

Paul Carlos Southwick (OSB 095141)
Religious Exemption Accountability Project
Paul Southwick Law, LLC
8532 N. Ivanhoe St. #208,
Portland, OR 97203
Email: paul@paulsouthwick.com
Phone: 503-806-9517

Timothy R. Volpert (OSB 814074)
Tim Volpert PC
211 NE Hancock St. Ste. 2B
Portland, OR 97212
Email: tim@timvolpertlaw.com
Phone: 503-703-9054

Alletta S. Brenner (OSB 142844)
Perkins Coie LLP
1120 N.W. Couch Street, Tenth Floor
Portland, Oregon 97209-4128
Email: misaak@perkinscoie.com
Email: ABrenner@perkinscoie.com
Phone: 503-727-2000

Misha Isaak (OSB 086430)
Perkins Coie LLP
1120 N.W. Couch Street, Tenth Floor
Portland, Oregon 97209-4128
Email: misaak@perkinscoie.com
Email: ABrenner@perkinscoie.com
Phone: 503-727-2000

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON
EUGENE DIVISION**

Elizabeth HUNTER: et al.,)
Plaintiffs,)
v.)
U.S. DEPARTMENT OF EDUCATION; et al.)
Defendants.)
v.)
COUNCIL FOR CHRISTIAN COLLEGES &)
UNIVERSITIES, WESTERN BAPTIST)
COLLEGE d/b/a/ CORBAN UNIVERSITY,)
WILLIAM JESSUP UNIVERSITY AND)
PHOENIX SEMINARY,)
Defendants-Intervenors.)

Case No. 6:21-cv-00474-AA

**DECLARATION OF
PLAINTIFFS' EXPERT
WITNESS ILAN H. MEYER,
Ph.D.**

I, Ilan H. Meyer, Ph.D., declare under penalty of perjury that the following is true and correct:

1. The plaintiffs have retained me as an expert in this matter.
2. If called as a witness, I would offer testimony as to those matters set forth in my report, which is attached to this declaration. My report contains a complete statement of my opinions in this case and the basis and reasons for them; the facts

or data I considered in forming them; my qualifications, including a list of all publications I authored in the past 10 years; a list of all other cases I have testified in from the last 4 years; and a statement of the compensation I am being paid for my work in this case.

Executed on: October 29, 2021



Ilan H. Meyer Ph.D.

EXPERT REPORT OF DR. ILAN H. MEYER

1. I have been retained by Paul Southwick Law, LLC on October 18, 2021 to provide expert testimony in connection with the pending action and any related litigation for *Hunter et al v. U.S. Department of Education et al.*, U.S. District Court District of Oregon (Eugene) Case #: 6:21-cv-00474-AA.

2. My work in this matter is provided pro bono by my employer University of California Los Angeles (UCLA), School of Law but out-of-pocket costs related to travel, deposition, or testimony will be covered by Paul Southwick Law, LLC.

I. Qualifications

3. I am the Williams Distinguished Senior Scholar of Public Policy at the Williams Institute at UCLA School of Law in Los Angeles, California.

4. The Williams Institute's mission is described as follows on its website: "The Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy. A national think tank at UCLA Law, the Williams Institute produces high-quality research with real-world relevance and disseminates it to judges, legislators, policymakers, media and the public. Experts at the Williams Institute have authored dozens of public policy studies and law review articles, filed amicus briefs in key court cases, provided expert testimony at legislative hearings, been widely cited in the national media, and trained thousands of lawyers, judges and members of the public." "The Williams Institute is committed to the highest standards of independent inquiry, academic excellence and rigor. Research findings and conclusions are never altered to accommodate other interests, including those of funders, other organizations, or government bodies and officials."

<http://williamsinstitute.law.ucla.edu/mission/#sthash.9qcEVulh.dpuf>.

5. Prior to arriving at the Williams Institute, from July 1994 until June 2011, I served in different roles at Columbia University in New York City. My last position there was as Professor of Clinical Sociomedical Sciences and Deputy Chair for Masters Programs in Sociomedical Sciences at Columbia University's Mailman School of Public Health.

6. My area of expertise is the study of the effects of social stress related to prejudice and discrimination on the health of lesbian, gay, bisexual and Transgender (LGBT) populations. This area of study belongs to an area of study called *social epidemiology*. Social epidemiology is concerned with social patterns of disease and risks for disease. “Social epidemiology is about how society’s innumerable social arrangements, past and present, yield differential exposures and thus differences in health outcomes” (Oakes & Kaufman, 2006, p. 3).

7. My original theoretical and empirical research focuses on the relationships among stigma and prejudice, minority social status and identity, and mental health and well-being. I have studied, in particular, United States populations defined by sexual orientation (lesbian, gay, bisexual, and heterosexual), gender (men, women, transgender), and race/ethnicity (African Americans, Latinos, and Whites). Through these studies, which use methodologies widely accepted in the field of social epidemiology, I have developed a model of social stress referred to as *minority stress* (Meyer, 1995; Meyer, 2003). This model has become the most prominent and commonly used framework for the study of health disparities in LGB (lesbian, gay, and bisexual) individuals (Herek & Garnets, 2007; IOM, 2011) and has generated hundreds of scientific papers by many scientists. For this work, I have received several awards and prizes including the American Psychological Association Presidential Citation in August 2019.

8. I received my Ph.D. in Sociomedical Sciences and Social Psychology from Columbia University’s Mailman School of Public Health in 1993. My doctoral dissertation, titled *Prejudice and pride: Minority stress and mental health in gay men*, received distinguished designation, awarded to the top 10% of Columbia University doctoral dissertations, as well as the *Marisa De Castro Benton Dissertation Award* for outstanding contribution to the sociomedical sciences, and an honorable mention from the mental health section of the American Sociological Association’s award for best dissertation.

9. Prior to graduating, I was a pre-doctoral National Institute of Mental Health Fellow in Psychiatric Epidemiology at Columbia University from 1987 to 1992. Later, I was a National Institute of Mental Health Research postdoctoral fellow in health psychology at The Graduate Center at The City University of New York from 1993 to 1995 and a National Institute of Mental

Health Research postdoctoral fellow in psychiatry, with a focus on acquired immune deficiency syndrome (AIDS), at Memorial Sloan-Kettering Cancer Center from 1995 to 1996.

10. I returned to Columbia University's Mailman School of Public Health in 1994 and served as an Assistant Professor of Clinical Public Health. In 1998, I was appointed an Assistant Professor of Public Health in the Department of Sociomedical Sciences. I was appointed as an Associate Professor of Clinical Sociomedical Sciences in 2003, Deputy Chair for Masters Programs in the Department of Sociomedical Sciences in 2004, and Professor in 2010. From 2006 to 2007, I was a Visiting Scholar at the Russell Sage Foundation, a research center devoted to the social sciences in New York City. Further information regarding about my background and experience, as well as a list of my publications, can be found in my *curriculum vitae*, which is attached as Exhibit A to this report.

11. As reflected in my *curriculum vitae* (Exhibit A), I have published over 100 original, peer-reviewed articles, chapters, reviews, and editorials in scholarly journals and books. I have also co-edited a book, published in 2007 by Springer, titled *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*, and three special issues of academic journals on these topics, including the first special issue of the *American Journal of Public Health*, published by the American Public Health Association in 2001 and, most recently, a special issue of *Psychology of Sexual Orientation and Gender Diversity* published by the American Psychological Association in 2015. I have made numerous presentations and invited addresses at professional conferences and meetings.

12. I have received grants for my research from federal, state, and private funders. Within the past few years, I have been the Principal Investigator of two National Institutes of Health-funded studies of stress, identity, and health among LGBT populations in the United States and other studies and projects at the Williams Institute.

13. Among other professional activities, I have served on the editorial boards of the scientific journals *LGBT Health* and *Psychology of Sexual Orientation and Gender Diversity*. Over the past 15 years, I have served on editorial boards (e.g., the *Journal of Health and Social Behavior*) and reviewed, as *ad hoc* reviewer, numerous manuscripts for many of the top scientific and professional journals in the fields of public health, psychology, sociology, and

medicine. From 1993 to 2002, I served as co-chair of the Science Committee of Division 44 of the American Psychological Association, the Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues. From 2000 to 2001, I served as Guest Editor for the *American Journal of Public Health's* Special Issue on LGBT health, published in June 2001. In 2004, I served as Leader of the Working Group on Stigma, Prejudice and Discrimination for The Robert Wood Johnson Health and Society Scholars Program at Columbia University's Mailman School of Public Health. In 2006, I served as co-editor of the *Social Science & Medicine* Special Issue on prejudice, stigma, and discrimination in health, published in 2008. From 2012 to 2013, I have served as Leader of the Working Group on Sexual and Gender Identity (Who Is Gay?) at the Williams Institute, UCLA School of Law. From 2014 to 2015, I served as the guest editor for a special issue on resilience in LGBT populations that was published by *Psychology of Sexual Orientation and Gender Diversity*.

