

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
(Northern Division)**

M.A.B., a minor,
by and through his parents and next friends,
L.A.B. and L.F.B.,
Plaintiff,

v.

**BOARD OF EDUCATION OF TALBOT
COUNTY, et al.,**
Defendants.

Civil Action No. **GLR-16-2622**

***** HEARING REQUESTED *****

MOTION FOR PRELIMINARY INJUNCTION

The Plaintiff, M.A.B., a minor, by and through his parents and next friends, L.A.B. and L.F.B., and by and through his counsel, Jer Welter, Esq., Laura McMahon DePalma, Esq., and FreeState Justice, Inc., pursuant to Fed. R. Civ. P. 65, seeks a preliminary injunction compelling Defendants to provide him access to the boys' locker room equal to the access provided to other male students, and in support states:

1. M.A.B. is a student and rising ninth grader at St. Michaels Middle-High School (the "School"), a public school and federally funded education program and/or activity operated by Defendants.

2. M.A.B. intends to try out for and compete on the School's coeducational soccer team, the tryouts for which begin in less than one month, on August 10, 2016.

3. Like all other students who participate in extracurricular sports at the School, M.A.B. will require access to a locker room consistent with his gender.

4. In violation of Title IX, the Fourteenth Amendment, and Maryland law as cited in Plaintiff's Complaint, Defendants have barred M.A.B. from using the boys' locker room at the

school consistent with his gender.

5. Defendants' unlawful conduct will cause M.A.B. to suffer irreparable harm if he is not granted injunctive relief preliminarily and on a more expedited basis than an ordinary schedule of briefing would allow.

6. For these reasons, and for the reasons more fully explained in the accompanying Memorandum, Plaintiff seeks entry of a preliminary injunction, restraining Defendants' unlawful conduct before the beginning of the soccer season on August 10, 2016.

7. In the interest of streamlining the issues before the Court, and because the Fourth Circuit's recent reported, precedential decision in *G.G. ex rel. Grimm v. Gloucester County School Board*, 822 F.3d 709 (4th Cir. 2016), *reh'g en banc denied*, ___ F.3d ___, 2016 WL 3080263, 2016 U.S. App. LEXIS 9909 (4th Cir. May 31, 2016), is essentially dispositive of the Title IX issues in this case, Plaintiff limits his request for preliminary injunctive relief to his Title IX claim (Count I of the Complaint).

For the foregoing reasons, Plaintiff respectfully requests that this Honorable Court:

A. Enter a preliminary injunction, in advance of August 10, 2016, requiring Defendants to allow M.A.B. to access the boys' restrooms and locker rooms at the School during the pendency of this action; and

B. Grant such other and further relief as justice requires.

Request for Hearing

Plaintiff respectfully requests a hearing on this Motion.

Date: July 20, 2016

Respectfully submitted,

/s/ Jer Welter

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Certificate of Service

I hereby certify that, on this 20th day of July, 2016, I have caused a copy of this Motion for Preliminary Injunction, with its supporting Memorandum and all exhibits, to be served on Defendants by first-class mail and email to their counsel at the following address:

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Jer Welter

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**BOARD OF EDUCATION OF TALBOT
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**MEMORANDUM IN SUPPORT OF PLAINTIFF'S
MOTION FOR PRELIMINARY INJUNCTION**

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Defendants, who manage and govern the Talbot County Public Schools, including St. Michaels Middle-High School,¹ are denying M.A.B., the plaintiff, access to the boys' locker rooms at his school because he is transgender. M.A.B. intends to try out for and compete on the School's soccer team, beginning when tryouts are held on August 10, 2016, and to do so he will need access to the locker room along with the other boys on the team. A preliminary injunction in this case is compelled by binding circuit precedent and must be entered before August 10, 2016 to prevent irreparable harm to the Plaintiff, M.A.B.

Statement of Facts

Due to the expedited nature of Plaintiff's request, Plaintiff incorporates here by reference the allegations of his Complaint and the sworn declarations, submitted as exhibits to his Motion for Preliminary Injunction, of himself (Exhibit A, "M.A.B. Decl."); his mother, L.A.B. (Exhibit B, "L.A.B. Decl."); his father, L.F.B. (Exhibit C, "L.F.B. Decl."); and Julie A. Eastin, PhD (Exhibit D, "Eastin Decl."). In lieu of a more comprehensive statement of facts, Plaintiff submits the following highlights from those declarations.

M.A.B. is a fourteen-year-old transgender boy, entering the Ninth Grade at St. Michaels Middle-High School (the "School") in the Fall 2016 semester. M.A.B. Decl. ¶¶ 3, 5, 10. The School is a public school serving grades 6-12 and is part of the Talbot County Public Schools ("TCPS") system. Complaint ¶¶ 9-10. M.A.B.'s extracurricular interests include the sport of soccer, and he intends to try out for and compete on the School's soccer team. *Id.* ¶¶ 7, 8. Tryouts for the soccer team begin on August 10, 2016. *Id.* ¶ 8. Like all of the other student competitors on the soccer team, M.A.B. needs to be able to access locker room facilities, both to

¹ Defendants are the Board of Education of Talbot County, the Superintendent of TCPS, and the Principal of the School. The Superintendent (Dr. Kelly Griffith) and the Principal (Tracy Elzey) are sued solely for injunctive relief in their official capacities.

change his clothing as well as to participate in the team bonding and coaching opportunities that traditionally occur in locker room facilities as a near-universal part of the high school sports experience. M.A.B. Decl. ¶ 35; L.A.B. Decl. ¶ 29; Complaint ¶ 17.

The locker room facilities at the School are segregated by gender: there are locker rooms and restrooms designated separately for boys and for girls. Complaint ¶ 19. But because M.A.B. is transgender, Defendants, who manage and govern the School and the TCPS system, have prohibited M.A.B. from accessing the locker room facilities at the School that are designated for his gender. L.A.B. Decl. ¶¶ 17-22; L.F.B. Decl. ¶ 24; Complaint ¶¶ 31-33, 43, 45, 47. Instead, they have required M.A.B., unlike every other non-transgender student at the School, to change clothes for sports activities in three designated single-occupancy restrooms in the school building. Complaint ¶¶ 32-35. The single-occupancy restrooms are both separate from and materially inferior to the locker room facilities that all other students may access. M.A.B. Decl. ¶ 26. They lack the same amenities, such as lockers, benches, and showers, and they are not near the locker rooms and other athletic facilities. *Id.* Being required to use the restrooms rather than the locker room facilities brands M.A.B. as different from other students, and deprives him of the camaraderie of his fellow students and the opportunity to participate in any coaching that is given in the locker room setting. Eastin Decl. ¶¶ 23-24; M.A.B. Decl. ¶ 29; L.A.B. Decl. ¶ 29; Complaint ¶¶ 17, 38. It also creates practical difficulties for M.A.B. that non-transgender students do not have to deal with, due to having to change clothing without access to the amenities found in the communal locker rooms and the distance of the single-occupancy restrooms from the athletic facilities—these difficulties include frequent lateness to physical education class, which M.A.B. has sometimes had to justify to substitute teachers, “outing” himself as transgender in the process. Complaint ¶¶ 39-42; M.A.B. Decl. ¶ 26-28.

M.A.B. has known that he is a transgender boy since at least the Sixth Grade. M.A.B. Decl. ¶ 10. He has had feelings of gender dysphoria for as long as he can remember, since early childhood. *Id.* ¶ 9. As a young child he protested wearing dresses and other feminine clothing, preferred to play with his brothers' toys, and had more in common with male friends. *Id.*; *see also* L.F.B. Decl. ¶ 10 (“He never wanted to wear a dress. He never wanted to wear a shirt with anything ‘frilly’ on it.... ‘Barbies’ that he received as gifts just gathered dust in the corner. He always had more fun playing with boys than girls.”); L.A.B. Decl. ¶ 8. In about the Spring of M.A.B.’s Sixth Grade year, he became sad and depressed, frequently staying home from school feeling sick to his stomach. L.A.B. Decl. ¶ 9; L.F.B. Decl. ¶ 8. According to M.A.B., he “felt as if I was lying to people when I presented myself as a girl rather than a boy, and it would sometimes get to the point where I would feel sick to my stomach to think about living my life as a girl.” M.A.B. Decl. ¶ 11. M.A.B.’s parents began taking him to a therapist regarding these feelings, and he was clinically diagnosed with gender dysphoria (the diagnostic term referring to the psychological and emotional distress caused by a disparity between one’s gender designated at birth and one’s gender identity) in the Summer or Fall of 2014. *Id.* ¶ 12; L.A.B. Decl. ¶ 10; L.F.B. Decl. ¶ 9.

In consultation with personnel at the School, M.A.B. and his parents developed a plan for his social transition to the male gender at school, and M.A.B. “came out” as male in February 2015 (on his birthday) and began going by his chosen name (a boy’s name) and male pronouns (he, him, his). M.A.B. Decl. ¶ 15; L.A.B. Decl. ¶¶ 12-14. This process of transition, which is part of the recognized treatment for gender dysphoria, *see* Eastin Decl. ¶¶ 17-22, had a profoundly positive effect on M.A.B.: “The confident, happy kid [his parents] had always known

was coming back.” L.F.B. Decl. ¶ 14. Other students have been generally accepting and supportive of M.A.B.’s gender transition. M.A.B. Decl. ¶ 15.

However, the school system’s refusal to allow M.A.B. to access the boys’ locker room and, for most of the past school year, has continued to negatively impact M.A.B. He “received some ridicule from other students due to not being able to use the boys’ restroom.” M.A.B. Decl. ¶ 23. When his other male friends would go to the boys’ room and M.A.B. would have to go to the single-occupancy restrooms, it was “obvious that [he] was different from other students”; other students gave him “weird looks,” and it made him “feel alienated from the rest of the student body.” *Id.* M.A.B. has felt “like [he] had to sneak around to go to the restroom,” *id.*, and he “tried to use the restroom at school as little as possible.” *Id.* ¶ 25. Being prohibited from using the boys’ restrooms and locker room was a continuing “source of stress and frustration,” which M.A.B. discussed with his therapist. *Id.* ¶ 29.

For M.A.B., like other transgender boys, denying him admission to locker rooms, restrooms, and other facilities that “divide people according to binary gender categories” communicates that he “is ‘not male’ but ‘female’ or some undifferentiated ‘other,’ interferes with [his] ability to consolidate identity, and undermines the social-transition process” that is part of the treatment for gender dysphoria. Eastin Decl. ¶ 23. Effectively, “every time that transgender male is turned away from the boys’ locker rooms and instructed to use the girls’ locker rooms, he is being told that he will never fully be perceived as male and that he can never expect to fully transition his gender.” *Id.* ¶ 24. “If a transgender male is being called a male name, dressing and behaving as a male and participating in male social activities but is not allowed to use the male locker rooms, a full social transition is impossible and the gender consolidation process is interrupted.” *Id.* The “sports activity that was once a source of enjoyment, health and stress

release can become a source of anxiety and distress,” which “may also spill over into other daily activities such as school work, learning and friendships.” *Id.* ¶ 25. This continuing mental health stress of gender dysphoria has consequences for transgender teens during adolescence and even into adulthood. Transgender young people are at sharply elevated risk of depression compared to non-transgender peers (50.6% vs. 20.6%, according to a recent study), anxiety (26.7% vs. 10%), non-lethal self-harming behaviors (16.7% vs. 4.4%), and attempts at suicide (17.2% vs. 6.1%). *Id.* ¶ 28. For gender non-conforming adults in later life, “greater stress and victimization in elementary, middle, and high school education was associated with a greater risk for depression, post-traumatic stress disorder, lower overall life satisfaction, anxiety, and suicidality in adulthood.” *Id.*

Argument

A. The Standard for Issuance of a Preliminary Injunction

Rule 65(a) of the Federal Rules of Civil Procedure authorizes the issuance of preliminary injunctive relief. “In order to receive a preliminary injunction, a plaintiff ‘must establish that he is likely to succeed on the merits, that he is likely to suffer irreparable harm in the absence of preliminary relief, that the balance of equities tips in his favor, and that an injunction is in the public interest.’” *WV Ass’n of Club Owners & Fraternal Servs., Inc. v. Musgrave*, 553 F.3d 292, 298 (4th Cir. 2009) (quoting *Winter v. Natural Res. Defense Council, Inc.*, 555 U.S. 7, 20 (2008)). “[A] preliminary injunction is customarily granted on the basis of procedures that are less formal and evidence that is less complete than in a trial on the merits,” *G.G. ex rel. Grimm v. Gloucester County Sch. Bd.*, 822 F.3d 709, 725 (4th Cir. 2016) (quoting *Univ. of Tex. v. Camenisch*, 451 U.S. 390, 395 (1981)), and at the preliminary injunction stage a court may “tak[e] as true the ‘well-pleaded allegations of [a plaintiff’s] complaint and uncontroverted

affidavits filed in support of the motion for a preliminary injunction.” *G.G.*, 822 F.3d at 725 (quoting *Elrod v. Burns*, 427 U.S. 347, 350 n.1 (1976)). The court “may rely on otherwise inadmissible evidence, including hearsay evidence.” *G.G.*, 822 F.3d at 725 (quoting *Sierra Club, Lone Star Chapter v. FDIC*, 992 F.2d 545, 551 (5th Cir. 1993)).

