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UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

SACRAMENTO DIVISION

DONALD WELCH, ANTHONY DUK, AARON BITZER,

Plaintiffs,

vs.

EDMUND G. BROWN, JR., Governor of the State of California, in his official capacity, et. al,

Defendants.

CASE NO. 2:12-CV-02484-WBS-KJN

**DECLARATION OF CAITLIN RYAN IN SUPPORT OF EQUALITY CALIFORNIA'S AMICUS BRIEF**

Judge: Hon. William B. Shubb

Date: December 3, 2012

Time: 2:00 p.m.

Location: Courtroom #5

**DECLARATION OF CAITLIN RYAN**

I, Caitlin Ryan, hereby declare:

1. I have been retained by Amicus Curiae Equality California as an expert in connection with the above-referenced litigation. I have personal knowledge of the contents of this Declaration and, if called upon to testify, I could and would testify competently to the contents of this Declaration.

**EXPERT BACKGROUND AND QUALIFICATIONS**

2. My background, contributions and scholarly publications are summarized in my curriculum vitae, attached as Exhibit A to this report.

3. I am the Director of the Family Acceptance Project at SF State University and a Distinguished Adjunct Professor at the Marian Wright Edelman Institute, an academic, program and policy center on children, youth and families at San Francisco State University. I am a clinical social worker, researcher and educator and I have worked on health and mental health issues for lesbian, gay, bisexual and transgender (LGBT) adolescents and young adults for nearly 40 years. I have an undergraduate degree with a concentration in human sexuality from Hunter College, a master's degree in clinical social work from Smith College School for Social Work and a doctorate from Virginia Commonwealth University in public policy with a concentration in health policy.

4. My clinical training has been with children and adolescents, and for the past 20 years I have focused on the health and mental health needs and care of LGBT adolescents. I have served as a consultant on these issues for many government and community agencies and professional associations. In 1993, I coordinated the development of the first 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 for health and mental health care of lesbian and gay adolescents which was published by the American Academy of Pediatrics' adolescent journal (*Adolescent Medicine: State of the Art Reviews*) and which received awards from the *American Journal of Nursing* and the American Psychological Association's Division 44. I have co-authored policy and practice guidelines for care of LGBT youth in various settings and have

published numerous articles in professional journals on the care of LGBT youth and on the relationship between family reactions to their LGBT identity and gender expression with their health and well-being. My curriculum vitae (Exhibit A) includes a list of these publications.

5. I have been a member of the Academy of Certified Social Workers since 1985 and I am a member of the American Psychological Association, Division 44; the American Public Health Association; and the National Association of Social Workers.

6. I have received professional recognition and awards for my work from many professional and community groups. These include awards from the American Association of Physicians for Human Rights and the Gay & Lesbian Medical Association; the Distinguished Scientific Contribution Award from the American Psychological Association's Division 44; Researcher of the Year award from the University of California, San Francisco's Lesbian Health & Research Center; National Social Worker of the Year award from the National Association of Social Workers; the Day-Garrett Award for outstanding professional contributions, Smith College, School for Social Work; and the Mary Smith Arnold Anti-Oppression Award from the American Counseling Association's Counselors for Social Justice. In addition, the multi-lingual, evidence-based family education publications I developed based on my research with LGBT youth and families were designated as the first "Best Practice" resources for suicide prevention for LGBT people by the Best Practices Registry for Suicide Prevention coordinated by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center and funded by the federal Substance Abuse Mental Health and Services Administration.

7. I have served on many professional advisory boards and committees related to the health and mental health care needs of LGBT youth. This includes appointments as a member of the Institute of Medicine - National Academy of Sciences Committee on Lesbian, Gay, Bisexual and Transgender Health Issues and Research Gaps and Opportunities; the LGBT Populations Task Force of the National Action Alliance for Suicide Prevention; and the Children, Adolescents and Young Adults Specialty Practice Section Committee for the National Association of Social Workers.