14. At Columbia University's Mailman School of Public Health, I taught graduate-level courses on research methods; stigma, prejudice, and discrimination; and sexual and gender minority (*i.e.*, LGBT) issues in public health. I have also taught other related topics in the past and continue to teach classes as a guest lecturer at UCLA and elsewhere (e.g., Fenway Summer Institute in Boston, MA; George Washington University, Washington, DC). As Deputy Chair for Masters Programs in the department of Sociomedical Sciences at Columbia University's Mailman School of Public Health, I led faculty in administering the MPH and MS programs in public health at our department. We admitted about 100 students per year for the 2-year program. I was responsible for about 200 students' entire tenure at the department, including their admission, academic performance, and graduation.

15. I have served as mentor to junior faculty, postdoctoral fellows, and graduate students and I have served on 20 dissertation committees.

16. I have served as an expert on issues related to sexual orientation and gender identity either at trial or hearings or through declarations and reports as listed in Exhibit A (curriculum vita). In the past seven years, I have participated in the following cases:

- a) Expert Consultant (2014) – Pat PJ Newton vs. Town of Shannon MS
- b) Expert witness (2014) – U.S. v. Gary Douglas Watland, Defendant. Criminal Action No. 1:11-cr-00038-JLK-CBS.

- c) Expert Declaration (2014)– European Court of Human Rights. Bayev v. Russia (No. 67667/09), Kiselev v. Russia (No. 44092/12), and Alekseyev v. Russia (No. 56717/12)
- d) Expert witness (2016) – Sexual Minorities Uganda v. Scott Lively United States District Court District of Massachusetts Springfield Division. Civil Action 3:12-CV-30051 (MAP)
- e) Expert Declaration (2016) – [A180860003]MA(Afghanistan) v Secretary of State for the Home Department, United Kingdom
- f) Amicus Brief (2017) -- U.S. Supreme Court in *Masterpiece Cakeshop v. Colorado Civil Rights Commission* brief of amici curiae Ilan H. Meyer, PhD, and other social scientists and legal scholars who study the LGB population in support of respondents
- g) Expert Witness (2017) – *United States of America vs. Andries Snyman* CR 16-50102
- h) Expert Report (2018) – In the Matter of Margaret Namulyanga, Respondent, in removal proceedings United States Department of Justice Executive Office for Immigration Review Immigration court New York, NY
- i) Consultation (2018) – SCOTUS appeal of death penalty conviction re jury comments. Charles Russell Rhines, Petitioner, V. State of South Dakota, Respondent.
- j) Expert witness *Missouri State v. Richard D Emery 1811-CR04421-01*.

II. Methodology

17. I have been asked by Counsel to provide an opinion about the impact of social environment on the health and well-being of LGBT people, in particular young people, like plaintiffs, who were at high schools and educational institutions for higher education at the time of incidents related to this litigation.

18. I have not personally met with plaintiffs or evaluated plaintiffs' claims regarding their experiences in school. My knowledge of this case was gained from reading one document provided to me by Counsel. Counsel has provided me, electronically and in pdf format, an 88-page document titled "Case No. 6:21-cv-00474-AA FIRST AMENDED CLASS ACTION, COMPLAINT DECLARATORY AND INJUNCTIVE RELIEF, JURY TRIAL DEMANDED."

19. All other documents used in this report—primarily, research reports published in scientific journals—were identified and assembled by me and the decision to consult this work

was based on my own professional knowledge and expertise. These documents are listed in Exhibit B—References Cited.

20. If I am called to testify at trial as an expert witness, I currently expect that my testimony will relate to the topics discussed herein, including the study of stigma and prejudice related to lesbian, gay, bisexual, and transgender (LGBT) people, minority stress and coping and social support, and the effect of minority stress on the health and well-being of LGBTⁱ populations.

21. In connection with my anticipated testimony in this action, I may use this report or portions of it, or the references cited herein as exhibits. In addition, I may use various documents produced in this case that refer or relate to the matters discussed in this report. I may also create, or assist in the creation of, demonstrative exhibits or summaries of my findings and opinions to assist me in testifying.

22. I may testify as an expert for the plaintiffs regarding additional matters, including (a) rebutting opinions of opposing experts and materials they discuss or rely upon; (b) addressing issues that arise from documents or other discovery produced in this case; or (c) responding to witness depositions and or testimony that has not yet been given or that I have not reviewed at the time of writing this report. I reserve the right to supplement or amend this report accordingly.

23. In this report, I rely on my reading and interpretation of current scientific peer-reviewed literature in different disciplines including, but not limited to, psychology, sociology, epidemiology, public health, and medicine. My analysis follows established social science rules of evidence. Social science evidence relies on the following: (a) theory, (b) hypotheses posed based on theory, (c) empirical evidence that assess these hypotheses using quantitative and qualitative methods, and (d) conventions and rules about causal inference developed in these disciplines over decades of methodological writings.

ⁱ I use the term LGBT to refer to lesbians, gay men, bisexuals, and transgender people and the term LGB to refer specifically to lesbians, gay men, and bisexuals. LGB people are also referred to as *sexual minorities* while transgender people are referred to as *gender minorities*. I use *LGBT* as an umbrella term to refer to sexual and gender minorities, including people who are sexual or gender minorities but use different identity labels to describe themselves (e.g., queer, pansexual).

24. The scientific method allows for testing of theory-based hypotheses that can be nullified using statistical analysis and causal inference. Statistical analysis provides, in any test of hypotheses, estimates of the rate of error for some of the various ways that error can affect the results. For example, it can assess the impact of sampling error to inform the researcher of how precise a particular value is, such as a population parameter (for example, the proportion of the population that holds a particular attitude). Other evaluations of error include, but are not limited to, assessments of the methods for sampling, for example, where potential biases can be assessed to understand whether the sample obtained by the researcher represents the population to which the researcher is generalizing their results.

25. Biases of various sorts bring about potential limitations in understanding research results. Because all studies have different methodological limitations, no one article or study is determinative. Indeed, a good scientific article should provide the reader with a thorough review of the study's limitations, as well as suggestions for further study that could address such limitations. The existence of methodological limitations in any one study, or even in a group of studies, does not by itself discredit a study, the area of investigation, or the conclusions that are drawn from this study or area of investigation.

26. Relying on conventions of scientific research methodology and causal inference, a scientist uses their judgment about the significance and potential impact of the various limitations in any particular study or group of studies to form conclusions about the questions under study. For these reasons, like other scientists, I base my conclusions on a review of the cumulative evidence, a critical assessment of the theoretical bases for a study, the hypotheses tested, the methodology used, inference conventions and rules, and my years of experience as a researcher. In choosing which literature to consult, I judge the quality of evidence, including, for example, but not exclusively, the type and prestige of the journal where a peer-reviewed article was published, the purpose of the article (e.g., review vs. original research), and the quality and rigor of the methodology used.

27. My decisions about which scientific articles to review, how many scientific articles to consult, and what weight to give to any one scientific article were based solely on scientific

merit. In making these decisions, I relied on my experience and judgment about the best methods to assess the question under study.

II. Homosexuality, sexual identity, and gender identity

28. Homosexuality refers to a person's sexual orientation toward persons of the same gender. Bisexuality refers to a person's sexual orientation toward both men and women. Both homosexuality and bisexuality refer to an enduring pattern of romantic and/or sexual relationships, or the propensity toward such romantic or sexual relationships.

29. Sexual orientation can be defined in various ways. Most researchers agree that three aspects of sexuality can define sexual orientation: sexual behavior, sexual attraction, and sexual identity. Sexual orientation based on *behavior* refers to the gender that the person has sexual relations with; *attraction* refers to the gender that the person has sexual feelings and desires toward, whether or not they were expressed in any behavior; sexual *identity* refers to the social identity the person has adopted to refer to their sexuality, for example, whether people use the term *gay* or *queer* to refer to themselves. The term *sexual minorities* refers more generally to people whose sexuality is not heterosexual including lesbians, gay men, and bisexuals.

30. Identity labels, such as *lesbian*, *bisexual*— and even whether a person uses an identity label at all—vary across generations, racial/ethnic groups, geographical regions, education levels, and other characteristics.