B. The Court May—and Should—Grant Preliminary Injunctive Relief Under Title IX to Remedy Discrimination on the Basis of Sex Against M.A.B., a Transgender Student

In the interest of streamlining the issues before the Court, and because the Fourth Circuit’s recent reported, precedential decision in *G.G. ex rel. Grimm v. Gloucester County School Board*, 822 F.3d 709 (4th Cir. 2016), *reh’g en banc denied*, ___ F.3d ___, 2016 WL 3080263, 2016 U.S. App. LEXIS 9909 (4th Cir. May 31, 2016), is essentially dispositive of the Title IX issues in this case, Plaintiff limits his request for preliminary injunctive relief to Count I of his Complaint, which alleges a violation of Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 *et seq.* (“Title IX”).

Title IX provides that “[n]o person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance” 20 U.S.C. § 1681(a). Although the statutory text of Title IX does not contain an expressly-stated private right of action, it is settled law that a private right of action is implied in the statute. *Cannon v. Univ. of Chicago*, 441 U.S. 677, 709 (1979) (“Not only the words and history of Title IX, but also its subject matter and underlying purposes, counsel implication of a cause of action in favor of private victims of discrimination.”). A “private right of action under Title IX provides a full spectrum of remedies to a successful plaintiff,” including preliminary injunctive relief. *Pandazides v. Va. Bd. of Educ.*, 13 F.3d 823, 831 (4th Cir. 1994) (citing *Franklin v. Gwinnett Co. Pub. Schs.*, 503 U.S. 60 (1992)).

Many courts, including this Court, have concluded that statutes that prohibit discrimination on the basis of sex effectively prohibit discrimination against a person because they are transgender, because discrimination against someone because they are transgender is a form of sex discrimination. *See, e.g., Finkle v. Howard County*, 12 F. Supp. 3d 780, 788 (D. Md. 2014) (“Plaintiff’s claim that she was discriminated against ‘because of her obvious transgendered status’ is a cognizable claim of sex discrimination under Title VII.”); *see also Glenn v. Brumby*, 663 F.3d 1312, 1316 (11th Cir. 2011); *Barnes v. City of Cincinnati*, 401 F.3d 729, 737 (6th Cir. 2005); *Smith v. City of Salem*, 378 F.3d 566, 573 (6th Cir. 2004); *Rosa v. Park W. Bank & Trust Co.*, 214 F.3d 213, 215-16 (1st Cir. 2000); *Schwenk v. Hartford*, 204 F.3d 1187, 1202 (9th Cir. 2000); *Lewis v. High Point Reg’l Health Sys.*, 79 F. Supp. 3d 588, 589 (E.D.N.C. 2015); *Rumble v. Fairview Health Servs.*, No. 14-CV-2037 SRN/FLN, 2015 WL 1197415, at *2 (D. Minn. Mar. 16, 2015); *Schroer v. Billington*, 577 F. Supp. 2d 293, 306-07 (D.D.C. 2008); *Lusardi v. McHugh*, EEOC DOC 0120133395, 2015 WL 1607756, at *8 (Apr. 1, 2015) (holding that excluding transgender woman from restrooms used by other women deprived her of a basic term and condition of employment, thereby discriminating against her on the basis of sex in violation of Title VII).²

The Fourth Circuit’s recent decision in the Title IX case of *G.G.*, *supra*, a closely factually analogous case to this case, in which the Fourth Circuit reversed the denial of a preliminary injunction to prohibit a school from discriminating against a transgender student, compels the conclusion that a court may—and, where appropriate, must—issue an injunction under Title IX to remedy discrimination against a transgender student such as M.A.B.

² Many of the cited cases are Title VII cases, concerning employment discrimination on the basis of sex. Federal courts routinely look to Title VII case law in construing Title IX. *See Jennings v. Univ. of N.C.*, 482 F.3d 686, 695 (4th Cir. 2007).

C. M.A.B. is Likely to Succeed on the Merits

It is exceptionally clear that M.A.B. is likely to succeed on the merits of his Title IX claim because of the binding precedential effect of the Fourth Circuit's decision in *G.G.*, which is directly on point. The plaintiff in *G.G.*, a transgender boy who is a student at a public high school in Virginia, challenged under Title IX and the Fourteenth Amendment a school policy similar to the one at issue here, restricting him to use of a single-occupancy restroom. (Because *G.G.* did not participate in physical education classes or extracurricular athletic activities at the school, he had not sought access to the boys' locker rooms, and so access to restrooms was the only issue before the Court. *See G.G.*, 822 F.3d at 715 n.2.)

The Fourth Circuit held in *G.G.* that the U.S. Department of Education's interpretation of its own Title IX regulations regarding gender-segregated facilities such as restrooms and locker rooms is entitled to "controlling" deference, *id.* at 723, under the doctrine of *Auer v. Robbins*, 519 U.S. 452 (1997). The statutory text of Title IX does not contain any express exception allowing schools to provide such facilities on a gender-segregated basis, but the Department's Title IX regulations have long provided that a school may provide "separate toilet, locker room, and shower facilities on the basis of sex," so long as "such facilities provided for students of one sex shall be comparable to such facilities provided for students of the other sex." 34 C.F.R. § 106.33. That regulation does not state how a school is to apply it in the case of a transgender student, but the Department has made clear in repeated statements over several years that its interpretation of its regulation on gender-segregated facilities is that "[w]hen a school elects to separate or treat students differently on the basis of sex" by providing sex-segregated toilet, locker room, or shower facilities as the regulation permits, "a school generally must treat

transgender students consistent with their gender identity.’” *G.G.*, 822 F.3d at 718 (quoting Dept. of Ed. opinion letter).

The controlling deference due the Department’s interpretation, as a matter of binding circuit precedent under *G.G.*, establishes that M.A.B. is likely to succeed on the merits in this case. To be sure, there is a factual distinction between this case and *G.G.*, which is that this case involves locker room access and *G.G.* did not. But this is a distinction without a whit of difference.

For starters, neither the Department’s regulation authorizing gender-segregated facilities nor the Department’s interpretation of that regulation in the context of transgender students permit any distinction to be drawn between restrooms and locker rooms. The regulation treats “toilet, locker room, and shower facilities” together without distinction, 34 C.F.R. § 106.33, and the Department’s interpretative statements do the same. In its most recent and comprehensive statement of its interpretation of § 106.33 to date—a “Dear Colleague” letter issued jointly with the Justice Department on May 13, 2016³—the Department of Education said:

Restrooms and Locker Rooms. A school may provide separate facilities on the basis of sex, but must allow transgender students access to such facilities consistent with their gender identity. A school may not require transgender students to use facilities inconsistent with their gender identity or to use individual-user facilities when other students are not required to do so. A school may, however, make individual-user options available to all students who voluntarily seek additional privacy.

Dear Colleague Letter at 3 (boldface in original; endnotes omitted). Under *G.G.*’s holding that courts must defer to the Department’s interpretation of § 106.33, that can and should be the end of the Court’s analysis.

³ The “Dear Colleague” letter is available at: <http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201605-title-ix-transgender.pdf>.

But even if the Court were to look beyond the Department's identical treatment of restrooms and locker rooms, any attempt by Defendants to distinguish locker rooms from restrooms for purposes of access under Title IX would still fail. Defendants may contend that locker rooms are different because people change their clothes in locker rooms and thus a locker room user's naked body could be viewed by other users. Defendants may argue that M.A.B. should not be able to access the boys' locker rooms because it would impinge on the sensitivities or rights of his fellow students. But these distinctions fail as a matter of both fact and law in this case. There is no evidence that M.A.B.'s fellow students are discomfited by his potential use of the locker room. None of M.A.B.'s fellow students has expressed any objection to his use of the boys' restrooms or locker rooms; to the contrary, they have supported and congratulated him in obtaining access to the boys' restrooms in the wake of *G.G.* See M.A.B. Decl. ¶ 33. No improper or unusual incidents have occurred as a result of M.A.B.'s restroom usage. *Id.* ¶ 22. Students generally do not fully strip and change their underwear in the locker room. *Id.* ¶ 33.

Moreover, even if some students do not wish to change clothes in the locker room in close proximity to M.A.B., the extent to which they have to be so, or for it to be possible for M.A.B. inadvertently to observe them, is entirely within their control. They can avail themselves of the privacy features of the locker room or, at worst, they may use the single-occupancy restrooms if they prefer. As Judge Davis observed in *G.G.*: "For other students, using the single-stall restrooms carries no stigma whatsoever, whereas for G.G., using those same restrooms is tantamount to humiliation and a continuing mark of difference among his fellow students." *G.G.*, 822 F.3d at 729 (Davis, J., concurring); see also Dear Colleague Letter at 3 ("A school may . . . make individual-user options available to all students who voluntarily seek additional privacy."). Cf. *Cruzan v. Special Sch. Dist. No. 1*, 294 F.3d 981, 984 (8th Cir. 2002) (employee

who did not want to use same restroom as a transgender employee was free to use unisex restroom instead); *Lusardi*, 2015 WL 1607756, at *9 (“Some co-workers may be confused or uncertain about what it means to be transgender, and/or embarrassed or even afraid to share a restroom with a transgender co-worker. But supervisory or co-worker confusion or anxiety cannot justify discriminatory terms and conditions of employment.”).

Just as in *G.G.*, M.A.B.’s use of the boys’ locker room will not present the specter of “constitutional abuses” of students being forced to disrobe while being viewed against their will by a person with different anatomy, *G.G.*, 822 F.3d at 723 n.10 (majority op.); this case is a far cry from the cases involving surreptitious video surveillance or strip searches in a police or correctional context, cited by the *G.G.* dissent, and this case does not present those concerns any more than *G.G.* did. *See id.* As the *G.G.* majority observed, the amorphous possibility of “sexual responses prompted by students’ exposure to the private body parts of students of the other biological sex,” *id.* at 723 n.11 (quoting dissent), is not a cognizable danger sufficient to bar M.A.B. from accessing the locker room.

G.G. compels the conclusion that M.A.B. is likely to succeed on the merits: “In light of the weight of circuit authority concluding that discrimination against transgender individuals constitutes discrimination ‘on the basis of sex’ ... and [the *G.G.* Court’s] holding ... that the Department’s interpretation of 34 C.F.R. § 106.33 is to be given controlling weight,” M.A.B. “has surely demonstrated a likelihood of success on the merits of his Title IX claim.” *Id.* at 727 (Davis, J., concurring).

D. M.A.B. Will Suffer Irreparable Harm in the Absence of Preliminary Injunctive Relief

Each day—each soccer game or practice, each session of physical education class—that M.A.B. is barred from accessing the boys’ locker room is a day of his high school experience that he can never get back. Violation of rights under Title IX constitutes irreparable harm that cannot adequately be compensated by monetary damages. *Doe v. Wood Cty. Bd. of Educ.*, 888 F. Supp. 2d 771, 777 (S.D.W.V. 2012) (so holding; citing *McCormick ex rel. McCormick v. Sch. Dist. of Mamaroneck*, 370 F.3d 275, 301-02 n.25 (2d Cir. 2004); *Roberts v. Colo. State Bd. of Agric.*, 998 F.2d 824, 833 (10th Cir. 1993)).