8. I am coordinating development of a new evidence-based family model of wellness, prevention and care for LGBT children and adolescents with my team at San Francisco State University that we will disseminate across the U.S. This new evidence-based family intervention model is designed to help ethnically and religiously diverse families with LGBT children to decrease family rejection and increase support for their LGBT children which our research indicates can significantly decrease risk for multiple health and mental health problems, including suicide. During the course of my career, I have worked with hundreds of ethnically, religiously and socially diverse families with LGBT children, including families that have pressured their children to change their sexual orientation and that have sent their children to practitioners to attempt to change their sexual orientation.

9. During the past decade I have trained more than 30,000 health and mental health providers, including training at hundreds of professional meetings and conferences across the U.S. and in other countries on the health and mental health care of LGBT adolescents and the new evidence-based family intervention model I have been developing with my team based on our research. During the past month this includes training on this work at the annual meeting of the American Academy of Pediatrics; the annual meeting of the American Academy of Child and Adolescent Psychiatrists; and the annual meeting of the Association of American Medical Colleges.

**SEXUAL ORIENTATION CHANGE EFFORTS**

10. In 2002, I co-founded a multi-year research and intervention project – the Family Acceptance Project – at San Francisco State University that includes a comprehensive study of family and caregiver reactions and adjustment to LGBT adolescents whose families learn of their child's LGBT identity during adolescence. In particular, this study has identified and subsequently examined the relationship between specific family and caregiver reactions that parents and caregivers use to express acceptance and rejection of their LGBT children – and their LGBT children's health, mental health and well-being. We are continuing to publish research on this work in peer-reviewed journals, including studies that show the relationship between sexual

orientation change efforts (SOCE) of LGB adolescents and their health and mental health as young adults.

11. In research with families with LGBT adolescents across California, we identified 106 specific accepting and rejecting behaviors that parents engage in to respond to their LGBT children. These include accepting behaviors such as advocating for their children when others mistreat or discriminate against them because of their LGBT identity, or connecting them with positive adult LGBT role models, as opposed to rejecting behaviors such as sending them to a therapist or clergy to change their sexual orientation, preventing them from learning about their LGBT identity, or making them pray and attend religious services to change their sexual orientation.

12. In our research we found that these specific parental and caregiver rejecting behaviors were related to health risks for the LGBT youth in young adulthood, including attempted suicide, suicidal ideation, depression, illegal drug use and risk for HIV infection. (Ryan, Huebner, Diaz, & Sanchez, 2009). We also found that family accepting behaviors help protect LGBT youth against risk and promote well-being, including protecting against suicidal behavior, substance abuse and depression and promoting better overall health and higher levels of self-esteem and social support in young adulthood. (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

13. We found that LGB young adults who reported high levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression (at the cut off point for medication), 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse – compared with peers from families that reported no or low levels of these family rejecting behaviors (Ryan, Huebner, Diaz, & Sanchez, 2009).

14. In further analyses that we are preparing to submit for publication, we documented the relationship between health problems, risk and family rejecting behaviors to try to change adolescents' sexual orientation--either by sending them to a mental health practitioner or clergy to cure their sexual orientation or by pressuring the adolescents to change their sexual

orientation at home by specific pressure within the family (Russell, Ryan, Toomey, Sanchez, & Diaz, in preparation). We found that a little more than half (53%) of LGBT young adults, ages 21-25, report having been pressured by their families to change their sexual orientation when they were teenagers, while a little more than one-third (34%) report having been sent outside the home to a therapist or religious leader to "cure, treat, or change your sexual orientation" during their teenage years. We found that parental and caregiver attempts to change an adolescent's sexual orientation—both within the home and externally through a therapist or religious leader—are associated with multiple indicators of poor health and adjustment among LGBT young adults.

15. Specifically, young adults whose parents sent them to a therapist or religious leader to attempt to cure, treat or change their sexual orientation during adolescence were far more likely to consider suicide and to attempt suicide than peers who were not sent to undergo SOCE. They also were far more likely to report clinical depression and to report levels of depressive symptoms that reached or exceeded the threshold for medication (Russell, Ryan, Toomey, Sanchez, & Diaz, in preparation).