31. Although in the early 20th century homosexuality was classified as a mental disorder, the American Psychiatric Association reversed this understanding of sexual orientation in 1973. To date, there is consensus among physicians, psychiatrists, and social and behavioral scientists in Western societies and international organizations (such as the World Health Organization) that homosexuality is a normal and healthy variant of human sexuality.ⁱⁱ Thus, for example, the International Statistical Classification of Diseases and Related Health Problems, which is the

ⁱⁱ See the American Psychiatric Association at <http://www.healthyminds.org/more-info-for/gaylesbianbisexuals.aspx>; see also amicus brief of the American Psychological Association (In re Marriage Cases filed 9/07 California Supreme Court) "Homosexuality Is a Normal Expression of Human Sexuality" (Section II. B., p. 8) available at <http://www.apa.org/about/offices/ogc/amicus/marriage-cases.pdf>.

most prevalent international classification system published by the World Health Organization, does not list homosexuality as a disorder even though it did so in the past.

32. Sexual orientation is different from *gender identity*—addressing whether the person identifies as woman, man, transgender, or nonbinary. Thus, people can be classified separately on sexual orientation or sexual identity and gender identity. A person may have a minority sexual identity (e.g., identify as a lesbian), but not a minority gender identity (e.g., identify as a woman who is cisgender); or a person may have a minority gender identity (e.g., transgender), but not a minority sexual identity (e.g., identify as straight); or they may have both a sexual and gender minority identities; or, of course, have neither minority sexual nor minority gender identity (e.g., a straight cisgender man).

33. The understanding of transgender individuals has also evolved over the past century. While previously considered a mental disorder, psychiatrists understand gender diversity as a normal variation. The American Psychiatric Association notes that “Some people who are transgender will experience ‘gender dysphoria,’ which refers to psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity. Though gender dysphoria often begins in childhood, some people may not experience it until after puberty or much later (American Psychiatric Association, 2020).” While many people who are transgender do not require medical or psychiatric intervention, others who experience gender dysphoria may receive help to adapt to their transgender identity. Such help may include various forms of gender affirmation including social (e.g., changing one’s name) and medical (e.g., hormonal therapy).

34. High school and college age is a particularly vulnerable time for LGBT people as it coincides with the age range when LGBT people recognize that they are sexual or gender minorities. This period, which for all teenagers and young adults involves developmental tasks related to identity development and formation of intimate relationships, is especially challenging for LGBT youth and young adults (Frost, Meyer, & Hammack, 2015).

35. Psychologists describe a developmental process through which a sexual minority person comes to recognize and acknowledge his or her sexual orientation, and through which may acquire an LGB identity (Eliason & Schope, 2007). This process, referred to as “coming out”,

can be brief and unproblematic to the person, especially if supportive networks are available to them, or it can be difficult and fraught with confusion, doubt, and guilt. There are no standards that describe how long the process may last because it is varied.

36. For transgender individuals there is a similar process of coming to terms with their transgender or nonbinary identity. As noted by Brumbaugh-Johnson and Hull (2019), “transgender individuals must navigate the gender role expectations of others, consciously deciding whether to adhere to them.” The authors noted that “this is an ongoing process” and that “compared to cisgender people, transgender people may be much more keenly aware of the role expectations attached to their at-birth assigned gender because they have not internalized them.” Arriving at a transgender identity entails combating stigma and prejudice and even violence from others (Levitt & Ippolito, 2014). Thus, “transgender people must seriously consider personal safety risks when revealing their gender identity” (Brumbaugh-Johnson & Hull, 2019).

37. For both LGB and transgender individuals, especially at young ages, the availability of supportive resources is crucial for successful coming out. In contrast, a rejecting environment, such as family members or religious institutions, can disrupt or delay the coming out process and bring about adverse mental and physical health outcomes and suicide ideation and attempts (Meyer, 2003; Ryan, Huebner, Diaz, & Sanchez, 2009).

IV. Minority stress and the health of LGBT people

A. Stigma, prejudice, and discrimination against LGBT people have been widespread

38. For many decades, LGBT people have been portrayed, incorrectly and stereotypically, as degenerate, and mentally ill.ⁱⁱⁱ During their socialization, both LGBT and heterosexual cisgender people internalize and, in turn, sometimes even unwittingly, propagate stigma and stereotypes about LGBT people.

ⁱⁱⁱ Many sources discuss a history of discrimination, stigma, and prejudice against lesbian/gay persons including, among others, D’Emilio & Freedman (1988), Katz (1976, 1995), Weeks (1989). See also “Brief of the Organization of American Historians and the American Studies Association as Amici Curiae in Support of Respondents” submitted to the Supreme Court of the United States, *Hollingsworth v. Perry* (12-144) February 2013.

39. This has led to widespread prejudice and stigma against LGB and transgender people (White Hughto, Reisner, & Pachankis, 2015). Stigma works through structural, interpersonal, and personal levels. Structural stigma operates “as a form symbolic violence in which structures, such as communities, institutions, or governments perpetrate violence through the laws, policies, and community mores that restrict and forcibly reshape transgender individuals” (White Hughto, Reisner, & Pachankis, 2015).

40. Heterosexual cisgender people, including parents, other family members, and friends of LGBT people, are socialized to believe false stigmatized notions of LGBT people’s lives. They often reinforce such stereotypes as they propagate them. Heterosexual cisgender people who learn these negative attitudes (homophobia and transphobia), learn to reject, and even attack LGBT people.

41. This has many damaging effects for LGBT people. LGBT people are impacted by prejudice and stigma. For example, compared with their heterosexual cisgender peers, sexual minority youth are more likely to be bullied in schools (Kann, et al., 2016) and LGBT adults are more likely to be assaulted (Flores, Langton, Meyer, & Romero, 2020; Flores, Meyer, Langton, & Herman, 2021).

42. As children and youth, they are exposed to false stigmatized portrayals of LGBT people as they learn about the lives of LGBT people. LGBT people are taught to believe and internalize stigmatized depictions, applying negative attitudes toward themselves. For example, LGBT persons have been portrayed as incapable and even undeserving of intimate relationships. Weston, who studied LGB people in California’s Bay Area, quoted one man saying, “My image of gay life was very lonely, very weird, no family.” (Weston, 1991, p. 25).

Religion as a source of structural stigma

43. Religion, and Christianity in particular, has been a major influence on cultural understanding of sexual and gender minorities. Religious depiction of homosexuality has impacted, through the Canon law, into legal systems as criminal sodomy and has influenced early medical thinking about homosexuality as an illness (both sodomy laws and medical depictions of sexual and gender minorities as disordered have slowly reversed in the late 20th and

early 21st centuries, although sodomy laws still impact many countries that were under colonial rule and incorporated Western law systems of the 19th century into their own systems even after independence (e.g., many African countries).

44. Current religion affiliation has a mixed effect on LGBT people. While many religions are supportive, or *affirmative*, of LGBT people, most are not. For example, while religions like the Conservative and Reform Jewish movements, and the Presbyterian, Episcopal, and Lutheran churches support same-sex marriages, many of the largest U.S. religious institutions—including, the American Baptist Churches, Assembly of God, the Church of Jesus Christy of Latter-day Saints, the Roman Catholic Church, Southern Baptist Convention, the United Methodist Church, Islam, and the Orthodox Jewish Movement—prohibit same-sex marriages (Pew Research Center, 2015).

45. As an important cultural and social institution religion—especially through the messages and actions of established religious institutions, non-affirmative religions can be conceptualized as source of structural stigma. Non-affirming religions send to their LGBT congregants a clear message that they are sinners and that they cannot live a productive and happy life as members of the community unless they reject their own sexual and gender identities. The authority of religion and religious figures as leaders of moral and ethical life can have a devastating effect on LGBT members who are rejected for who they are.

46. As with other Americans, religion is important for LGBT adults. About 5.3 million, or half of the LGBT adults in the United States are religious, including an estimated 3,063,000 LGBT adults who are moderately religious and 2,230,000 who are highly religious (Conron, Godlberg, & O’Neill, 2020). Religious LGBT adults who belong to non-affirming denominations are particularly vulnerable to stigma and stress related to their identity as an LGBT person. Religion can augment messages of homophobia and transphobia and contribute to the LGBT youth’s self-rejection and self-hatred in particular, leading to increased internalized homophobia and transphobia (Barnes & Meyer, 2012). This is particularly damaging at a young age, when LGBT persons need to learn to accept their LGBT identity in the coming out process (Eliason & Schope, 2007). Indeed, about one-third of those who had had a childhood religious affiliation changed to being agnostic, atheist, or “nothing in particular” as adults sometime later in

adulthood, possibly due to stigma and rejection at their original church (Meyer, Wilson, & O'Neill, 2021).

B. Stigma leads to minority stress processes

47. Stress is “any condition having the potential to arouse the adaptive machinery of the individual” (Pearlin, 1999, in Meyer 2003, p. 675). Using engineering analysis, stress can be described as the load relative to supportive surface (Wheaton, 1999, in Meyer 2003, p. 675). Like a surface that may break when load weight exceeds its capacity to withstand the load, so has psychological stress been described as reaching a breaking point beyond which an organism may reach “exhaustion” and even death (Selye, 1993). In over 40 years of research, researchers have shown that stress causes mental and physical disorders (Thoits, 2010).