And, although the denial of M.A.B.’s statutory right against discrimination—the separate and unequal treatment to which M.A.B. is being subjected, in the form of being required to use different facilities that are materially inferior, and being deprived of the camaraderie, team bonding, and coaching that often occurs in locker rooms settings—constitutes irreparable harm in itself, the potential harm is more insidious here because of the potential impact on M.A.B.’s gender dysphoria of continued denial of access to locker room facilities consistent with his gender identity. As the literature on transgender adolescents and adults shows, according to Plaintiff’s expert Dr. Julie A. Eastin, when “school administrators and teachers amplify [a transgender teen’s] ‘outsider’ status by refusing to allow open access to activities and facilities that match the student’s gender identity such as gym locker rooms,” the transgender person experiences “feelings of shame, embarrassment and low self-worth that can contribute to an elevated risk of being diagnosed with depression and anxiety as well as higher incidents of academic difficulties, school refusal and dropping out of school.” Eastin Decl. ¶ 27. These negative feelings contribute to higher incidence of depression, anxiety, and even self-harm or suicidality among transgender teens, and this higher incidence continues into adulthood. *Id.*

¶ 28. As in *G.G.*, “as a result of the Board’s ... policy, [M.A.B.] experiences daily psychological harm that puts him at risk for long-term psychological harm,” and he “has thus demonstrated that he will suffer irreparable harm in the absence of an injunction.” *G.G.*, 822 F.3d at 728 (Davis, J., concurring).

E. The Balance of Equities Favors M.A.B.

Given M.A.B.’s strong likelihood of success on the merits and the irreparable harm he will suffer if an injunction is not issued, the balance of equities tilts heavily in M.A.B.’s favor. In contrast to the irreparable harm that M.A.B. faces, Defendants will not suffer any harm from issuance of a preliminary injunction allowing a single student, M.A.B., to access appropriate locker room facilities. The school will not incur any cost in facility upgrades or changes, as M.A.B. will use preexisting locker room facilities. And the layout of the boys’ locker room already contains sufficient privacy features to enable any student who wishes to change clothing in greater privacy from other students to do so. *See* M.A.B. Decl. ¶ 31.

Defendants may again raise, as did the defendants in *G.G.*, that the Court should weigh in the balance of equities the alleged discomfort that some other students hypothetically might feel as a result of M.A.B.’s use of the boys’ locker room. But, as already discussed, there is no evidence that M.A.B.’s fellow students are discomfited, and any student who is uncomfortable can use the privacy features of the locker room to ensure that they have adequate privacy.

F. Entry of a Preliminary Injunction is in the Public Interest

In civil rights cases, the fourth *Winter* factor ordinarily follows ineluctably from the first three, and that is true in this case. As Judge Davis observed in *G.G.*: “Having concluded that

G.G. has demonstrated a likelihood of success on the merits of his Title IX claim, denying the requested injunction would permit the Board to continue violating G.G.'s rights under Title IX for the pendency of this case. Enforcing G.G.'s right to be free from discrimination on the basis of sex in an educational institution is plainly in the public interest." *G.G.*, 822 F.3d at 729 (Davis, J., concurring). So too here.

G. The Court Should Waive Imposition of a Bond or Require Only a Nominal Bond

Rule 65(c) of the Federal Rules of Civil Procedure provides that a movant for a preliminary injunction ordinarily must "give[] security in an amount that the court considers proper to pay the costs and damages sustained by any party found to have been wrongfully enjoined or restrained," as a condition of preliminary injunctive relief. Although a court "is not free to disregard the bond requirement altogether," a court "has discretion to set the bond amount 'in such sum as the court deems proper.'" *Hoechst Diafoil Co. v. Nan Ya Plastics Corp.*, 174 F.3d 411, 421 (4th Cir. 1999) (quoting rule). "Where the district court determines that the risk of harm is remote, or that the circumstances otherwise warrant it, the court may fix the amount of the bond accordingly. In some circumstances, a nominal bond may suffice." *Id.* at 421 n.3.

The Court should set the bond amount at zero or only a nominal amount. "Security [under Fed. R. Civ. P. 65(c)] is generally fixed in an amount covering 'the potential incidental and consequential costs' as well as either the losses the wrongly enjoined party will suffer or the amount of the complainant's unjust enrichment during the period of prohibited conduct." *Metro. Reg'l Information Sys., Inc. v. Am. Home Realty Network, Inc.*, 904 F. Supp. 2d 530, 536 (D. Md. 2012) (quoting *Hoechst*, 174 F.3d at 421), *aff'd*, 722 F.3d 591 (4th Cir. 2013). Compliance with an injunction allowing Plaintiff to access locker room facilities will not entail any expenditure of

funds or financial loss for defendants, or pecuniary enrichment for Plaintiff. *Cf. Hake v. Carroll County*, Civ. No. WDQ-13-1312, 2014 U.S. Dist. LEXIS 40476, at *26-27 (D. Md. Mar. 25, 2014) (“Here, there will be no monetary damages or other harm to the County from requiring that it conduct its Board meetings without sectarian opening prayers, in accordance with the requirements of the Establishment Clause.”).

Conclusion

For the foregoing reasons, the Court should issue a preliminary injunction in Plaintiff’s favor. A proposed form of injunction is attached for the Court’s consideration.

Date: July 20, 2016

Respectfully submitted,

/s/ Jer Welter

Jer Welter, Esq.

D. Md. Bar No. 29565

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D. Md. Bar No. 19526

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Attorneys for Plaintiff

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
(Northern Division)**

M.A.B., a minor,
by and through his parents and next friends,
L.A.B. and L.F.B.,
Plaintiff,

v.

**BOARD OF EDUCATION OF TALBOT
COUNTY, et al.,**
Defendants.

Civil Action No. **GLR-16-2622**

PRELIMINARY INJUNCTION

M.A.B., Plaintiff, who is a fourteen-year-old transgender boy, has filed a four-count Complaint against the Board of Education of Talbot County, Talbot County Public Schools Superintendent Dr. Kelly L. Griffith, and St. Michaels Middle-High School Principal Tracy Elzey, and has filed a Motion for Preliminary Injunction seeking preliminary injunctive relief as to Count I of his Complaint, which alleges an ongoing violation of Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 *et seq.* (“Title IX”), due to Defendants’ denial of access for Plaintiff to boys’ locker room facilities. The Court has received written briefing on the Motion and held a hearing on _____, 2016.

For the following reasons, and for the reasons more fully stated on the record at the hearing, the Court finds that a preliminary injunction is warranted in this case because Plaintiff has demonstrated a substantial likelihood that he will prevail on the merits as to his Title IX claim; that, in the absence of such preliminary injunctive relief, Plaintiff will suffer irreparable injury, in the form of denial of his right to be free of discrimination on the basis of sex under

Title IX and foreseeable harm to his mental health resulting from the denial of that right; that the balance of the equities favors Plaintiff; and that an injunction is in the public interest.

Accordingly, it is, this _____ day of _____, 2016, by the United States District Court for the District of Maryland, ORDERED:

1. Plaintiff's Motion for Preliminary Injunction is GRANTED;
2. Until the conclusion of this litigation, or subsequent Order of the Court, the Board of Education of Talbot County, Dr. Kelly L. Griffith in her official capacity as Superintendent of the Talbot County Public Schools, Tracy Elzey in her official capacity as Principal of St. Michaels Middle-High School, and their officers, agents, servants, employees, attorneys, and all persons acting for them or in active concert or participation, SHALL allow Plaintiff, whose initials are M.A.B. and whose identity is known to Defendants, to access boys' locker room facilities maintained and operated by Talbot County Public Schools and any of its component schools or institutions on the same terms and to the same extent as any other male student enrolled in the Talbot County Public Schools.
3. The Court finds that the risk of any monetary harm to Defendants from compliance with this injunction is remote, and therefore waives the requirement of a bond for this injunction.
4. The Clerk is directed to docket this Preliminary Injunction immediately and to provide a certified copy of this Preliminary Injunction to each party as soon as practicable.

George Levi Russell, III
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
(Northern Division)

M.A.B., a minor,
by and through his parents and next friends,
L.A.B. and L.F.B.,
Plaintiff,

v.

**BOARD OF EDUCATION OF TALBOT
COUNTY, et al.,**
Defendants.

Civil Action No. _____

DECLARATION OF M.A.B.

I, M.A.B., do solemnly declare:

1. I am the Plaintiff in the above-captioned case. Except as otherwise specifically stated, I have first-hand, actual knowledge of the matters stated in this Declaration.
2. My initials are M.A.B.
3. I am a boy, and I am fourteen years old.
4. I live in Talbot County, Maryland.
5. I am a student at St. Michaels Middle-High School, which is a public school in Talbot County. I have been a student at St. Michaels Middle-High School since the Seventh Grade. I will be starting the Ninth Grade at the school in the Fall of 2016.
6. I have good grades in school (mostly A's and some B's). My favorite school subjects are math and band.
7. Outside of school, I enjoy playing soccer, video games, watching Youtube videos, and hanging out with my friends.
8. Tryouts for my school's soccer team will begin on August 10, 2016. I intend to

try out for and compete on the soccer team. The soccer team is coeducational.

9. I was raised as a girl. However, for as long as I can remember, I have not felt like a girl. I would always protest wearing feminine clothing, specifically dresses, play with my younger brothers' toys, and always seemed to have better relationships with male friends.

10. By the Sixth Grade, I realized that I am a boy. Since then, I have learned that the term to describe someone like me—whose internal sense of their own gender does not match the gender they were designated at birth—is “transgender.”

11. It felt very uncomfortable to know that I am a boy but for everyone to consider me a girl and treat me as a girl. It often felt as if I was lying to people when I presented myself as a girl rather than a boy, and it would sometimes get to the point where I would feel sick to my stomach to think about living my life as a girl. I have since learned that there is a term for this uncomfortable feeling: “gender dysphoria.”

12. I began seeing a therapist in the Spring of 2014 regarding these feelings. My therapist clinically diagnosed me with gender dysphoria in the Summer or Fall of 2014.

13. In the Fall of 2014, during my Seventh Grade year, my parents and I told staff at the school about my gender identity and we developed a plan for my social transition at school.

14. Beginning on my birthday that year (in February 2015), I “came out” as male to staff and other students at the school, and began going by my chosen name at school, which matches my identity (my chosen name begins with “M.” and is a boy’s name, unlike my birth name, which begins with “S.” and is a girl’s name). Later, in the Fall of 2015, my parents helped me file a petition in court to legally change my name to my chosen name. The name change order was issued in November 2015.

15. People at the school, both teachers and staff as well as other students, have

generally been good about addressing me by my chosen name and using male pronouns (he, him, his) to refer to me. The majority of students have handled my transition well, recognizing and accepting me as male. Of course, there have been some unintentional mistakes of people referring to me by my birth name and female pronouns. There was only one occasion when another student tried to bully me by referring to me by my birth name and pronouns on purpose; school staff addressed this issue with her.

16. Through the remainder of the Seventh Grade school year (2014-2015), the school made a single-occupancy restroom available for my use in the school nurse's office

17. During the Summer of 2015, my parents and I began communicating with staff at the school about appropriate restroom access for me. We also knew that I would need appropriate locker room access, because I was scheduled to take physical education class in the second half of the upcoming Fall semester.

18. Staff at my school, including my principal, Dr. Helga Einhorn, were initially supportive of giving me access to the boys' restrooms and locker room. However, in late August 2015, Dr. Einhorn informed me and my parents that higher-level supervisors in the county school system had decided that I could not be given access to the boys' restrooms and locker room.

19. My parents and I met and/or spoke by phone on several occasions in the early Fall of 2015 with school system personnel about my access to restrooms and locker rooms, including Dr. Einhorn, Lynne Duncan (of the Talbot County Public Schools Office of Student Services), and Bill Keswick (Title IX Coordinator for Talbot County Public Schools). However, school system staff continued to insist that I could not use the boys' restrooms and boys' locker room.