16. In the course of our family intervention work and in carrying out my research with LGBT youth and families, I have interviewed LGBT youth who have been sent by their families to undergo mental health services to attempt to change their sexual orientation. I have heard first person accounts of shame, guilt, depression and suicidality related to the adolescents' attempts to change their sexual orientation to accede to their parents' wishes. I have also interviewed the families of many of these youth.

17. As LGB youth come out at earlier ages, a greater number are at risk of the harms associated with SOCE. In my research and subsequent family intervention work, we have documented a substantial decrease in the age of youth self-identifying as lesbian, gay or bisexual (LGB) among contemporary LGB adolescents, compared with adults who "came out" or self-identified as LGB at older ages during earlier generations. Much wider and more extensive access to information about sexual orientation and gender identity today – primarily as a result of access to the internet and broader awareness of LGBT people in the media and popular culture – has enabled LGB people to self-identify as LGB at much earlier ages.

18. An analysis of research conducted with lesbian and gay adults in the 1970s showed that the average age that adults from earlier generations report being aware of same-sex attraction was between ages 14 and 16, and the average age they self-identified as gay or lesbian was between 19 and 23 (Troiden, 1988). Since the late 1980s and early 1990s, research on LGB adolescents indicates that they report becoming aware of same-gender attraction, on average, at about age 10 (Wilber, Ryan, & Marksamer, 2006), which has been found to be the average age of awareness of sexual attraction for both heterosexual and LGB people (McClintock, & Herdt, 1996). Research from the California-based Family Acceptance Project found that adolescents self-identified as LGB, on average, at 13.4 – about 6 to 10 years younger than in earlier generations (Ryan, 2009; Wilber, Ryan, & Marksamer, 2006). Moreover, research from the Family Acceptance Project and our subsequent family intervention work have found many who self-identified as LGB at much younger ages – between 5 and 11 (Ryan, 2009; Wilber, Ryan, & Marksamer, 2006).

19. These changes have particular salience for the need to protect adolescents from attempts to change their sexual orientation. Younger adolescents lack a range of coping skills to deal with coercion, and regardless of age, adolescents want to please their parents, fear family rejection and in the case of youth from religiously conservative backgrounds, may fear that they will lose God's love and the esteem of their congregations unless they comply with their parent's wishes to enter treatment intended to change their sexual orientation.

20. In our research, we found that parental, caregiver, and family expressions of disapproval of an adolescent's LGB identity or denial that an adolescent is LGB are experienced as rejection by the adolescent and are related to health risks for these youth, including suicidal behavior and depression. We further found that misinformation and lack of accurate information about contemporary research on sexual orientation and gender identity in adolescents is widespread among parents and caregivers and among many providers, particularly those who engage in SOCE. Although population-based studies that document the proportion of youth who identify as LGB have been conducted in several states and cities for at least 15 years, and the proportion of youth in these studies who identify as LGB has increased over time – as

information is more widely available – practitioners who engage in SOCE and families who advocate for SOCE typically do not believe that an adolescent can identify as LGB and further believe that even calling these youth "gay" will force the adolescent to become gay and will foreclose any possibility that the adolescent will be heterosexual.

**CONCLUSION**

21. In sum, based on my research and clinical experience, subjecting minors to SOCE markedly increases their risk for negative health outcomes, including depression and suicide attempts. Moreover, based on my observations and experience, SOCE erodes family connectedness and undermines the parent-child relationship since the parents or caregiver have expressed disapproval of their adolescent's core identity in other ways within the family that culminate in a breach of the family bond by sending the youth out of the home to be "fixed" by others. One of the most poignant experiences I have had as a practitioner and researcher is hearing from families who sent their child for reparative therapy who subsequently saw the negative impact on their child through attempted suicide, self-loathing, substance abuse and fractured family relationships. These parents, even after many years, continue to experience the negative impact of SOCE and express their guilt and anger at therapists, clergy and others who pressured them to send their child for SOCE. Thus, SOCE has an impact beyond the individual adolescent on the overall family system and particularly on the parent's trust in health and mental health authorities, religious leaders and even their faith.

I declare under penalty of perjury of the laws of the State of California and in the United States that the foregoing is true and correct. Executed this 19th day of November, 2012 in San Francisco, California.

Caitlin Ryan