48. Stressors, to which all people are exposed, include major life events (e.g., loss of a loved one), chronic conditions (e.g., unemployment), and even minor events and instances (e.g., traffic during rush hour in a big city). Such stressors are ubiquitous—all individuals in modern societies are exposed to them. In my research, I have referred to these as *general* stressors (Meyer, Schwartz, & Frost, 2008).

49. In addition to such *general* stressors, LGB people are exposed to unique and additional stressors. In my research I have referred to these as *minority stress* (Meyer, 1995; Meyer, 2003; Meyer & Frost, 2013). Minority stress stems from social disadvantage related to structural stigma, prejudice, and discrimination. “*Minority stressors . . . strain individuals who are in a disadvantaged social position because they require adaptation to an inhospitable social environment* (Frost & Meyer, 2009).

50. By definition, minority stress is a unique source of stress, in that it is related to prejudice against LGBT people and requires special adaptation by LGBT people but not by heterosexuals. Therefore, minority stress confers a unique risk to LGBT people for diseases that are caused by stress (Meyer, 2003; Hendricks & Testa, 2012; Testa, Habarth, Peta, Balsam, & Bockting, 2015).

51. Exposure to minority stress is chronic in that it is attached to persistent social structures, (prejudice and stigma) but it can be expressed as a variety of stressors, including acute (e.g., a

life event, such as victimization by bullying and assault or being fired from a job due to being gay or bisexual) and chronic stress (e.g., heightened vigilance required by the LGBT person to avoid being attacked with antigay violence). I describe these stress processes more fully below.

52. Against such stress, LGBT people, individually and as a community, mount coping efforts and build resources that may buffer the toll of stress. Personal coping includes, for example, a sense of mastery and family support. Community-level coping refers to the mobilization of supportive services, including, for example, a sense of connectedness and affiliation with the gay community (Meyer & Frost, 2013; Testa, Habarth, Peta, Balsam, & Bockting, 2015).

53. The impact of stress on the etiology of illness results from the force of both stress and coping. Coping is best achieved by connecting to the LGBT community and benefitting from tangible (e.g., social support, specialized mental health services) and intangible (e.g., affirmation, exposure to positive role models) resources.

C. Specific minority stress processes

54. In my research I have described four pathways through which social stigma is manifested in the lives of LGBT people. I referred to these as *minority stress processes* and described them as: (a) chronic and acute prejudice events and conditions, (b) expectation of such events and conditions and the vigilance required by such expectation, (c) concealing or hiding of one's lesbian or gay identity, and (d) internalization of social stigma (internalized biphobia and internalized homophobia). Although my original research focused on sexual minorities (Meyer, 2003), more recent research has shown similar processes for gender minorities (Hendricks & Testa, 2012; Testa, Habarth, Peta, Balsam, & Bockting, 2015; White Hughto, Reisner, & Pachankis, 2015). This research has highlighted the additional impact of gender affirmation, or lack of such affirmation, as a core minority stressor for transgender individuals. "Gender affirmation refers to an interpersonal, interactive process whereby a person receives social recognition and support for gender identity and expression" (Bockting et al., 2016) and is related to improving mental health outcomes among transgender individuals (Colton Meier, Fitzgerald, Pardo, & Babcock, 2011).

a. Prejudice events and conditions

55. Prejudice events refer to events stemming from anti-LGB prejudice. Prejudice events include interpersonal events perpetrated by individuals (e.g., perpetration of hate crimes, within discrimination in employment or housing). There are numerous accounts of the excess exposure of lesbians and gay men to such prejudice events (Meyer, Schwartz, & Frost, 2008). For example, in the United States, LGBT people are nearly four times more likely than non-LGBT people to experience violent victimization and LGBT people had higher rates of serious violence victimization in almost every type of violent crime except robbery (Flores, Langton, Meyer, & Romero, 2020). LGBT people are also more likely to be hate crime victims of violence than non-LGBT people (Flores, Stotzer, Meyer, & Langton, unpublished). For example, transgender people experienced 86.2 victimizations per 1000 persons compared with 21.7 per 1000 persons for cisgender people. Households that had a transgender person had 214.1 property victimizations per 1000 people compared with 108 per 1000 people in households with only cisgender people (Flores, Meyer, Langton, & Herman, 2021).

56. Studies have also shown that unlike other minority groups, antigay events can occur at home and be perpetrated by family members: sexual minority boys and girls get kicked out of their homes to become homeless because of their family's rejection of their homosexuality (Durso & Gates, 2012); even sexual assault can be a form of asserting not only the perpetrator's power over the victim, but also, in the context of antigay violence, an assertion of moral superiority over the victims homosexuality (Gordon & Meyer, 2008). Hate crimes, which are typically perpetrated by outgroups on members of stigmatized groups, are more likely to occur within family in the case of LGBT people (Flores, Stotzer, Meyer, & Langton, unpublished). Family rejection of gay youth has been associated with many negative outcomes, including greater suicide attempts, drug use, and risky sexual behavior (Ryan, Huebner, Diaz, & Sanchez, 2009).

57. Victimization due to prejudice (e.g., antigay violence) is a type of prejudice event that can affect the victim's mental and physical health because it damages his or her sense of justice and order (Frost, Lehavot, & Meyer, 2013; Herek, Gillis, & Cogan, 1999). As noted above, research by the U.S. Bureau of Justice Statistics has shown that LGBT people are more likely

than non-LGBT people to experience violent victimization, generally, and hate crimes, specifically (Flores, Langton, Meyer, & Romero, 2020; Flores, Stotzer, Meyer, & Langton, unpublished).

58. Sexual assault and sexual abuse are forms of victimization that LGB people are exposed to at higher rates than other populations. For example, incarcerated gay and bisexual men are more likely than heterosexual men to be victimized in prisons, jails, and facilities of youth custody. In a study of a nationally representative sample of incarcerated individuals I found that gay and bisexual men were 4 times more likely than heterosexual men to have been assaulted by staff and 18 times more likely to be assaulted by another inmate (Meyer, Flores, Stemple, Romero, Wilson, & Herman, 2017). Transgender inmates had 10 times the rate of assault while incarcerated, 37% versus 3.4% of non-transgender inmates (Herman, Brown, Wilson, Meyer, & Flores, 2016).

59. In interviewing lesbian and gay respondents for my study, my researchers and I heard numerous reports of verbal assault and harassment (Gordon & Meyer, 2007). Such instances are not acute and do not qualify as *major* life events because they are seemingly minor by any objective measure (in stress terms, these incidents bring about little objective change and, therefore, require little adaptation compared to major events, e.g., finding a new job after losing one's job).

60. Nonetheless, these and similar *everyday discrimination* instances can be damaging even if they are not major events because of the symbolic message of rejection that they convey. Indeed, even stressful *non-events* can be damaging (Meyer, Ouellette, Haile, & McFarlane, 2011). Seemingly minor non-events can also be stressful. For example, being invited to a family affair such as a Thanksgiving Dinner or a wedding while being asked to *not* bring one's same-sex intimate partner or having an intimate partner at such an event ignored are demeaning experiences that many LGBT people encounter.

61. Minor stressors are ubiquitous in our society and are experienced by LGBT people and heterosexual people alike. But there is a qualitative difference in minority stressors to which LGBT people are uniquely exposed. The quality that makes minority stress an added and unique stress is its connection to stigma and social disapproval. Rejection by a stranger or even a family

member may be painful to all, but when this rejection is delivered with the message that society and religion rejects the person, it is exponentially painful.

62. The added symbolic value that makes a prejudice event more damaging than a similar event not motivated by prejudice exemplifies an important quality of minority stress: Prejudice major events (violence) and even everyday instances of prejudice (*everyday discrimination*, or *micro-aggressions*) can have a powerful impact “more because of the deep cultural meaning they activate than because of the ramifications of the events themselves . . . a seemingly minor event, such as a slur directed at a gay man, may evoke deep feelings of rejection and fears of violence [seemingly] disproportionate to the event that precipitated them” (Meyer, 1995, p. 41-42).

63. One stressor unique to sexual and gender minorities is experiencing sexual orientation change efforts (SOCE) or gender identity change efforts (GICE), sometimes referred to as conversion therapy. So-called “conversion therapy” has been practiced for decades, targeting LGBT people with efforts to change them (Drescher, 1998). SOCE have been practiced by religious counselors, medical professionals, and other health care providers. SOCE include a variety of approaches such as immersion in heterosexual-focused cognitive exercises, amplification of shame for same gender attraction, and physical punishment (e.g., electric shock) intended to condition people against their natural sexual orientation or gender identity. But SOCE is not, in fact, a therapy and it is not recommended by any national mental health organization. Indeed, all major health organizations, such as the American Medical Association and the American Psychological Association, have issued statements that say that it is against patients’ interest to administer conversion therapy.