20. School system staff informed us that, in addition to the single-occupancy restroom in the nurse's office, that the two single-occupancy restrooms outside the school auditorium

(which are immediately next to each other and were designated as teacher restrooms) would be redesignated as gender-neutral restrooms and that I could use any of those three restrooms (for restroom usage as well as changing clothing before and after gym class), or that I could use the girls' restrooms and locker room, but that I could not use the boys' restrooms or locker room.

21. We retained lawyers to communicate with the school system but the school system refused to change its position. Through our lawyers, we also filed a complaint against the school system with the U.S. Department of Education, Office of Civil Rights. That complaint is still being investigated and has not yet been resolved.

22. In the meantime, I primarily used the three single-occupancy restrooms at the school, although there were a handful of times when I used the boys' restroom because it was not practical to use a single-occupancy restroom given that the single-occupancy restrooms were too far away—on these occasions, no school staff noticed that I used the boys' restroom and no improper or unusual incidents occurred in the restroom.

23. Having to use the single-occupancy restrooms was very difficult for me. I received some ridicule from other students due to not being able to use the boys' restroom. My other male friends would go to the boys' restroom and I would have to go to the single-occupancy restrooms, which made it obvious that I was different from other students. Using the single-occupancy restrooms made me feel alienated from the rest of the student body. I felt like I had to sneak around to go to the restroom, since I got weird looks from other students when I went into the single-occupancy restrooms that were designated as gender-neutral. To my knowledge, no non-transgender student was required to use the single-occupancy restrooms or prohibited from using the communal restroom consistent with their gender identity.

24. There were also many points in the day when it was very impractical to have to

use the single-occupancy restrooms. For instance, in the Fall 2015 semester, my fourth-period class was in Room 314, which is in a wing of the school where none of the single-occupancy restrooms is located (although there are several boys' rooms in that wing). Unless I wanted to get in trouble for taking too long to use the restroom, I had to hold it. It was very difficult for me to use the single-occupancy restrooms in between classes without being late for class.

25. Because of all of these difficulties, I tried to use the restroom at school as little as possible.

26. Having to use the single-occupancy restrooms to change for gym class, when I started having gym class in the second half of the Fall 2015 semester, was even more difficult. The single-occupancy restrooms are not particularly close to the gym. They also do not have lockers or benches or showers. To change clothes for gym class, I would have to go get my gym clothes from my student locker (which was located just outside the gym with the other Eighth Grade lockers), go to the single-occupancy restroom, change, take my regular clothes back to my locker, and then go into the gym. This generally took three to five minutes longer than if I was able to change in the locker room. After class, I would have to leave the gym to change (again going first to my student locker, then to the restroom, then back to my locker), which made me feel like an outsider because I was the only student who did not change in the locker room.

27. Because of the extra time that changing for gym using the single-occupancy restrooms took, my regular gym teacher gave me three more minutes than the other students; however, on more than one occasion a substitute teacher taught gym class, and I had to "out" myself as transgender to the substitute teacher and explain the whole situation in order to avoid being disciplined for being late to gym class.

28. On some occasions, when I expected that gym class would not make me sweat

profusely, I just would not change into different clothes for gym. However, we are supposed to change into different clothes for gym, and so on a few occasions the gym teacher noticed that I was not properly dressed and deducted points from my grade.

29. Being required to use the single-occupancy restrooms at school has been a source of stress and frustration in my life, and I have had to discuss it with my therapist.

30. I have never used the girls' locker room at the school.

31. I also have never used the boys' locker room at the school, but other male friends have described the locker room to me. Based on this description, I know that the locker room contains private stall areas that are curtained off or could be curtained off so that any student who wanted to change in greater privacy could do so. Also, there are toilets in the boys' locker room facility, and they are partitioned into stalls with doors. Most students do not change their underwear before or after gym and are never fully naked in view of other students in the locker room.

32. Very late in the school year, in April 2016, I learned about the decision in the *G.G. v. Gloucester County School Board* case. Soon after that decision came out, the school system informed my lawyer that the school system would let me use the boys' restroom, but that I still could not use the boys' locker room (by that point in the year, I was no longer taking gym class and so did not have an immediate need to use the locker room). I began using the boys' restrooms, although it was not until several weeks later, on May 13, 2016, that Dr. Einhorn directly told me that I could.

33. Since I started using the boys' restrooms, no other male student has expressed any discomfort with me using the male facilities. In fact, the response has been quite the opposite: many other male (and female) students have congratulated me on gaining the right to use the

boys' restroom.

34. The tryouts for the school's soccer team start on August 10, 2016. I intend to try out for the soccer team.

35. I will need access to the boys' locker room to be able to change clothes before and after soccer practice.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 7/18/16

M.A.B.
M.A.B. (sign with initials only)

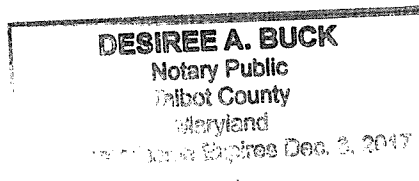
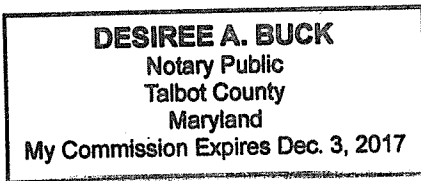
Sworn and subscribed to before me this 18 day of July, 2016.

Desiree A. Buck
NOTARY PUBLIC

Name of notary (print): Desiree A. Buck

SEAL:

My commission expires: Dec 3, 2017



IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
(Northern Division)

M.A.B., a minor,
by and through his parents and next friends,
L.A.B. and L.F.B.,
Plaintiff,

v.

**BOARD OF EDUCATION OF TALBOT
COUNTY, et al.,**
Defendants.

Civil Action No. _____

DECLARATION OF L.A.B.

I, L.A.B., do solemnly declare:

1. I am the mother of the Plaintiff in the above-captioned case. Except as otherwise specifically stated, I have first-hand, actual knowledge of the matters stated in this Declaration.
2. My initials are L.A.B.
3. I have been married to my husband, whose initials are L.F.B., for 20 years.
4. I am a mother of three boys, and I am 45 years old.
5. I live in Talbot County, Maryland.
6. I have a son, whose initials are M.A.B. He is my first child.
7. M.A.B. is a student at St. Michaels Middle-High School, which is a public school in Talbot County. He has been a student at St. Michaels Middle-High School since the Seventh Grade. He will be starting the Ninth Grade at the school in the Fall of 2016.
8. M.A.B. was assigned female at birth. From early toddler ages M.A.B. acted like a tomboy. He resisted wearing dresses and any clothing with lace or ruffles and played more with boys his age than girls. M.A.B. rarely played with toys that were typically seen as “girl” toys

such as dolls. He enjoyed playing with his younger brother's toy trucks, cars, and trains. As he got older, I allowed M.A.B. to wear what he preferred—pants and shirts for casual and dressier occasions. While attending a private school during Kindergarten through Third Grade, M.A.B. expressed dislike for the romper uniform required for girls. He always enjoyed the day of the week when he had P.E. since all students could wear their gym shorts/sweatpants and t-shirt all day at school. Once he attended public school in Fourth Grade, I noticed a slow, gradual change in his dressing more masculine over the next two years. Clothes shopping became extremely difficult to find shirts and pants that didn't have ruffles, lace, or feminine designs. He started asking to purchase t-shirts from the boys' section of stores. M.A.B. started wearing hoodies daily to school regardless of the temperature outside. During his preschool years, I enrolled M.A.B. in ballet and rhythmic gymnastic classes that he only attended for 3 months or less each. He did not like wearing the required leotard outfits for ballet and gymnastics. At the age of 4, M.A.B. joined a recreational coed soccer program that he enjoyed. Soccer was the first activity that he wanted to sign up for subsequent seasons. In Kindergarten, M.A.B. played softball and appeared to enjoy playing this sport with the girls from his school. M.A.B. continued playing softball through Sixth Grade.

9. During M.A.B.'s Sixth Grade year, I noticed mood changes from a happy child to a sad and depressed child. He frequently stayed home from school feeling sick to his stomach. He socialized less with his female friends outside of school even though my husband and I encouraged inviting girlfriends over to our house. Most of his socialization was through texting male friends.

10. In the Spring of M.A.B.'s Sixth Grade year, his father and I were concerned about his emotional state and sought out a therapist for M.A.B. to talk to about his depression and what

we later found out of his thoughts of his gender identity not being aligned with his birth sex.

During the Summer of 2014, M.A.B. told us that he was a boy. His therapist clinically diagnosed him with gender dysphoria in the late summer or early fall of that year.

11. I was confronted by several different emotions with the realization that M.A.B is transgender. Initially, I was in denial and thought that he was just having difficulty fitting in with the small community of females in his school that were developing and becoming more interested in make-up, clothes, and talking about boys compared to my tomboy. Once I understood and accepted that M.A.B. was transgender and not a tomboy, I felt a sense of loss for the daughter that I thought I had. I was nervous and scared for M.A.B.'s safety in this world that may not be accepting of someone who is transgender. I was also nervous for how his friends may react to this information. I became relieved once his close friends, their parents, and school were informed of M.A.B. being transgender and were accepting of him.

12. In the Fall of 2014, during his Seventh Grade year, M.A.B, my husband and I told staff at the school about M.A.B.'s gender identity and we developed a plan for his social transition at school.

13. Beginning on his birthday that year (in February 2015), M.A.B. "came out" as male to staff and other students at the school, and began going by his chosen name at school, which matches his identity (his chosen name begins with "M." and is a boy's name, unlike his birth name, which begins with "S." and is a girl's name). Later, in the Fall of 2015, my husband and I helped M.A.B. file a petition in court to legally change his name to his chosen name. The name change order was issued in November 2015.

14. Once M.A.B. "came out" at school, the school principal and M.A.B.'s guidance counselor kept in touch with me and were available to me by phone to check in on his social well

being with his peers and teachers. M.A.B. only communicated to me one occasion when another student tried to bully him by referring to him by his birth name and pronouns on purpose. I called the principal, Dr. Helga Einhorn, the following morning after I found out about the incident. She communicated with me that she and the school staff would address this issue with the student.

15. Through the remainder of the Seventh Grade school year (2014-2015), the school made a single-occupancy restroom available for M.A.B. to use in the school nurse's office.

16. In June 2015 after M.A.B. completed his Seventh Grade year, before teachers left for the summer, I spoke with the school principal, Dr. Helga Einhorn, requesting access for M.A.B. to the boys' restrooms and locker room starting his Eighth Grade year. Dr. Einhorn communicated that she would discuss this issue with key school staff members including the P.E. teachers before they left for the summer and work through the summer on anything she identified as necessary to prepare for the following school year. In early August 2015, I forwarded via email a document entitled "Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools" that was newly published to both the school's principal and guidance counselor. In October 2015, I forwarded to both the principal and guidance counselor the Maryland State Department of Education's guidelines, "Providing Safe Spaces for Transgender and Non-Conforming Youth: Guidelines for Gender Identity Non-Discrimination."

17. During most of the Summer of 2015, I did not hear of any developments or concerns from Dr. Einhorn regarding access to the boys' restrooms and locker room. In early August 2015, Dr. Einhorn communicated that the school was prepared for M.A.B. to use both the boys' restrooms and locker room. However, in late August 2015—one day prior to M.A.B.'s first day of his Eighth Grade year—Dr. Einhorn informed me that higher-level supervisors in the county school system had decided that M.A.B. could not be given access to the boys' restrooms

and locker room.

18. My husband, M.A.B., and I met and/or spoke by phone on several occasions in the early Fall of 2015 with school system personnel about M.A.B.'s access to restrooms and locker rooms, including Dr. Einhorn, Lynne Duncan (of the Talbot County Public Schools Office of Student Services), and Bill Keswick (Title IX Coordinator for Talbot County Public Schools). However, school system staff continued to insist that M.A.B. could not use the boys' restrooms and boys' locker room.

19. I communicated by phone and email on several occasions with two different staff members, Lynne Muller and Renee Yarbough-Williams, at Maryland State Department of Education (MSDE) in the Fall of 2015 regarding their guidance on transgender students' access to restroom and locker room facilities. Both MSDE staff members indicated that M.A.B. should have access to the facilities of his gender identity. Both staff members communicated to me that they would call and speak with TCPS regarding M.A.B.'s rights to access the boys' restrooms and boys' locker room.

