from disclosure to family or peers;⁹ bullying by students and teachers when they learn of

16 from the New Zealand adolescent health survey. *Journal of Adolescent Health*, 55(1), 93–99;
 17 Eisenberg M.E., Gower, A. L., McMorris, B. J., Rider, G.N., Shea, G., & Coleman, E. (2017).
 18 Risk and protective factors in the lives of transgender/gender nonconforming adolescents.
 19 *Journal of Adolescent Health*, 61(4), 521–526; Perez-Brumer A., Day, J. K., Russell, S. T., &
 20 Hatzenbuehler, M. L. (2017). Prevalence and correlates of suicidal ideation among transgender
 21 youth in California: Findings from a representative, population-based sample of high school
 22 students. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(9), 739–746.

23 ⁶ *Lesbian Gay Bisexual and Transgender Health: Youth*. Center for Disease Control and
 24 Prevention (CDC). <http://www.cdc.gov/lgbthealth/youth.htm>.

25 ⁷ *Annual Report 2015*. National Academy of Medicine. [https://nam.edu/wp-](https://nam.edu/wp-content/uploads/2016/06/NAM-Annual-Report-2015.pdf)
 26 [content/uploads/2016/06/NAM-Annual-Report-2015.pdf](https://nam.edu/wp-content/uploads/2016/06/NAM-Annual-Report-2015.pdf).

27 ⁸ Healthy People 2030 – a U.S. Department of Health and Human Services Initiative –
 28 sets data-driven national objectives to improve health and well-being over the next decade.
 29 *Healthy People 2030*. U.S. Department of Health and Human Services.
 30 <https://health.gov/healthypeople/>

31 ⁹ Haas, A.P. E.M., Mays, V.M., Mathy, R.M., Cochran, S.D., D’Augelli, A.R.,
 32 Silverman, M.M., Fisher, P.W., Hughes, T., Rosario, M., Russell, S.T. (2011). Suicide and
 33 suicide risk in lesbian, gay, bisexual, and transgender populations: Review and
 34 recommendations. *Journal of Homosexuality*, 58(1), 10–51; Remafedi, G., French, S., Story,
 35 M., Resnick, M.D., Blum, R. (1998). The relationship between suicide risk and sexual
 36 orientation: results of a population-based study. *American Journal of Public Health*, 88(1), 57–
 37 60.

1 an LGBTQ student’s identity;¹⁰ violence that is perpetrated by students, faculty and staff;¹¹ and
 2 homelessness **that is a direct result of parental disclosure**.¹² Policy 5020.01 will exacerbate
 3 these negative outcomes by disclosing details related to a student’s gender identity without their
 4 consent.

5 11. Forced or nonconsensual disclosure is particularly concerning, as school systems
 6 often institutionalize norms that perpetuate and even encourage violence against LGBTQ
 7 youth.¹³ Transgender students already report feeling unsafe at school and lack safe and
 8 consistent access to appropriate facilities (e.g., locker rooms, bathrooms).¹⁴ For example, the
 9 GLSEN National School Climate Survey¹⁵ found that nearly half (42%) of transgender students

11 ¹⁰ Russell, S.T., Ryan, C., Toomey, R.B., Diaz, R.M., Sanchez, J. (2011). Lesbian, gay,
 12 bisexual, and transgender adolescent school victimization: Implications for young adult health
 13 and adjustment. *Journal of School Health, 81*(5), 223–230; Toomey, R.B., Ryan, C., Diaz,
 14 R.M., Card, N.A., Russell, S.T. (2010). Gender-nonconforming lesbian, gay, bisexual, and
 transgender youth: school victimization and young adult psychosocial adjustment.
Developmental Psychology, 46(6), 1580.

15 ¹¹ Friedman, M.S., Marshal, M.P., Guadamuz, T.E. (2011). A meta-analysis of
 16 disparities in childhood sexual abuse, parental physical abuse, and peer victimization among
 17 sexual minority and sexual nonminority individuals. *American Journal of Public Health 101*(8),
 1481–1494; Kosciw, J.G., Greytak, E.A., Bartkiewicz, M.J., Boesen, M.J., Palmer, N.A.
 (2012). The 2011 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual
 and Transgender Youth in Our Nation’s Schools. *ERIC*.

18 ¹² (2006). Lesbian, Gay, Bisexual and Transgender Youth: An epidemic of
 19 homelessness. *National Gay and Lesbian Task Force Policy Institute and the National*
Coalition for the Homeless; Clatts, M.C., Goldsamt, L., Yi, H., Gwadz, M.V. (2005).
 20 Homelessness and Drug Abuse among Young Men who have Sex with Men in New York City:
 A Preliminary Epidemiological Trajectory. *Journal of Adolescence, 28*(2), 201–214; Rice, E.,
 21 Barman-Adhikari, A., Rhoades, H. (2013). Homelessness Experiences, Sexual Orientation, and
 22 Sexual Risk Taking among High School Students in Los Angeles. *Journal of Adolescent*
Health, 52(6), 773–778.

23 ¹³ Burgess, C. (2000). Internal and External Stress Factors Associated with the Identity
 24 Development of Transgendered Youth. *Journal of Gay & Lesbian Social Services, 10*(3–4), 35–
 25 47; Simons, L., Schragar, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support
 and mental health among transgender adolescents. *Journal of Adolescent Health, 53*(6), 791–
 793.

26 ¹⁴ Clark, T.C., Lucassen, M. F., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E.
 27 M., & Rossen, F. V. (2014). The health and well-being of transgender high school students:
 results from the New Zealand adolescent health survey (Youth'12). *Journal of Adolescent*
 28 *Health, 55*(1), 93–99.