64. SOCE is associated with adverse health outcomes for LGBT people including increased distress, depression, hopelessness, and suicidal thoughts and behaviors. In a study of LGB adults who had experienced SOCE in their lifetime, we found that they had nearly twice the odds of lifetime suicidal ideation, 75% increased odds of planning to attempt suicide, and 88% increased odds of a suicide attempt with minor injury compared with sexual minorities who did not experience SOCE (Blosnich, Henderson, Coulter, Goldbach, & Meyer, 2020). Similarly, a study of transgender adults found that exposure to GICE was associated with multiple adverse

outcomes, including severe psychological distress and suicide attempts (Turban, Beckwith, Reisner, & Keuroghlian, 2020).

b. Expectations of rejection and discrimination

65. An expectation of rejection and discrimination is a stressor because of the almost constant vigilance required by LGBT people to defend and protect themselves against potential rejection, discrimination, and violence (Meyer, 2003). Vigilance is not only about physical safety; it is also about embarrassment and awkward social transactions, especially when such transactions can be damaging, for example, for school or job performance.

66. Unlike the concept of prejudice events, where a concrete event or condition—a major or minor life event or a chronic stressor—occurred, expectations of rejection and discrimination are stressful even in the absence of a prejudice event. “Because of the chronic exposure to a stigmatizing social environment, ‘the consequences of stigma do not require that a stigmatizer in the situation holds negative stereotypes or discriminates’” (Crocker, 1999, in Meyer, 2003, p. 681).

67. A history of stressful experiences related to prejudice and discrimination, as well as the recognition that one’s group is devalued in society, teaches LGB people to expect to be rejected and discriminated against. The expectation that negative events—large or seemingly small—may happen is stressful because it requires the person to be vigilant so they are prepared to cope with an uncertain situation.

68. In addition to being stressful because of its demand for vigilance, the expectation of discrimination precipitates a defensive coping that is taxing to the person even in the absence of an occurrence of a prejudice or discriminatory event. Such coping has both intangible and tangible effects. For example, defensive coping may lead to worry and rumination that lead to psychological distress (Hatzenbuehler, 2009). Additionally, defensive coping can lead to significant expenditure in time and money to ensure one and one’s family is protected in case of need.

c. Concealing stigmatizing identity

69. Concealing a gay or bisexual sexual orientation is a way in which some LGBT people cope in hope of protecting themselves from stigma and prejudice. The process of managing one's sexual identity and making decisions about disclosure can be especially complicated for bisexual individuals (Feinstein & Dyar, 2017). Research has found that bisexual individuals are more likely to conceal their sexual identities compared to lesbians and gay men (Balsam & Mohr, 2007).

70. Concealing one's LGBT identity offers some protections. For example, a person who conceals his or her LGB orientation is less likely to be a victim of antigay violence than if they did not do so (Rosario, et al., 2001).

71. Paradoxically, concealing one's LGBT identity is itself a significant stressor. There are 3 main reasons why concealing can be linked with distress and mental health problems. First, people must devote significant psychological resources to conceal their LGBT identity. Concealing requires constant monitoring of one's interactions and of what one reveals to others. Keeping track of what one has said, and to whom, is very demanding and stressful, and leads to psychological distress. Among the effects of concealing are preoccupation, increased vigilance of stigma discovery, and suspiciousness, which, in turn, leads to mental health problems (Pachankis, 2007).

72. Second, concealing has harmful health effects by denying the person, who conceals his or her LGBT identity, the psychological and health benefits that come from free and honest expression of emotions and sharing important aspects of one's life with others. Health psychology research has shown that expressing and sharing emotions and experiences can have a significant therapeutic effect by reducing anxiety and enhancing coping abilities (Meyer, 2003; Pachankis, 2007).

73. Third, concealment prevents LGBT individuals from connecting with and benefiting from social support networks and specialized services for them. Protective coping processes can counter the stressful experience of stigma (Meyer, 2003). In addition, LGBT people who need supportive services, such as competent mental health services, may receive better care from

sources in the LGBT community (e.g., a specialized gay clinic; Potter, Goldhammer, & Makadon, 2008). But individuals who conceal their LGBT identity are likely to avoid such resources for fear that their sexual or gender identity would be exposed if they approached such sources.

74. Parental disapproval of the LGBT child is associated with worry and concealment of one's sexual identity. In turn, concealment is related to anxiety symptoms. "Routes through which gay-related stress may begin earlier in development than commonly assumed, while continuing to impact gay men's open self-expression, and ultimately their experience of anxiety, into young adulthood" (Pachankis & Bernstein, 2012, abstract).

75. Lesbians, gay men, and bisexuals who concealed their orientation have been found to suffer serious health consequences from this concealment. Concealing one's identity, and the required cognitive efforts required to conceal successfully, can lead to significant distress, shame, anxiety, depression, low well-being and self-esteem, and loneliness (Frable, Platt, & Hoey, 1998; Schrimshaw, Siegel, Sowning, & Parsons, 2013; Beals, Peplau, & Gable, 2009; Frijns & Finkenauer, 2009). Furthermore, anxiety is a predictor of substance use disorders as the individual attempts to reduce tension, fear, and nervousness by using substances (Swendsen et al., 1998, in Pachankis & Bernstein, 2012). Similarly, researchers found that a rejecting reaction from people to whom a gay youth had disclosed was associated with current and subsequent alcohol, cigarette, and marijuana use (Rosario, Schrimshaw, & Hunter, 2009).

d. Internalized stigma

76. *Internalized stigma* refers to internalized homophobia and internalized transphobia held by a sexual or gender minority person. Internalized stigma may be colloquially described as self-hatred—it refers to the internalization of negative societal attitudes among LGBT people. Internalized homophobia and transphobia are insidious stressors because they are unleashed by the person toward themselves due to years of socialization in a stigmatizing society (Bockting et al., 2016, Meyer, 2003, Herek, 2009).

77. In what psychologists call the *coming out process*, the LGB person must unlearn such false stereotypes and prejudicial attitudes and adopt new, healthier attitudes and self-perceptions.

But this process is difficult—the person must, on their own, go against prevailing social and religious beliefs, often strongly endorsed by influential and important people and institutions in their life.

78. An important aspect of oneself that is affected by internalized stigma is the *possible self* (Markus & Nurius, 1986)—the view of the self not only as it is but as it can become in the future. Possible selves are an important aspect of one's aspiration and motivation. Possible selves determine not only future success but also current hope and well-being. But possible selves are formed from one's perception of current social norms, values, and expectations for the future. Among the important sources of possible selves are social conventions, social institutions, role models, and expectations and aspirations of others.

79. Both heterosexual cisgender and LGBT individuals internalize the prejudice and stigma related to sexual orientation and gender identity, but the effect of this internalization is quite severe for LGBT persons. Thus, LGBT people may internalize stereotypes that being LGBT is incompatible with achieving social and personal goals around work, intimacy, and family life.

80. Internalizing stigma has negative consequences for the health and well-being of LGB people. Because internalized homophobia disturbs the person's ability to overcome stigmatized notions of the self and envision a future life course, it is associated with mental health problems and impedes success in achieving intimate relationships (Meyer, 1995; Meyer & Dean, 1998; Frost & Meyer, 2009). Empirical evidence has demonstrated that LGB people who have higher levels of internalized stigma are less likely than those with lower levels or no internalized stigma to sustain intimate relationships and even if in a relationship they have poorer quality of relationships (e.g., Meyer, 1995; Meyer & Dean, 1998; Frost & Meyer, 2009; Balsam & Szymanski, 2005; Otis, Rotosky, Riggle, & Hamrin, 2006).

81. Among transgender people, internalized transphobia can lead to both negative self and community regard. This can lead to being cut off from the protective factor of a community through negative views of the transgender community itself, and that transgender individuals have increases in psychological distress compared with people with more positive views of themselves and the transgender community (Sánchez & Vilain, 2009).

V. Conclusions: Stigma enacted in institutional, interpersonal, and internalized spheres

82. The plaintiffs in the case are religious young persons who joined a religious educational institution seeking a community of similar others. Because of their young age, it is possible that some have begun to explore their sexual and gender identities while at the school, or just prior to attending school. Others may have been moved to join the religious institution to keep a family tradition or in hopes of finding a supportive and familiar religious environment as they were exploring their sexual and gender identities. Once at the school, rather than finding support, they found derision and rejection from the religious authorities they relied on for guidance and comfort. When they tried to seek help, through an appeal to the Department of Education, they discovered that the United States Department of Education sided with the rejecting institution by exempting the institution from Title IX. The plaintiffs in this case experienced stigma enacted by religious institutions in both institutional and interpersonal actions. If they sought help, their pleas were ignored. Stigma was given a seal of approval by the United States Department of Education, further enacting homophobia and transphobia. The young plaintiffs found themselves alone against powerful institutions, with their country supporting the actions of the offending educational institution. Such enactment of stigma can lead to adverse health outcomes in LGBT people.