20. School system staff informed us that, in addition to the single-occupancy restroom in the nurse's office, that the two single-occupancy restrooms outside the school auditorium (which are immediately next to each other and were designated as teachers' restrooms) would be redesignated as gender-neutral restrooms and that M.A.B. could use any of those three restrooms (for restroom usage as well as changing clothing before and after gym class), or that he could use the girls' restrooms and locker room, but that he could not use the boys' restrooms or locker room.

21. We retained lawyers to communicate with the school system but the school system refused to change its position. Dr. Kelly Griffith, the superintendent of Talbot County

Public Schools spoke with me personally in or about October 2015 about the issue, but she reiterated that M.A.B. would not be permitted to access the boys' restrooms or locker room.

22. Through our lawyers, we filed a complaint against the school system with the U.S. Department of Education, Office of Civil Rights, in November 2015. That complaint is still being investigated and has not yet been resolved.

23. In the meantime, M.A.B. communicated to my husband and I that he primarily used the three single-occupancy restrooms at the school, although there were a handful of times when he used the boys' restroom because it was not practical to use a single-occupancy restroom given that the single-occupancy restrooms were too far away—on these occasions, no school staff noticed that he used the boys' restroom and no improper or unusual incidents occurred in the restroom. He also communicated to me that he was avoiding using the restrooms at school in general.

24. I was concerned for M.A.B.'s health as he communicated not using the restrooms during the day at school. I urged him to drink plenty of water during the day and not to worry about being late to class if he needed the restroom.

25. M.A.B. communicated to me about his feelings of being "outed" and feeling "different" than his peers during the late Fall 2015 when he had P.E. He was frustrated and spoke about this to his therapist.

26. Very late in the school year, in April 2016, we learned about the decision in the *G.G. v. Gloucester County School Board* case. Soon after that decision came out, the school system informed our lawyer that the school system would let M.A.B. use the boys' restroom, but that he still could not use the boys' locker room (by that point in the year, he was no longer taking gym class and so did not have an immediate need to use the locker room). He began

using the boys' restrooms, although it was not until several weeks later, on May 13, 2016, that Dr. Einhorn called our home and spoke with my husband to directly communicate this change of policy.

27. Since M.A.B. started using the boys' restrooms, I became less worried about his health knowing that he had more opportunity to use restroom facilities where he would not have to worry about needing extra time due to locations of the gender-neutral restrooms.

28. The tryouts for the school's soccer team start on August 10, 2016. M.A.B. intends to try out for the soccer team.

29. M.A.B. will need access to the boys' locker room to be able to change clothes before and after soccer practice. In addition to changing, locker rooms historically lend themselves to team bonding experiences that he should be part of and not feel excluded from.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 7/18/2016

L.A.B.
L.A.B. (sign with initials only)

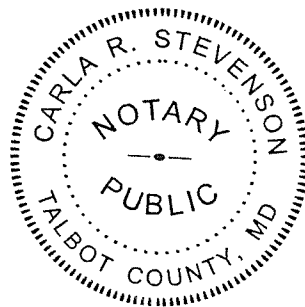
Sworn and subscribed to before me this 18 day of July, 2016.

Carla R. Stevenson
NOTARY PUBLIC

Name of notary (print): Carla R. Stevenson

SEAL:

My commission expires: 8/4/2018



IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
(Northern Division)

M.A.B., a minor,
by and through his parents and next friends,
L.A.B. and L.F.B.,
Plaintiff,

v.

**BOARD OF EDUCATION OF TALBOT
COUNTY, et al.,**
Defendants.

Civil Action No. _____

DECLARATION OF L.F.B.

I, L.F.B., do solemnly declare:

1. I am the father of the Plaintiff in the above-captioned case. Except as otherwise specifically stated, I have first-hand, actual knowledge of the matters stated in this Declaration.
2. My initials are L.F.B.
3. I am a male, and I am forty-five years old.
4. I live in Talbot County, Maryland.
5. I have a son, whose initials are M.A.B. He is a student at St. Michaels Middle-High School, which is a public school in Talbot County. He has been a student at St. Michaels Middle-High School since the Seventh Grade. He will be starting the Ninth Grade at the school in the Fall of 2016.
6. Tryouts for M.A.B.'s school's soccer team will begin on August 10, 2016. He intends to try out for and compete on the soccer team. The soccer team is coeducational.
7. As a young child, M.A.B. was a confident, friendly, happy kid. He made friends easily and I often received compliments on how well behaved he was. He always earned high

grades in school. Parent-teacher conferences were always the same story, year after year.

Teachers would tell me that I had a great child, who was doing fantastic both academically and socially.

8. In Sixth Grade, M.A.B.'s mood and behavior began to change. He began to spend much more time alone in his room. He became noticeably depressed. The confident, happy kid I had always known was fading away. At first I thought it might just be a phase. I knew puberty was starting and I hoped it was something that would pass. However, as time passed his mood just became more and more depressed.

9. After being depressed for some time, M.A.B. began seeing a therapist. It was after being in therapy for a while that M.A.B. came out to me as transgender. I know I did not fully understand what that meant at the time. Since that time I'm sure I have learned much more about it than the general population. I've learned that my son was uncomfortable to the point where he would feel sick to his stomach to think about living his life as a girl. I have learned that there is a term for this uncomfortable feeling: "gender dysphoria."

10. At first I was not sure how to feel and I wondered if my son might just be confused about how he was feeling. But, when I look back, the signs were always there. He never wanted to wear a dress. He never wanted to wear a shirt with anything "frilly" on it. It's not easy to find shirts in the girls' section that don't have some fringe or flowers on it. He never played with girl dolls. "Barbies" that he received as gifts just gathered dust in the corner. He always had more fun playing with boys than girls.

11. Once my son came out at home and he knew that our family accepted and loved him for he was, his mood at home began to improve.

12. In the Fall of 2014, during my son's Seventh Grade year, my wife, son and I told

staff at the school about his gender identity and we developed a plan for his social transition at school.

13. Beginning on his birthday that year (in February 2015), he “came out” as male to staff and other students at the school, and began going by his chosen name at school, which matches his identity (his chosen name begins with “M.” and is a boy’s name, unlike his birth name, which begins with “S.” and is a girl’s name). Later, in the Fall of 2015, my wife and I helped him file a petition in court to legally change his name to his chosen name. The name change order was issued in November 2015.

14. After coming out publicly, my son’s mood improved immensely. The confident, happy kid I had always known was coming back.

15. Through the remainder of the Seventh Grade school year (2014-2015), the school made a single-occupancy restroom available for him to use in the school nurse’s office

16. During the Summer of 2015, my wife, son and I began communicating with staff at the school about appropriate restroom access for him. We also knew that he would need appropriate locker room access, because he was scheduled to take physical education class in the second half of the upcoming Fall semester.

17. Staff at the school, including the principal, Dr. Helga Einhorn, were initially supportive of giving him access to the boys’ restrooms and locker room. However, in late August 2015, Dr. Einhorn informed us that higher-level supervisors in the county school system had decided that he could not be given access to the boys’ restrooms and locker room.

18. My wife, son and I met and/or spoke by phone on several occasions in the early Fall of 2015 with school system personnel about his access to restrooms and locker rooms, including Dr. Einhorn, Lynne Duncan (of the Talbot County Public Schools Office of Student

Services), and Bill Keswick (Title IX Coordinator for Talbot County Public Schools). However, school system staff continued to insist that he could not use the boys' restrooms and boys' locker room.

19. School system staff informed us that, in addition to the single-occupancy restroom in the nurse's office, that the two single-occupancy restrooms outside the school auditorium (which are immediately next to each other and were designated as teacher restrooms) would be redesignated as gender-neutral restrooms and that he could use any of those three restrooms (for restroom usage as well as changing clothing before and after gym class), or that he could use the girls' restrooms and locker room, but that he could not use the boys' restrooms or locker room.

20. We retained lawyers to communicate with the school system but the school system refused to change its position. Through our lawyers, we also filed a complaint against the school system with the U.S. Department of Education, Office of Civil Rights. That complaint is still being investigated and has not yet been resolved.

21. In the meantime, M.A.B. primarily used the three single-occupancy restrooms at the school.

22. Having to use the single-occupancy restrooms was very difficult for him. He told me it made him feel different and that he would get weird looks from other kids whenever he used them. He said at some points during the day he had to "hold it", either because the single occupancy restrooms were too far away or because he was just uncomfortable using them.

23. Having to use the single-occupancy restrooms to change for gym class, when he started having gym class in the second half of the Fall 2015 semester, was even more difficult. Every day that my son had gym class he was made to feel different. It was not just the kids in his gym class that saw he had to go somewhere else to change. Every classroom he had to pass

going back and forth between the gym the single-occupancy restrooms saw him. When there are substitute teachers he often needs to explain his "situation".

24. Very late in the school year, in April 2016, we learned about the decision in the *G.G. v. Gloucester County School Board* case. Soon after that decision came out, the school system informed our lawyer that the school system would let my son use the boys' restroom, but that he still could not use the boys' locker room (by that point in the year, he was no longer taking gym class and so did not have an immediate need to use the locker room). He began using the boys' restrooms, although it was not until several weeks later, on May 13, 2016, that Dr. Einhorn directly told us that he could.

25. The tryouts for the school's soccer team start on August 10, 2016. M.A.B. intends to try out for the soccer team.

26. He will need access to the boys' locker room to be able to change clothes before and after soccer practice.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 7/18/16 JFB
L.F.B. (sign with initials only)

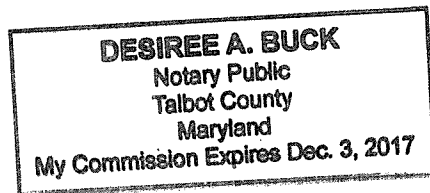
Sworn and subscribed to before me this 18 day of July, 2016.

Desiree A. Buck
NOTARY PUBLIC

Name of notary (print): Desiree A. Buck

SEAL:

My commission expires: Dec 3, 2017



**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
(Northern Division)**

**M.A.B., a minor,
by and through his parents and next friends,
L.A.B. and L.F.B.,**

Plaintiff,

v.

**BOARD OF EDUCATION OF TALBOT
COUNTY, et al.,**

Defendants.

Civil Action No. **GLR-16-2622**

DECLARATION OF JULIE A. EASTIN, Ph.D.

I, Julie A. Eastin, do solemnly declare:

Preliminary Statement

1. I have been retained by counsel for the Plaintiff as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration.

2. My professional background, experience, and presentations are detailed on my curriculum vita which is included as an attachment to this declaration. I received my joint doctorate in clinical psychology and women's studies from the University of Michigan in 2006 and have been working as a licensed psychologist in Maryland since 2008.

3. I served as a Staff Psychologist, Assistant Director, Director, and Senior Director of the Behavioral Health Department at Chase Brexton Health Care, Inc., in Baltimore and Glen Burnie, Maryland, since 2008. Chase Brexton was founded as a gay health clinic in 1978 and has since evolved to not only serve the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) and Human Immunodeficiency Virus infection and Acquired Immune Deficiency Syndrome

(HIV/AIDS) positive communities but to offer a continuum of health care services to a diverse and often medically underserved community.

4. Over the course of my employment, I served as the primary behavioral health provider for many adult individuals, couples and families who identified as part of the LGBTQ community as well as the clinical and administrative supervisor for many of the clinicians on staff and was appointed as chairperson for the organization's LGBTQ subcommittee. The primary goal of the subcommittee was to enhance the quality of care for LGBTQ patients through staff and provider training, building and maintaining standards of LGBTQ patient care and ongoing monitoring of successful outcomes for this patient population.

5. My clinical experience and training with children and youth spans across my supervised experience doing residential treatment work with children and adolescents in 1991 through my current outpatient private practice work with children, adolescents and families. I have worked in residential, day treatment, inpatient and outpatient settings with children and youth as well as their families.

6. Over the course of the past 25 years, I have spent hundreds of clinical hours working with youth, young adults and older individuals who are questioning their sexuality and gender identities. I have served as a psychologist for over two dozen transgender individuals in the context of individual, couples or family psychotherapy. As assistant director, director of behavioral health and senior director of behavioral health, I also supervised and consulted on over 25 clinical cases involving individuals who identified as transgender or were questioning their gender identities.