¹⁵ Kosciw, J.G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018).
 The 2017 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual,

1 were not allowed to use their asserted name at school; a majority (59% and 56%) experienced
 2 gender-based discrimination regarding bathroom and locker room access, respectively; and one
 3 quarter (26%) were prevented from wearing clothes “deemed inappropriate for their legal
 4 sex”.¹⁶ Students who reported high levels of gender-based harassment were also more likely to
 5 report missing school in the past month (62%) and experiencing higher levels of depression
 6 (65%).¹⁷ Temecula’s forced disclosure policy, which singles out transgender and gender diverse
 7 students for reporting, adds yet another layer of discrimination for this community.

8 12. Second, and unethically, the policy does not consider the material conditions for
 9 these students at home.

10 13. Transgender and gender diverse students face significant risks at home,
 11 including threats of violence and the potential of becoming unhoused. In fact, the majority of all
 12 unhoused youth either were kicked out of or fled their homes due to their sexual orientation or
 13 gender identity.¹⁸ Disclosure decisions must take into account these realities, consideration of
 14 which is, for example, mandatory for researchers like myself. The National Commission for the
 15 Protection of Human Subjects of Biomedical and Behavioral Research and the Code of Federal
 16 Regulations tie the need to protect research subjects who are minors to both the *characteristics*
 17 *of the population* and to the *nature and scope* of the proposed research. Youth are often still
 18 developing a full awareness of their sexual orientation and/or gender identity and may be
 19 seeking out school resources that can support them in their lives when their parents cannot.
 20 Often these youth do so without their parents’ knowledge because disclosing their need for
 21

22 Transgender, and Queer Youth in Our Nation’s Schools. *Gay, Lesbian and Straight Education*
 23 *Network (GLSEN)*.

24 ¹⁶ Kosciw, J. G.E., Palmer, N., Boesen, M., Palmer, N. (2014). The 2013 National
 25 School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in
 Our Nation’s Schools. *GLSEN*.

26 ¹⁷ Kosciw et al., *supra* note 15.

27 ¹⁸ Choi, et al., SERVING OUR YOUTH 2015: The Needs and Experiences of Lesbian,
 28 Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness, *Williams*
Institute (June 2015) p. 5, available at:
[https://williamsinstitute.law.ucla.edu/wpcontent/uploads/Serving-Our-Youth-Update-Jun-ZO15 .pdf](https://williamsinstitute.law.ucla.edu/wpcontent/uploads/Serving-Our-Youth-Update-Jun-ZO15.pdf)

1 resources would *cause harm* rather protect. If disclosure were forced, youth would be placed at
2 risk of parental harassment, abuse, or expulsion from the parental home.

3 14. Finally, there are legitimate nondiscriminatory alternatives that would enhance
4 safety for transgender and gender diverse students.

5 15. The best alternative is for schools to create safe environments where students are
6 able to discover their identities and socially transition at their own pace. This gives students
7 autonomy and control over their own decisions, including when and where to come out. It also
8 ensures that the school district will not stigmatize these students by singling them out for
9 adverse treatment and parental reporting. By having supportive environments at school,
10 students are likely to experience better mental health outcomes.¹⁹

11 16. At minimum, discriminatory policies like Policy 5020.01 should include a
12 waiver system. Waivers are common practice when disclosing certain information to parents
13 has the potential to cause harm. In research, for example, these types of waivers are common
14 and supported by 45 CFR Section 46.408(c). The pertinent language states that where “a
15 research protocol is designed for conditions or for a subject population for which parental or
16 guardian permission is not a reasonable requirement to protect the subjects . . . , it may waive
17 the consent requirements.” In other words, if seeking parental permission would lead to harm,
18 parental consent is not required. This is standard practice.

19 17. My opinions in this report are mirrored in national policy recommendations from
20 the Society for Adolescent Health and Medicine, which recognize the negative effects of forced
21 disclosure including (1) effectively eliminating potential participants’ willingness to speak
22 openly with staff, including school counselors and other support staff; (2) increasing risk to
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25 ¹⁹ Burgess, C., Rusow, J.A., Klemmer, C., Gibbs, J.J., Zhang, J., & Goldbach, J.T.
26 (2021). Sexual and gender minority adolescents and adult social support: Affirmation from
27 adults to adolescents. *Annals of LGBTQ Public and Population Health*, 2(1), 22–34.
28 <https://doi.org/10.1891/LGBTQ-2020-0006>; Parodi, K.B., Holt, M.K., Green, J.G., Katz-Wise,
S.L., Shah T.N., Kraus E., Xuan Z. (2022). Associations between school-related factors and
mental health among transgender and nonbinary youth. *Journal of School Psychology*, 90, 135-
149. doi:10.1016/j.jsp.2021.11.004

1 some youth whose parents will have a negative response learning their child has a minority
2 sexual or gender identity; and (3) adding little in the way of actual child protection.²⁰

3 **Conclusion**

4 18. Contrary to Policy 5020.01’s language claiming to support student mental
5 health, there is no evidence to suggest that its requirements will improve mental health
6 outcomes for transgender and gender diverse students. Rather, Temecula’s forced disclosure
7 provision will undoubtedly cause harm to these students, for whom schools are crucial sites of
8 support. Forced disclosure provisions transform both schools and homes into unsafe
9 environments for youth, and will predictably lead to negative mental health outcomes.

10 I declare under penalty of perjury under the laws of the State of California that the
11 foregoing is true and correct.

12 Executed on November 13, 2023.

13 *Jeremy T. Goldbach*

14 Jeremy Goldbach, Ph.D.

15 *Declarant*

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²⁰ Smith, A.U., Schwartz, S.J. (2019). Waivers of parental consent for sexual minority youth. *Accountability in Research*, 26(6), 379–390. doi: 10.1080/08989621.2019.1632200