VI. Stigma and health outcomes

83. Stigma and prejudice have a negative impact on the health of LGBT people in the United States by causing minority stress which in turn can cause disease. This has been recognized by public health authorities including *Healthy People*, which sets 10-year health priorities for the United States (U.S. Department of Health and Human Services, 2000, 2010, 2020). In explaining the reason for the inclusion of the LGBT population as one of the groups requiring special public health attention, the Department of Health and Human Services noted: “The issues surrounding personal, family, and social acceptance of sexual orientation can place a significant burden on mental health and personal safety” (HP 2010, p. 16). This burden has most clearly been articulated in the literature on *minority stress* (IOM, 2011).

84. Minority stress causes serious injury in the form of psychological distress, mental health problems, suicide, and lowered psychological and social well-being. Studies have concluded that minority stress processes are related to an array of mental health problems including depressive symptoms, substance use, and suicide ideation (Herek & Garnets, 2007; King et al., 2008; Semlyen, King, Varney, & Hagger-Johnson, 2016; Feinstein & Dyar, 2017; White Hughto, Reisner, & Pachankis, 2015; Meyer, Brown, Herman, Reisner, & Bockting, 2017; Downing & Przedworski, 2018).

85. Minority stressors have been studied in multiple studies demonstrating the impact of minority stress on health, including studies that look at interpersonal and structural forms of stress and both individual and geographic ecological impact on sexual minorities, all showing negative consequences on mental health (Meyer, Russell, Hammack, Frost, & Wilson, 2021). For example, using an ecological design, Hatzenbuehler showed that lesbian, gay, and bisexual men and women who live in states without laws that extend protections to sexual minorities (e.g., job discrimination, hate crimes, relationship recognition) have more mental health problems than those living in states with laws that provide equal protection (Hatzenbuehler, Keyes, & Hasin, 2009). Similarly, Rabasco and Andover (2020) showed that protective state policies moderated the relationship of discrimination and suicide attempts among transgender people so that the associations of discrimination and suicide attempts were stronger in states with low levels of protections for gender minorities than in states with higher levels of policy protections.

86. Minority stress is also associated with a higher incidence of reported suicide attempts among LGBT as compared with heterosexual cisgender individuals (e.g., Cochran & Mays, 2000; Gilman et al., 2001; Herrell et al., 1999; Marshal et al., 2011; Haas et al., 2011). Higher rates of suicide attempts among members of sexual minorities are related to minority stress encountered by youth due to coming out conflicts with family and community (Ryan, Huebner, Diaz, & Sanchez, 2009). Youth is a time that can be particularly stressful, a time when young people realize they are lesbian, gay, or bisexual, and often disclose their sexual minority identities to parents, siblings, and others (Flowers & Buston, 2001).

87. In suicide as in other health outcomes, bisexual individuals have worse outcomes than not only heterosexuals but also lesbians and gay men. Conron and colleagues (2010) reported that

18.5% of bisexual individuals had seriously considered suicide over one year compared to 4.2% of gay/lesbian individuals and 3.0% of heterosexual individuals. And in a more recent U.S. probability sample, researchers found that bisexuals are about 50% more likely to report a suicide attempt compared with lesbians and gay men (Meyer, Blosnich, Choi, Harper, & Russell, 2021).

88. Also, although less often studied, lesbian, gay, and bisexual individuals have lower levels of psychological and social well-being than heterosexual people because of exposure to minority stress, such as stigma and discrimination experiences (Riggle, Rostosky, & Danner, 2009). This is not surprising because well-being, especially *social well-being*, reflects the person's relationship with his or her social environment: "the fit between the individuals and their social worlds" (Kertzner, Meyer, Frost, & Stirratt, 2009, p. 500). Other studies have shown, for example, that stigma leads lesbian, gay, and bisexual persons to experience alienation, lack of integration with the community, and problems with self-acceptance (Frable, Wortman, & Joseph, 1997). Because they lack support from many lesbians and gay men due to stigma against bisexuality, bisexuals have worse ratings of well-being than gay men and lesbians (Kertzner, Meyer, Frost, & Stirratt, 2009).

89. Minority stress also has significant physical health consequences (Lick, Durso, & Johnson, 2013; Flentje, Heck, Brennan, & Meyer, 2019). In particular, concealing a gay or bisexual identity can have significant health consequences. Studies found that concealment of gay or bisexual identity among HIV positive gay men was associated with lower CD4 counts, which measure the progression of HIV disease (Strachan, Bennett, Russo, & Roy-Byrne, 2007; Ullrich, Lutgendorf, & Stapleton, 2003). Another study of HIV-negative gay and bisexual men showed that those who concealed their gay identity experienced a higher incidence of disease—including infectious diseases and cancer—than men who did not conceal their gay identity (Cole, Kemeny, Taylor, & Visscher, 1996). Other studies found that exposure to discrimination was related to outcomes such as number of sick days and number of physician visits (Huebner & Davis, 2007).

Ilan H. Meyer, Ph.D.
Los Angeles, CA, October 29, 2020

EXPERT REPORT OF DR. ILAN H. MEYER

Exhibit B: References Cited

American Medical Association. (2019). *Advocating for the LGBTQ community*: issue briefs and talking point that focus on topics impacting the LGBTQ community, including conversion therapy, gender-affirming care and access to public utilities.

<https://www.ama-assn.org/delivering-care/population-care/advocating-lgbtq-community>

American Psychiatric Association. (2020). *What is Gender Dysphoria?*

<https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>

American Psychological Association. (2019). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*.

<https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: a comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology*, 54(3), 306.

Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, 29(3), 258-269.

Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *American Journal of Orthopsychiatry*, 82(4), 505–515. <https://doi.org/10.1111/j.1939-0025.2012.01185.x>

Beals, K. P., Peplau, L. A., & Gable, S. L. (2009). Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin*, 35, 867-879.

- Blosnich, J. R., Henderson, E. R., Coulter, R., Goldbach, J. T., & Meyer, I. H. (2020). Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016-2018. *American journal of public health, 110*(7), e1–e7. Advance online publication. <https://doi.org/10.2105/AJPH.2020.305637>
- Bockting, W., Coleman, E., Deutsch, M. B., Guillamon, A., Meyer, I., Meyer, W., 3rd, Reisner, S., Sevelius, J., & Ettner, R. (2016). Adult development and quality of life of transgender and gender nonconforming people. *Current opinion in endocrinology, diabetes, and obesity, 23*(2), 188–197. <https://doi.org/10.1097/MED.0000000000000232>
- Brumbaugh-Johnson, S. M., & Hull, K. E. (2019). Coming Out as Transgender: Navigating the Social Implications of a Transgender Identity. *Journal of homosexuality, 66*(8), 1148–1177. <https://doi.org/10.1080/00918369.2018.1493253>
- Cochran, S. D., & Mays, V. M. (2000). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: results from NHANES **III**. *American Journal of Public Health, 90*(4), 573-578.
- Cole, S. W., Kemeny, M. E., Taylor, S. E., & Visscher, B. R. (1996). Elevated physical health risk among gay men who conceal their homosexual identity. *Health Psychology, 15*(4), 243-251.
- Colton Meier, S.L., Fitzgerald, K.M., Pardo, S.T., & Babcock, J. (2011) The Effects of Hormonal Gender Affirmation Treatment on Mental Health in Female-to-Male Transsexuals. *Journal of Gay & Lesbian Mental Health, 15*:3, 281-299, DOI: 10.1080/19359705.2011.581195
- Conron, K. J., Goldberg, S. K., & O’Neill, K. (2020). Religiosity among LGBT adults in the US. Los Angeles, CA: The Williams Institute at UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Religiosity- Oct-2020.pdf>

- Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health*, 100(10), 1953-1960.
- Downing, J. M., & Przedworski, J. M. (2018). Health of Transgender Adults in the U.S., 2014-2016. *American journal of preventive medicine*, 55(3), 336–344.
<https://doi.org/10.1016/j.amepre.2018.04.045>
- Durso, L.E., & Gates, G.J. (2012). Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.
- Drescher J. (1998). I'm your handyman: a history of reparative therapies. *Journal of homosexuality*, 36(1), 19–42. https://doi.org/10.1300/J082v36n01_02
- Eliason, M.J., & Schope, R. (2007). Shifting sand or solid foundation? Lesbian, gay, bisexual, and transgender identity formation. In I.H. Meyer & M.E. Northridge (Eds.) *The health of sexual minorities* (pp.3-26): United States: Springer.
- Feinstein, B. A., & Dyar, C. (2017). Bisexuality, minority stress, and health. *Current sexual health reports*, 9(1), 42-49.
- Flentje, A., Heck, N. C., Brennan, J. M., & Meyer, I. H. (2019). The relationship between minority stress and biological outcomes: A systematic review. *Journal of Behavioral Medicine*, 1-22.
- Flores, A. R., Langton, L., Meyer, I. H., & Romero, A. P. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances*, 6(40), eaba6910.
<https://advances.sciencemag.org/content/advances/6/40/eaba6910.full.pdf>

- Flores, A. R., Meyer, I.H., Langton, L., & Herman, J.L. (2021). Gender Identity Disparities in Criminal Victimization: National Crime Victimization Survey, 2017-2018. *American Journal of Public Health*, 111(4), 726-729. <https://doi.org/10.2105/AJPH.2020.306099>.
- Flores, A.R., Stotzer, R.L., Meyer, I.H., & Langton, L. (unpublished).
- Flowers, P., & Buston, K. (2001). "I was terrified of being different": Exploring gay men's accounts of growing-up in a heterosexist society. *Journal of Adolescence*, 24(1), 51-65.
- Frable, D.E., Platt, L., & Hoey, S. (1998). Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology*, 74(4), 909-922.
- Frable, D. E., Wortman, C., & Joseph, J. (1997). Predicting self-esteem, well-being, and distress in a cohort of gay men: the importance of cultural stigma, personal visibility, community networks, and positive identity. *Journal of personality*, 65(3), 599–624. <https://doi.org/10.1111/j.1467-6494.1997.tb00328.x>
- Frijns, T., & Finkenauer, C. (2009). Longitudinal associations between keeping a secret and psychosocial adjustment in adolescence. *International Journal of Behavioral Development*, 33(2), 145-154.
- Frost, D. M., Lehavot, K., & Meyer, I. H. (2013). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*, 38(1), 1-8. [doi:10.1007/s10865-013-9523-8](https://doi.org/10.1007/s10865-013-9523-8)
- Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, 56(1), 97-109.
- Frost, D. M., Meyer, I. H., & Hammack, P. L. (2015). Health and Well-Being in Emerging Adults' Same-Sex Relationships: Critical Questions and Directions for Research in Developmental Science. *Emerging Adulthood*, 3(1), 3-13. <https://doi.org/10.1177/2167696814535915>

- Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American Journal of Public Health, 91*(6), 933.
- Gordon, A. R., & Meyer, I. H. (2007). Gender nonconformity as a target of prejudice, discrimination, and violence against LGB individuals. *Journal of LGBT Health Research, 3*(3), 55-71.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., Silverman, M. M., Fisher, P. W., Hughes, T., Rosario, M., Russell, S. T., Malley, E., Reed, J., Litts, D. A., Haller, E., Sell, R. L., Remafedi, G., Bradford, J., Beautrais, A. L., . . . Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*(1), 10–51. <https://doi.org/10.1080/00918369.2011.534038>
- Hatzenbuehler, M. L. (2009, Sep). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychol Bull, 135*(5), 707-730. <https://doi.org/10.1037/a0016441>
- Hatzenbuehler, M. L., Keyes, K. M. & Hasin, D. S. (2009). State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *American Journal of Public Health, 99*(12), 2275-2281.
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice, 43*(5), 460–467. <https://doi.org/10.1037/a0029597>
- Herek, G. M. (2009). Sexual stigma and sexual prejudice in the United States: A conceptual framework. In D. A. Hope (Ed.), *Contemporary perspectives on lesbian, gay, and bisexual Identities* (pp. 65-111): New York: Springer.

- Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review of Clinical Psychology*, 3, 353-375.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (1999). Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology*, 67(6), 945-951.
- Herman, J.L., Brown, T.N.T., Wilson, B.D.M., Meyer, I.H., & Flores, A.R. (2016). Prevalence, characteristics, and sexual victimization of incarcerated transgender people in the United States: Results from the National Inmate Survey (NIS-3). Los Angeles, CA: The Williams Institute at UCLA School of Law. [Trans-Incarceration-Violence-Oct-2016.pdf \(ucla.edu\)](#)
- Herrell, R., Goldberg, J., True, W. R., Ramakrishnan, V., Lyons, M., Eisen, S., & Tsuang, M. T. (1999). Sexual orientation and suicidality: a co-twin control study in adult men. *Archives of General Psychiatry*, 56(10), 867.
- Huebner, D. M., & Davis, M. C. (2007). Perceived antigay discrimination and physical health outcomes. *Health Psychology*, 26(5), 627.
- Institute of Medicine [IOM]. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.
- Kann, L., Olsen, E. O., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., Lowry, R., Chyen, D., Whittle, L., Thornton, J., Lim, C., Yamakawa, Y., Brener, N., & Zaza, S. (2016, Aug 12). Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9-12 - United States and selected sites, 2015. *MMWR Surveill Summ*, 65(9), 1-202. <https://doi.org/10.15585/mmwr.ss6509a1>
- Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *Journal of Orthopsychiatry*, 79(4), 500-510.

- King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC psychiatry*, 8(1), 70-87.
- Levitt, H. M., & Ippolito, M. R. (2014). Being transgender: the experience of transgender identity development. *Journal of homosexuality*, 61(12), 1727–1758.
<https://doi.org/10.1080/00918369.2014.951262>
- Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority Stress and Physical Health Among Sexual Minorities. *Perspect Psychol Sci*, 8(5), 521-548.
<https://doi.org/10.1177/1745691613497965>
- Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, 41(9), 954
- Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., ... & Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: a meta-analytic review. *Journal of Adolescent Health*, 49(2), 115-123.
- Masci, D., & Lipka, M. (2015, December 21). *Where Christian churches, other religions stand on gay marriage*. Washington D.C.: Pew Research Center.
<https://www.pewresearch.org/fact-tank/2015/12/21/where-christian-churches-stand-on-gay-marriage/>
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38-56.
- Meyer, I. H. (2003). Prejudice, social stress and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.
- Meyer, I. H., Blosnich, J. R., Choi, S. K., Harper, G. W., & Russell, S. T. (2021, Jul). Suicidal Behavior and Coming Out Milestones in Three Cohorts of Sexual Minority Adults. *LGBT Health*, 8(5), 340-348. <https://doi.org/10.1089/lgbt.2020.0466>

- Meyer, I. H., Brown, T. N., Herman, J. L., Reisner, S. L., & Bockting, W. O. (2017). Demographic Characteristics and Health Status of Transgender Adults in Select US Regions: Behavioral Risk Factor Surveillance System, 2014. *American journal of public health, 107*(4), 582–589. <https://doi.org/10.2105/AJPH.2016.303648>
- Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In B. Greene & G. M. Herek (Eds.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 160-186). Thousand Oaks, CA: Sage.
- Meyer, I. H., Flores, A. R., Stemple, L., Romero, A. P., Wilson, B. D., & Herman, J. L. (2017, Feb). Incarceration Rates and Traits of Sexual Minorities in the United States: National Inmate Survey, 2011-2012. *American Journal of Public Health, 107*(2), 267-273. <https://doi.org/10.2105/AJPH.2016.303576>
- Meyer, I. H., & Frost, D. M. (2013). Minority stress and the health of sexual minorities. In C. J. Patterson & A. R. D'Augelli (Eds.) *Handbook of psychology and sexual orientation* (pp. 252-266). New York, NY: Oxford University Press.
- Meyer, I. H., Ouellette, S. C., Haile, R., & McFarlane, T. A. (2011). We'd be free: Narratives of life without homophobia, racism, or sexism. *Sexuality Research and Social Policy, 8*(3), 204-214.
- Meyer, I. H., Russell, S. T., Hammack, P. L., Frost, D. M., & Wilson, B. D. (2021). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A US probability sample. *Plos One, 16*(3), e0246827.
- Meyer, I. H., Schwartz, S., & Frost, D. M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social Science & Medicine, 67*(3), 368-379.