7. In addition to my clinical experience, I also held a position as an Assistant Professor at the American School of Professional Psychology at Argosy University in Arlington,

Virginia, between 2008-2013. I taught an elective titled Introduction to Clinical Practice with Gay, Lesbian, Bisexual and Transgender Clients that addressed the psychotherapeutic treatment of LGBTQ clients across the lifespan in terms of intersecting issues of sex, race, gender, ethnicity, social class, spirituality and nationality. I also taught Child and Adolescent Psychopathology, Family Therapy and Group Therapy. Each of these classes required me to develop course syllabi that reflected the most current theoretical models, research literature and recommended treatment approaches on these topics.

8. In addition to my teaching experience as an assistant professor, my direct clinical experience, as well as my supervisory and consultation experience, I have presented to numerous professional organizations on the topic of affirmative clinical practice with transgender and gender nonconforming clients.

9. I reviewed the materials listed in the attached Bibliography as supplementary research for this report. I may rely on the documents included in that Bibliography as further support for the opinions included in this preliminary statement. I have also relied on my experience as a clinician, supervisor, professor and presenter in this field, as set out in my curriculum vita. The materials I have relied upon in preparing this report are those that are typically used as references for experts in the field of better understanding the experiences of transgender and gender nonconforming youth and adults.

10. I am being compensated at an hourly rate for actual time devoted, at the rate of \$180 per hour for any report, deposition and trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

Understanding Sex, Gender Identity, and Gender Dysphoria

11. Individuals are identified or assigned a gender of male or female at birth (natal sex) based on anatomical features—ordinarily simply an examination of the external genitalia, although sex chromosomes, gonads, sex hormones, and internal reproductive structures can also be considered. Gender identity is the innate internal knowledge, understanding or self perception of being male, female, or somewhere along the gender continuum. Gender expression, on the other hand, is the outward presentation or performance of masculinity, femininity or another variation of gender expression along that continuum. Gender is comprised of an individual's gender identity and gender expression.

12. Transgender individuals are those who have a gender identity that does not match the gender they were assigned at birth (natal sex).

13. The medical diagnosis for the mismatch of sex assigned at birth and gender identity is Gender Dysphoria, which is codified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (American Psychiatric Association) and the International Classification of Diseases-10 (World Health Organization). The condition is manifested by symptoms such as a preoccupation with eliminating primary and secondary sex characteristics or curbing the development of those characteristics in early adolescence. If Gender Dysphoria remains untreated, clinical distress is likely to increase and oftentimes leads to debilitating depression and suicidality.

14. The criteria for establishing a diagnosis of Gender Dysphoria in adolescents and adults are set forth in the DSM-V (302.85):

- a. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following:
 - i. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated sex characteristics);
 - ii. A strong desire to be rid of one's primary/and or secondary sex characteristics because of a marked incongruence with one's experienced/ expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics);
 - iii. A strong desire for the primary and /or secondary sex characteristics of the other gender;
 - iv. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender);
 - v. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender);
 - vi. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- b. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

15. Before Gender Dysphoria was studied and well researched, it was considered a psychiatric disorder that should be treated in psychotherapy by changing the patient's gender identity to match the patient's sex assigned at birth. There is now a medical consensus that not only is such treatment ineffective but that it is likely to cause considerable harm to the patient.

Treatment Recommendations for Gender Dysphoria

16. The World Professional Association for Transgender Health (WPATH) is the organization that is perceived, on an international level, as having established the Standards of Care (SOC) for people diagnosed with Gender Dysphoria. The SOC provides a professional consensus about the psychiatric, psychological, medical, and surgical management of gender dysphoria, and helps professionals understand the circumstances within which they may offer assistance. These Standards have been endorsed as the authoritative standards of care and ethical guidelines by leading medical and mental health organizations, including the American Medical Association and the American Psychological Association. In addition to the SOC, treatment guidelines have been developed by the American Psychological Association, and training competencies have been enumerated by the American Counseling Association.

17. In accordance with the SOC, individuals diagnosed with Gender Dysphoria undergo medically-recommended transition in order to live in alignment with their gender identity. Treatment for this condition varies from individual to individual depending on their specific needs, but may include social role transition, hormone therapy, and surgery to alter primary and/or secondary sex characteristics. These treatment recommendations are aimed at helping the individual fully embrace his or her gender identity and eliminate the clinically significant distress caused by Gender Dysphoria.

18. Transitioning socially is a crucial component of treatment for Gender Dysphoria. Living as a transgender male would include dressing, talking, behaving as a male, being called a male name and ideally being perceived as a male in the community. In essence, transitioning socially allows transgender individuals the opportunity to align their internal gender identity with their gender expression and how their gender is perceived by others. Since one of the hallmark symptoms of Gender Dysphoria is the clinically significant distress that arises from the incongruence between an individual's gender identity and how they are perceived by others, a full social transition within the community (e.g., home, school, sports etc.) provides individuals diagnosed with Gender Dysphoria with the crucial opportunity to reduce that distress by merging their internal gender identity with the external perception of their gender.

19. A full social transition is essential to the individual's successful consolidation of his or her gender identity. Indeed, that consolidation process plays a critical role in alleviating the distress that is a hallmark of Gender Dysphoria. If any aspect of an individual's social transition is obstructed, the gender consolidation process is curtailed. Simply stated, being unable to fully transition means that a transgender individual will never be fully seen and perceived as the person they know themselves to be; thus, they will never truly "fit in" to society.

20. Transgender adolescents are particularly vulnerable because they are extremely concerned with their physical appearance. Adolescent boys experience dramatic physical changes at this developmental stage including facial and body hair growth and a deepening of the voice. Along with all of the physical changes, there is a heightened importance on "belonging" and building new friendships and feeling included in a peer group at this stage of life.

21. Treatment for Gender Dysphoria in adolescents usually includes a full social transition and hormone therapy, but genital surgery is not permissible under the WPATH

Standards of Care for persons who are under the legal age of majority. It is important to note however, that hormone therapy has a profound effect on the appearance of a transgender boy. Facial and body hair grows, muscle mass increases, body fat is reduced and redistributed and the voice deepens.

22. As is true for adults, a complete social transition is a critical part of treatment for children and adolescents with Gender Dysphoria. More specifically, it is important that the social transition occur in all aspects of the individual's life. If a teenager who is diagnosed with Gender Dysphoria is considered male in one situation, but not in another, this would not only be inconsistent with evidence-based medical practice but potentially dangerous to the health and well-being of the adolescent in question. The integration of a consolidated identity into all aspects of daily life is the aim of treatment. Thus, it is critical that the social transition is complete and unqualified-including with respect to the use of restrooms and locker rooms.

Harmful Effects of Exclusions from School Locker Rooms

23. Access to the locker rooms available to other boys is a necessity for transgender boys and adolescent males. Locker rooms, like restrooms, divide people according to binary gender categories: male and female. To deny a transgender boy admission to such a facility, or to insist that one use a separate space or the girls' locker room, communicates that such a person is "not male" but "female" or some undifferentiated "other," interferes with the person's ability to consolidate identity, and undermines the social-transition process.

24. If a transgender male is being called a male name, dressing and behaving as a male and participating in male social activities but is not allowed to use the male locker rooms, a full social transition is impossible and the gender consolidation process is interrupted. More specifically, every time that transgender male is turned away from the boys' locker rooms and

instructed to use the girls' locker rooms, he is being told that he will never fully be perceived as male and that he can never expect to fully transition his gender.

25. When transgender adolescents are not permitted to use locker rooms that match their appearance and gender identity, the sports activity that was once a source of enjoyment, health and stress release can become a source of anxiety and distress. Anxiety and distress related to using the locker rooms during a sports activity may also spill over into other daily activities such as school work, learning and friendships.

26. In contrast to their peers, transgender teens feel self-conscious, conspicuous and worry about being mis-gendered; oftentimes they believe that their bodies have betrayed them and believe that their physical appearance will never match their truest internal sense of self. At the time in their lives when "fitting in" is the most important thing to their sense of self, self-esteem and confidence, they struggle and may feel like outsiders.

27. If school administrators and teachers amplify this "outsider" status by refusing to allow open access to activities and facilities that match the student's gender identity such as gym locker rooms, transgender teens experience feelings of shame, embarrassment and low self-worth that can contribute to an elevated risk of being diagnosed with depression and anxiety as well as higher incidents of academic difficulties, school refusal and dropping out of school.

28. Indeed, research shows that transgender youth are at much greater risk for severe health consequences including depression, anxiety, suicidal thoughts and attempts, and self-harm than their non-transgender peers. A recent study examined data on 180 transgender patients ages 12-29 years matched with non-transgender patients who were seen at a community health center for youth. Results indicated that in comparison with their non-transgender peers, transgender youth had an elevated risk of being diagnosed with depression (50.6% vs. 20.6%), suffer from

anxiety (26.7% vs. 10%), engaged in non-lethal self-harming behaviors (16.7% vs. 4.4%) and attempted suicide (17.2% vs. 6.1%). Findings demonstrate that experiences of shame and discrimination—resulting in stigmatization and oftentimes victimization by peers—may have serious and enduring consequences. Not only do these experiences put transgender teens at greater health risk throughout their adolescence, it is now known that being labeled as an outsider and treated unfairly and sometimes cruelly are some of the most powerful predictors of current and future mental health and physical health concerns. A recent study of 245 gender non-conforming adults found that greater stress and victimization in elementary, middle, and high school education was associated with a greater risk for depression, post-traumatic stress disorder, lower overall life satisfaction, anxiety, and suicidality in adulthood.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 20 July 2016

Julie A. Eastin, Ph.D.
Julie A. Eastin, Ph.D.

Bibliography

Adelson, S. L., & The American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51, 957–974. <http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS089085671200500X.pdf>. <http://dx.doi.org/10.1016/j.jaac.2012.07.004>

American Counseling Association. (2010). American Counseling Association competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, 4, 135–159. <http://dx.doi.org/10.1080/15538605.2010.524839>

American Psychiatric Association. (2013a). *Diagnostic and statistical manual of mental disorders* (5th Ed.). Arlington, VA: Author. <http://dx.doi.org/10.1176/appi.books.9780890425596>.

County Anne Arundel
COUNTY OF Maryland
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 20 DAY OF July, 2016.
BY Nancy K. Kujawa
Nancy K. Kujawa
NOTARY PUBLIC



American Psychiatric Association. (2013b). Gender dysphoria. Arlington, VA: Author. Retrieved from <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>.

American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. Washington, DC: Author. Retrieved from <http://www.apa.org/practice/guidelines/transgender.pdf>

Andersen, J. P., Zou, C., & Blosnich, J. (2015). Multiple early victimization experiences as a pathway to explain physical health disparities among sexual minority and heterosexual individuals. *Social Science & Medicine*, 133, 111-119.

Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103, 943–951. <http://dx.doi.org/10.2105/AJPH.2013.301241>

Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. San Francisco, CA: Cleis Press.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J.,... Zucker, K. (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People Version 7. *International Journal of Transgenderism*, 13(4), 165–232. doi:10.1080/15532739.2011.700873.

Ehrensaft, D. (2011). *Gender born, gender made*. New York, NY: The Experiment.

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.

Langenderfer-Magruder, L., Whitfield, D. L., Walls, N. E., Kattari, S. K., & Ramos, D. (2016). Experiences of Intimate Partner Violence and Subsequent Police Reporting Among Lesbian, Gay, Bisexual, Transgender, and Queer Adults in Colorado Comparing Rates of Cisgender and Transgender Victimization. *Journal of interpersonal violence*, 31(5), 855-871.

Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Binghamton, NY: Haworth Press.

National Association of School Psychologists. (2014). *Safe schools for transgender and gender diverse students*. [Position statement]. Bethesda, MD: Author.

Reisner, S. L., Veters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: a matched retrospective cohort study. *Journal of Adolescent Health*, 56(3), 274-279.

Julie A. Eastin, PhD

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EDUCATION: University of Michigan, Ann Arbor, MI. Doctorate of Philosophy, September 2006.
Joint Doctoral Program in Clinical Psychology and Women's Studies
Masters of Arts in Clinical Psychology – University of Michigan, August 2000.

Oberlin College, Oberlin, Ohio. Bachelor of Arts May, 1992. Psychology.
McGill University, Montreal, PQ Canada; first year.

LICENSE: Licensed Clinical Psychologist, State of Maryland, License # 04598

CLINICAL EXPERIENCE: *Julie A. Eastin, PhD., LLC, Millersville, MD (April 2016 – Present)*
Clinical Psychologist in private practice specializing in LGBTQ couples, families and individuals as well as providing continuing education workshops and seminars for psychotherapists on LGBTQ affirmative clinical practice. Consultation and supervision services offered for behavioral health providers as well as community service organizations, schools, non-profit and for-profit business environments.

Chase Brexton Health Service, Glen Burnie, MD. (November 2015 – March 2016)
Director of Behavioral Health, Glen Burnie Center. Responsible for building the day to day operations of the Behavioral Health Department at this new site including recruitment, hiring, and onboarding of staff, oversight of Behavioral Health service delivery, policy development and implementation, maintaining Joint Commission compliance, participating in the Clinical Operations Team, chart reviews and performance evaluations. As chair of the LGBTQ Subcommittee, lead efforts to implement and evaluate best practices for working with LGBTQ patients in a healthcare setting.

Chase Brexton Health Services, Baltimore, MD. (April 2015 – November 2015)
Senior Director of Behavioral Health. Responsible for assisting with the day to day operations of the Behavioral Health Department across all sites including consultation for site directors, supervision of managers, staff, oversight of Behavioral Health service delivery, maintaining Joint Commission compliance, participating in the Clinical Operations Team, managing the on-call schedule, case conference schedule, chart reviews and performance evaluations. As chair of the LGBTQ Subcommittee, lead efforts to implement and evaluate best practices for working with LGBTQ patients in a healthcare setting.

Director of Behavioral Health, Mount Vernon Center. Responsible for assisting with the day to day operations of the Behavioral Health Department including supervision of staff, oversight of Behavioral Health service delivery, maintaining Joint Commission compliance, participating in the Clinical Operations Team, managing the on-call schedule, case conference schedule, chart reviews and performance evaluations. As chair of the LGBTQ Subcommittee, lead efforts to implement and evaluate best practices for working with LGBTQ patients in a healthcare setting.

Chase Brexton Health Services, Baltimore, MD. (September 2012 – April 2014)
Assistant Director of Behavioral Health. Responsible for assisting with the day to day operations of the Behavioral Health Department including supervision of staff, oversight of Behavioral Health service delivery, maintaining Joint Commission compliance, participating in the Clinical Operations Team, managing the on-call schedule, case conference schedule, chart reviews and performance evaluations.

Chase Brexton Health Services, Baltimore, MD. (October 2008 – April 2011)

Part-time Staff Psychologist to complete clinical intakes and assessments and provide individual, couples and family therapy in an interdisciplinary health care environment. This clinical setting was founded as a gay health clinic in 1978 and has since evolved to not only serve the LGBTQ and AIDS/HIV positive communities but to offer a continuum of health care services to a diverse and often medically underserved community.

Virginia Treatment Center for Children (Postdoctoral Fellowship, Sept2006-Aug2007)

Provided therapeutic services (individual, family and group therapy) for youth in an inpatient psychiatric hospital within acute, residential, day treatment and outpatient settings. Fellowship experience also included supervision of psychology interns regarding psychological assessments and psychotherapy of children and families, provision of weekend on-call coverage, assistance with family therapy seminar supervision, participation in supervision of supervision seminar, co-facilitation of parallel trauma therapy groups for children and their caregivers, administration of the K-SADS structured diagnostic interview, service as interim leader for the Day Treatment Team for a period of five months, participation in faculty meetings, teaching experiences as a guest lecturer in a family psychotherapy course and genetics counseling course, completion of brief, 15-day and 30-day psychological evaluations, presentation of in-service cases, and participation in Collaborative Problem-Solving training and supervision.

The Psychological Clinic (Half-time Internship, Sept2001-Aug2002; Sept2002-Aug2005)

Provided long-term as well as more focused managed care psychotherapy with adult individuals and couples.

University Center for the Child and Family (Half-time Internship, Sept1999-Aug2001)

Conducted psychological testings, IQ testings, child protection evaluations, and intake assessments for children, adolescents, couples and families. Co-led groups for people suffering from aphasia, children struggling with social skill development, parents of difficult children, bereaved children, and couples in the process of divorce. Provided long-term and brief managed care psychotherapy with children adolescents, couples and families.

McAuley Medical Center Adult Psychiatry Outpatient Facility (Practicum, Jan-April1999)

Conducted ongoing psychotherapy with one client and attended internship seminar. Served as a volunteer for Growing Tree, a therapy group for 4-11 year olds with substance abusing parents.

University of Michigan Medical Center Adult Outpatient Psychiatry (Practicum, Sept-Dec 1998)

Completed bi-monthly evaluation interviews and reports as part of an interdisciplinary team of psychiatrists, social workers, psychiatric nurses and psychologists. Conducted short-term psychotherapy with one client.

The Psychological Clinic (Practicum, May-Aug1998)

Completed consultation evaluations and conducted ongoing psychotherapy with one patient and attended case consultation meetings, full-staff meetings and participated in a six week seminar on brief psychodynamic therapy.

Wediko Children's Services, Hillsboro, New Hampshire (June-Aug 1991, 1993, 1994)

Clinical Staff Team Member - Worked as a clinical team member at a short-term residential treatment program for children and adolescents. Supervision included individual and group treatment planning and implementation, lifespace intervention, behavior feedback, cognitive-behavioral contracts and crisis intervention. Approximately 2250 clinical hours.

Arts and Crafts Teacher - Team-taught three arts and crafts classes a day to groups of 7-12 year old emotionally disturbed boys and girls.

Administrative Coordinator - Coordinated staff billing and paperwork procedures; maintained client database; designed and implemented therapist paperwork and office procedures; conducted intake interviews with parents of summer program applicants; recruited, interviewed, and hired staff for clinical internship positions.

A New Dimension Child Enrichment Center, Minneapolis, Minnesota (Nov1992-Feb1993)
Assistant Teacher - Team-taught 12 special needs 4-year-olds in a daycare setting. Consistently enforced and contributed to the implementation of individual behavior programs, prepared daily art activities, and maintained class records. Substitute lead teacher position.

Alternatives for People with Autism, Brooklyn Park, Minnesota (July 1992-October 1992)
Living Skills Instructor - Worked with autistic adults with behavioral problems. Taught new skills to residents on a daily basis, implemented programs and procedures, ran behavior programs, assisted clients with daily living and recreational activities, administered medications and recorded behavioral data.

Rape and Sexual Assault Center, Neighborhood Involvement Program, Minneapolis, Minnesota (October 1992-February 1993)
Volunteer Phone Counselor - Provided supportive counseling and advocacy to primary and secondary victims of sexual assault. Dealt with the decisions and feelings related to a recent sexual assault. Provided information and referrals and recorded client information.

TEACHING INTERESTS: Psychology of Human Sexuality and Gender Identity, Couples and Family Therapy, Child and Adolescent Psychopathology, Professional Issues: Ethics, Psychological Assessment, Abnormal Psychology, Introduction to Clinical Psychology, Psychology of Women, Group Therapy, Introduction to Psychology, Feminist Research Methods, Understanding Family Violence, Issues of Loss: Death, Dying and Divorce, Psychodynamic Psychotherapy.

TEACHING EXPERIENCE: **Adjunct Professor** (Sept 2008 - Dec 2013) American School of Professional Psychology, at Argosy University, Washington D.C. Campus. Chairing and serving as a committee member reader for student clinical research projects/dissertations.

Assistant Professor (Sept 2008 - Aug 2012) American School of Professional Psychology, at Argosy University, Washington D.C. Campus. Teaching clinical psychology graduate students courses in Professional Issues:, Conduct and the Law, Psychodynamic Theory and Therapy, Child and Adolescent Psychopathology, Couples and Family Therapy and Theory, Cognitive Assessment, Personality Assessment, Integrative Assessment, Introduction to Clinical Practice with LGBTQ Clients, Group Therapy, Issues of Loss: Death, Dying and Divorce, as well as Professionalization Groups and Practicum Seminars. Chairing and serving as a reader for student clinical research projects.

Invited Guest Lecturer (Sept, 2010-2012). George Washington University, Master's in Art Therapy Program, Alexandria, Virginia Campus. Taught a special topics class titled, Sexuality and Sex Expressions: Working with Gay, Lesbian, Bisexual, Transgender and Questioning Clients as part of an Adolescent Art Therapy course. Twenty-four Master's in Art Therapy students attended.

Adjunct Faculty (May-June 2008). American School of Professional Psychology at Argosy University, Washington D.C. Campus. Taught an elective course entitled Introduction to Clinical Practice with Gay, Lesbian, Bisexual and Transgender Clients (PP8160) that

addresses the psychotherapeutic treatment of LGBTQ clients across the lifespan in terms of intersecting issues of sex, race, gender, ethnicity, social class, spirituality and nationality.

Guest Lecturer Presentations (Two days in 2007). Taught clinical psychology graduate students a class on the influences of gender and culture on family psychotherapy. Taught two classes for four graduate genetics counseling students on dealing with issues of death and dying and family systems theory. Taught ten third year psychiatry residents two classes on child and adolescent psychotherapy and working with parents in psychotherapy.

Feminist Group Facilitation (Sept 2002-April 2004). Co-taught a team of eight advanced students with Women's Studies concentrations on various techniques and observations skills associated with facilitating a successful discussion group for Women's Studies 100. Provided both supportive and critical feedback in twice weekly classes and weekly via email responses to group observations.

Understanding the Dynamics of Family Violence: A Clinical and Theoretical Integration of Feminism and Psychotherapy (Jan-April 2002). Taught a class of twenty students for one semester in the Women's Studies Department at the University of Michigan. Developed a syllabus and course pack for an interdisciplinary theme semester course on family violence. The goals for this class were to critically examine the some significant facets of family violence as well as intervention and prevention techniques using a feminist lens with special attention to the influence of gender and power within culturally diverse and nontraditional family settings.

Introduction to Women's Studies (Sept-Dec 2001). Taught two sections of twenty to twenty-five students each for one semester at the University of Michigan. Cultivated a collaborative learning environment such that students were inspired to critically engage with the readings and materials presented in lecture. Created weekly lesson plans and graded all papers and exams. Worked on a team with four other graduate student instructors and a professor to create the syllabus, write the mid-term and final exam as well as course assignments.

Peer Counseling (Jan-April 2000). Taught two sections of thirty students each for one semester at the University of Michigan. As the only graduate student instructor for the course, was responsible for preparing weekly lesson plans to cover the practical skills half of the course, graded all exams and papers and provided final grades for all students. Also lectured to all sixty students when the professor was absent.

Introduction to Psychology (Jan-April 1999, Sept-Dec 1999, Sept-Dec 2005). Taught two sections of thirty students each for three semesters at the University of Michigan. As a graduate student instructor, prepared weekly lesson plans, graded all papers, and provided a forum for students to engage with the readings and materials presented in lecture through discussion and class activities. Prepared and presented guest lecture on psychotherapy treatment to 480 students.

RESEARCH INTERESTS: Understanding experiences of motherhood, parenthood, sexual identity, gender identity, identity interference, relationship satisfaction, family and interpersonal violence, trauma, and resilience.

RESEARCH EXPERIENCE: *Dissertation Research, University of Michigan, Ann Arbor, MI.*
Experiences of sexual minority mothers: Identity, social support and maternal satisfaction. (Sept 2002- August 2008) National survey of lesbian mothers' experiences. Survey data includes interpersonal support, identity concerns, maternal satisfaction, disclosure of sexual minority status and relationship satisfaction. Co-chairs: Abigail J. Stewart, Ph.D., Professor, Psychology and Women's Studies and Donna Nagata, Ph.D.,

Professor, Clinical Psychology. Committee Members: Karin Martin, Ph.D., Associate Professor, Sociology and Women's Studies and Rosario Ceballo, Ph.D., Associate Professor, Clinical Psychology and Women's Studies.

Research, University of Michigan, Ann Arbor, MI.

Non-offending Mothers of Sexually Abused Children (Jan 1998-Aug 2002)

Conducted preliminary research on the experiences of nonoffending mothers in cases of alleged sexual abuse. Co-facilitated two focus groups that focused on a discussion of the behaviors of the victimized children, the reactions of their mothers, the relationship between the mothers and their children and system issues. Administered surveys across four different clinical settings and conducted in-depth interviews with a subsample of participants. Co-Investigator: Carol A. Plummer, Ph.D., ACSW.

Master's Thesis Research, University of Michigan, Ann Arbor, MI.

Sibling Emotional Abuse During Play and Exposure to Domestic Violence (Sept 1997-Aug 2000) Assisted with the development of a coding manual to record the behaviors of sibling dyads during free play and three task sessions. Coded videotape segments, attained interrater reliability, and analyzed the data in SPSS. Advisor: Sandra Graham-Bermann, Ph.D., Professor, Clinical Psychology and Women's Studies.

HEAD Start Research Project (Sept 1998-2001)

Worked on a team to create measurement instruments and interview protocols to assess the many ways that violence may be related to the behaviors of preschool children. Created a measure of the precursors to emotional maltreatment for preschool-age children.

Research Assistant, Health and Human Development Program, Center for Violence and Injury Prevention, Education Development Center (EDC), Newton, MA

Evaluation of a Hospital-Based Youth Violence Intervention

(1995-1997) Developed post-discharge interview protocol for youth sustaining violence-related injuries at Boston City Hospital. Trained interviewers on the implementation of interview guide. Designed and maintained FileMaker patient contact database. Facilitated efficient coordination of data retrieval through forms and procedures. Created medical information database using SPSS/Win6.1.

Children of Battered Women (1995-1996) Made initial recruitment phone calls for a population-based study of battered women and their children. Maintained and revised contact database for easy data management and follow-up procedures.

Program to Increase Understanding of Child Sexual Exploitation (1995-1997) Created SPSS-X database and conducted preliminary analysis of multi-site interview protocol on child prostitution and pornography.

A Bystander Approach to Reducing Interpersonal Violence Among Youth (1996-1997) Worked on a team to develop, field-test and evaluate a diversity appreciation curriculum for middle school students.

Task Force Model for Investigating and Prosecuting Cases of Child Exploitation

(1996-1997) Conducted background research and interviews to facilitate in the development of a model protocol for law enforcement and victim services nationwide. Also contributed to a prototype for national training addressing child victim exploitation and the development of victim-related materials relating to services, referrals and prevention.

Coordinating Criminal and Dependency Proceedings in Child Maltreatment Cases

(1996-1997) Completed a thorough literature search and study of the policies, practices, and legal issues surrounding intrafamilial child abuse cases that are involved simultaneously

in criminal prosecutions of the alleged perpetrators and dependency proceedings to protect child victims.

Field Test Observer, Center for Research on Women, Wellesley College, MA.
School-Age Child Care Project (April-June 1993) Utilized *ASQ: Assessing School-Age Child Care Quality* measure to evaluate several after-school programs throughout Massachusetts.

- PUBLICATIONS:** Plummer, C.A., Eastin, J. & Aldaz, S. (2009-2010). Hispanic mothers of sexually abused children: Experiences, reactions and concerns. *The Social Work Forum Special Issue: Social Work Practice with Latino Children and Families*.
- Plummer, C.A. & Eastin, J. (2007). System intervention problems in child sexual abuse investigations: The mothers' perspectives. *Journal of Interpersonal Violence, 22* 775-787.
- Plummer, C.A. & Eastin, J. (2007). The effect of child sexual abuse allegations-investigations on the mother-child relationship. *Violence Against Women, 13*, 1053-1071.
- Graham-Bermann, S. A. & Eastin, J. (2001). Stress and coping. In J. Worell, (Ed.), *The Encyclopedia of Women and Gender*. New York: Esvier, Academic Press.
- Whitcomb, D. & Eastin, J. (1998). *Joining Forces Against Child Sexual Exploitation*. Washington, DC: Office of Victims of Crime and the Office of Juvenile Justice and Delinquency Prevention.
- SELECTED PRESENTATIONS:** Eastin, J. (April, 2016). Transgender Affirmative Psychotherapy: Clinical considerations for working with transgender and gender nonconforming individuals. Pro Bono Speakers' Forum, Sheppard Pratt Conference Center, MD.
- Eastin, J. (March 2016). Trans* and gender nonconforming clients: Integrating the 2015 APA Guidelines for Psychological Practice into treatment considerations. Three hour CE workshop. Maryland Psychological Association (MPA) Multicultural Conference, Columbia, MD.
- Eastin, J & Lare, S. (March 2015). An Introduction to Trans* Affirmative Clinical Practice. Three hour CE workshop. National Security Administration, Hanover, MD.
- Eastin, J. (March 2015). An Introduction to LGBTQ Affirmative Clinical Practice: Understanding health disparities and barriers to care among sexual and gender minority patients. Alvord, Baker, and Associates, LLC, Rockville, MD.
- Barrett, R.F., & Eastin, J. (2012). APA Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation: Affirmative Practices. Three hours of a five hour CE Workshop titled, Therapeutic Guidelines for Working with Sexual Minorities: Affirmative Practices and Supervision. American School of Professional Psychology at Argosy University, Washington DC.
- Aziz, N., Eastin, J., & Johnson, K. (November 2011). Culturally Competent Care: The Nexus Of Race, Culture, And Sexual Orientation. Part III: An Introduction to Culturally Affirmative Psychological Practice with Sexual Minority

Clients. American School of Professional Psychology at Argosy University, Washington DC.

Eastin, J., Aziz, N. & Kibour, Y. (August 2011). The Link between Gender-Based Identity and Victimhood of Women Globally. Symposium Presentation, 119th American Psychological Association Annual Convention, August 4-7, 2011, Washington, DC.

Eastin, J. (April 2011). Psychotherapy Practice with Lesbian, Gay, Bisexual, and Transgender Adults, Couples and Families. Invited Continuing Education (CE) Workshop given at Child Center and Adult Services in Gaithersberg, MD.

Eastin, J., Bailey, E. M. & Morgan, N. (March 2011). Transforming Maternal Identity after Trauma: Redefining Motherhood at the Intersection of Race, Ethnicity, Class and Religion. Presentation at the Association for Women in Psychology Conference, March 3-6, 2011, Philadelphia, Pennsylvania.

Eastin, J. & Berger, E. (August, 2010). The Experience of Identity as a Sexual Minority Parent. Poster Presentation, 118th American Psychological Association Annual Convention, August 12-15, 2010, San Diego, California.

Eastin, J. (Winter, 2004). Questions of identity for lesbian mothers: An overview dissertation research. Guest presentation, Women's Studies First-Year Seminar, Race and Attraction Orientation, The University of Michigan.

Eastin, J. (Fall, 2003). Theories of lesbian maternal identity: An examination of proposed dissertation research. Sexuality Studies Reading Group, Institute for Research on Women and Gender, The University of Michigan.

Eastin, J. (Fall, 2003). The incidence and impact of child sexual abuse on children and adolescents. Guest lecture, Psychology Project Outreach, The University of Michigan.

Boyd, M., Braunschneider, T. & Eastin, J. (2002). Teaching about sexualized violence. Panel Presentation at the National Women's Studies Association Conference, Las Vegas, Nevada, April 2002.

Eastin, J. (2002). Speaking the unspeakable: Voicing trauma through silences. Clinical Case Presentation. The Psychological Clinic, University of Michigan.

Eastin, J. (2001). In translation: Short-term family therapy across a cultural divide. Invited Case Presentation. University Center for the Child and Family, University of Michigan.

Froum, A., & Eastin, J. (2001). Children and divorce. Guest lecture, Psychology Project Outreach, The University of Michigan.

Eastin, J. (2000). Worries of homosexuality and promiscuity: Nonoffending mothers reflect on the impact of sexual abuse on gender. Feminist Conference, Institute for Research on Women and Gender, The University of Michigan.

Eastin, J. & Plummer, C.A. (2000). The Key to Successful CSA Responses: Partnerships Between Nonabusive Mothers and Professionals. The 16th Annual Midwest Conference on Child Sexual Abuse and Incest, October 23-26, 2000 Middleton, Wisconsin.

- Eastin, J. & Plummer, C.A. (2000). Nonoffending mothers in incest cases: Research-based practice considerations. The 16th Annual Midwest Conference on Child Sexual Abuse and Incest, October 23-26, 2000 Middleton, Wisconsin.
- Eastin, J., & Graham-Bermann, S.A. (2000). Precursors to emotional maltreatment among HeadStart Preschoolers. Paper presentation, Children Exposed to Family Violence Conference, San Diego, California, October, 2000.
- Eastin, J. (2000). An ecological systems approach to assessing violence in preschoolers' lives: Assessing family-level violence in preschoolers' lives. 108th American Psychological Association Annual Convention, August 4-8, 2000.
- Plummer, C.A., & Eastin, J. (2000). Preliminary interview findings: The mothers of sexually abused children. Paper presentation, 16th Colloquium of the National Children's Advocacy Centers, Huntsville, Alabama, March, 2000.
- Eastin, J., & Plummer, C.A., ACSW (1999). The mothers of sexually abused children: A focus group study. Paper presentation, 7th Annual Colloquium of the American Professional Society on the Abuse of Children, San Antonio, Texas, June, 1999.
- Graham-Bermann, S.A., Eastin, J. & Kalra, P. (1999). Distinguishing among childhood sibling relationship styles using ratings of observed behavior and indices of family violence. Poster symposium, Society for Research in Child Development, Biennial Meeting, Albuquerque, New Mexico, April, 1999.
- Plummer, C.A., ACSW, & Eastin, J. (1998). The mothers of sexually abused children: An example of mother-blaming. The National Association of Social Workers Michigan Chapter 23rd Annual Conference, Midland, Michigan, May, 1998.
- Eastin, J., Graham-Bermann, S.A., Levendosky, A., Halibu, H., & Kalra, P. (1998). Sibling play behaviors in children exposed to domestic violence: Observations of emotional maltreatment. Paper presentation, Children Exposed to Family Violence Conference, San Diego, California, October, 1998.
- Eastin, J., & Plummer, C. A., ACSW (1998). The construction of motherhood: The persistence of mother-blaming. Paper presentation, Feminists at Work Conference, Ann Arbor, Michigan, October, 1998.
- Gray, L., Eastin, J., Plummer, C. A., Bellamy, C. D., & Gruber, G. (1998). Trauma and mental health: Narratives of women and children. Roundtable presentation, Psychology Graduate Student Conference, University of Michigan, Ann Arbor, Michigan, October 1998.

- RELATED** American Psychological Association, since 1999.
- AFFILIATIONS:** Maryland Psychological Association, since June 2008.
National Women's Studies Association, since 2002.
Michigan Chapter of American Professional Society on the Abuse of Children, elected board member 2000-2002; Re-elected 2002-2003.
Association for Women in Psychology, since 2003.
Society for the Exploration of Psychotherapy Integration (SEPI), since 2010.
- COMMUNITY SERVICE:** Diversity Subcommittee of the Maryland Psychological Association (MPA), January, 2012-
Educational Affairs Subcommittee liaison, MPA, February, 2012-2014
Chair of Social Responsibility Committee, MPA, September, 2012-2014
Member of the MPA Board of Directors, September 2012- 2015
Chair of Membership Committee, MPA, September 2014-2015

DEPARTMENT Student Affairs Committee, Chair, 2010-2012, Argosy University, Washington DC
SERVICE: Admissions Committee, 2008-2012, Argosy University, Washington DC
Comprehensive Exams Committee, 2008-2012, Argosy University, Washington DC
Psychology Graduate Student Council Representative, 1999-2001, U of M.
Latino Student Psychological Association at the University of Michigan, 1997-2006.
Women's Studies Executive Committee Graduate Student Representative, 2002-2004.
Women's Studies Curriculum Review Committee, 2002-2003, U of M.
Clinical Psychology Executive Committee Graduate Student Representative, 2002-2004.
Clinical Psychology Curriculum Committee, 2002-2004, U of M.