- Meyer, I.H., Wilson, B.D.M., & O'Neill, K. (2021). *LGBTQ People in the US: Select Findings from the Generations and TransPop Studies*. Los Angeles: The Williams Institute.
- Oakes, J.M. & Kaufman, J. S. (2006). Introduction: Advancing methods in social epidemiology. In M.J. Oakes, & J.S. Kaufman, (Eds.), *Methods in social epidemiology* (pp. 3-20). San Francisco, CA: Jossey-Bass.
- Otis, M. D., Rostosky, S.S., Riggle, E.D.B., & Hamrin, R. (2006). Stress and relationship quality in same-sex couples. *Journal of Social and Personal Relationships*, 23(1), 81-99.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2), 328-345.
- Pachankis, J. E., & Bernstein, L. B. (2012). An etiological model of anxiety in young gay men: From early stress to public self-consciousness. *Psychology of Men & Masculinity*, 13(2), 107.
- Potter, J., Goldhammer, H., & Makadon, H. J. (2008). Clinicians and the care of sexual minorities. In H. J. Makadon, K. H. Mayer, J. Potter, & H. Goldhammer (Eds.), *The Fenway guide to lesbian, gay, bisexual, and transgender health* (pp. 3-24). Philadelphia: American College of Physicians.
- Rabasco, A., & Andover, M. (2020). The Influence of State Policies on the Relationship Between Minority Stressors and Suicide Attempts Among Transgender and Gender-Diverse Adults. *LGBT health*, 7(8), 457-460. <https://doi.org/10.1089/lgbt.2020.0114>
- Riggle, E. D., Rostosky, S. S., & Danner, F. (2009). LGB identity and eudaimonic well being in midlife. *Journal of Homosexuality*, 56(6), 786-798.
- Rosario, M., Hunter, J., Maguen, S., Gwadz, M., & Smith, R. (2001). The coming-out process and its adaptational and health-related associations among gay, lesbian, and bisexual youths: Stipulation and exploration of a model. *American Journal of Community Psychology*, 29(1), 133-160.

- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2009). Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: critical role of disclosure reactions. *Psychology of Addictive Behaviors*, 23(1), 175.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352. doi: 10.1542/peds.2007-3524.
- Sánchez, F. J., & Vilain, E. (2009). Collective self-esteem as a coping resource for male-to-female transsexuals. *Journal of Counseling Psychology*, 56(1), 202–209. <https://doi.org/10.1037/a0014573>
- Schrimshaw, E. W., Siegel, K., Downing Jr, M. J., & Parsons, J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting and Clinical Psychology*, 81(1), 141.
- Selye, H. (1993). History and present status of the stress concept. In L. Goldberger & S. Breznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (2nd Ed., pp. 7-17). New York: Free Press.
- Semlyen, J., King, M., Varney, J., & Hagger-Johnson, G. (2016). Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. *BMC Psychiatry*, 16(1), 1-9.
- Strachan, E. D., Bennett, W. M., Russo, J., & Roy-Byrne, P. P. (2007). Disclosure of HIV status and sexual orientation independently predicts increased absolute CD4 cell counts over time for psychiatric patients. *Psychosomatic Medicine*, 69(1), 74-80.
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- Thoits, A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, 51(1 Suppl), S41-S53.

Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA psychiatry*, 77(1), 68–76.
<https://doi.org/10.1001/jamapsychiatry.2019.2285>

U.S. Department of Health and Human Services, Healthy People 2020. (2011, June 29). Available at <http://healthypeople.gov>. Accessed November 19, 2013.

U.S. Department of Health and Human Services. (2000). Healthy People 2010. Washington, D.C.: Government Printing Office. Retrieved from:http://www.healthypeople.gov/Document/html/uih/uih_2.htm#goals

Ullrich, P. M., Lutgendorf, S. K., & Stapleton, J. T. (2003). Concealment of homosexual identity, social support and CD4 cell count among HIV-seropositive gay men. *Journal of Psychosomatic research*, 54(3), 205-212.

Weston, K. (1991). *Families we choose: Lesbians, gays, kinship*. New York: Columbia University Press.

White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social science & medicine (1982)*, 147, 222–231. <https://doi.org/10.1016/j.socscimed.2015.11.010>

EXPERT REPORT OF DR. ILAN H. MEYER

Exhibit A: Curriculum Vitae

Ilan H. Meyer, Ph.D.
Williams Distinguished Senior Scholar of Public Policy
The Williams Institute
UCLA Law School
Email: MEYER@law.ucla.edu

§ 5 EDUCATION

Tel Aviv University, Tel Aviv, Israel -- B.A. Psychology, Special Education, 1981

New School for Social Research, New York, NY -- M.A. Psychology, 1987

Columbia University, School of Public Health New York, NY – Ph.D. Sociomedical Sciences/
Social Psychology 1993,

Dissertation title: *Prejudice and Pride: Minority Stress and Mental Health in Gay Men.*
Bruce G. Link, Ph.D. Sponsor

Traineeship

1987-1992: Pre-doctoral NIMH Fellow in Psychiatric Epidemiology - Columbia University
(T32 MH 13043)

1993 -1995: Postdoctoral Fellow, Health Psychology, The Graduate Center at CUNY

1995 -1996: NIMH Research Fellow in Psychiatry (AIDS), Memorial Sloan-Kettering Cancer
Center

§ 6 PREVIOUS EMPLOYMENT

Assistant Professor of Clinical Public Health (part-time), Mailman School of Public Health,
Columbia University, November 1994

Assistant Professor of Clinical Public Health, (full-time), Mailman School of Public Health,
Columbia University, November 1996

Assistant Professor of Public Health, Sociomedical Sciences (full-time), Mailman School of
Public Health, Columbia University, September 1998

Associate Professor of Clinical Sociomedical Sciences, Mailman School of Public Health,
Columbia University, July 2003

Deputy Chair for Masters Programs, Department of Sociomedical Sciences, Mailman School of
Public Health, Columbia University, February 2004

Visiting Scholar, Russell Sage Foundation, New York, NY 2006 – 2007

Professor of Clinical Sociomedical Sciences, Mailman School of Public Health, Columbia
University, July 2010

Professor Emeritus Sociomedical Sciences, Mailman School of Public Health, Columbia University, July 2011

Adjunct Professor, Community Health Sciences, Fielding School of Public Health, University of California, Los Angeles, July 2018

UCLA SERVICE

§ 7 ACADEMIC AND ADMINISTRATIVE TITLES

Williams Distinguished Senior Scholar for Public Policy, The Williams Institute at UCLA School of Law, July 2011 – Present

Adjunct Professor, Community Health Sciences
UCLA Fielding School of Public Health

§ 8 LAW SCHOOL COURSES TAUGHT

None

§ 9 LAW SCHOOL COMMITTEE MEMBERSHIP

Williams Institute Management Committee

§ 10 LAW SCHOOL--OTHER SERVICE

None

§ 11 OTHER UNIVERSITY TEACHING

Columbia University Departmental and University Committees

Doctoral Admissions Committee – 2011

Coordinator, MPH Research Track – till 2002

Coordinator, MPH Admissions 2002 – 2003

MPH Committee 2003 – 2011

Curriculum committee 2003 – 2011

School MPH Admissions Committee 2002 – 2011

Department of Sociomedical Sciences Steering Committee 2007 – 2011

Department of Sociomedical Sciences Subcommittee on Revenue Generation 2008

Mailman School of Public Health Steering Committee, (elected) 2008 – 2011

Teaching Experience and Responsibilities

Courses

Introduction to Health Psychology (1995 - 2003), Columbia University, Mailman School of Public Health

Research Seminar in Gay and Lesbian Issues in Public Health (1997 – 2011), Columbia University, Mailman School of Public Health

Stigma, Prejudice and Discrimination as Social Stressors (2004 - 2011), Columbia University, Mailman School of Public Health

Masters Integrative Project (2005 - 2011), Columbia University, Mailman School of Public Health

Survey Research Methods in Sociomedical Sciences (2009 - 2011), Columbia University, Mailman School of Public Health

Health Disparities, Health Equity, and Sexual Minority Populations, UCLA, Fielding School of Public Health, Spring 2019

Dissertation Committees

- Sponsor: Lesley Sept (completed 2002) – *Evaluation of a tailored HIV prevention web site*
- Sponsor: Parisa Tehranifar (completed 2004) – *African American adolescents perceptions of everyday racism and their psychological responses—Distinguished Dissertation; Best Dissertation ASA*
- Sponsor: Paul Teixeira (defense 2007) – *Condom use among gay men: The impact of reactance and affect on safer sex practices*
- Sponsor: Alicia Lukachko (defense 2009) – *Racial identity, discrimination, discrimination and religiosity and use of mental health services among African Americans*
- Edward Alessi (NYU) – Dissertation: *Association of stressful life events and with posttraumatic stress disorder (PTSD) in a racially and ethnically diverse sample lesbian, gay, bisexual (LGB), and heterosexuals.*
- David Frost (CUNY Graduate Center) – Dissertation: *Stigma, intimacy, and well-being: A personality and social structures approaches*
- Dissertation committee Saanjh Aakash Kishore, UCLA Psychology, 2013
- Dissertation committee Melissa Boone, Columbia University, Sociomedical Sciences and Psychology, 2013
- Dissertation committee Geoffrey Stephen Carastathis, Psychology Edity Cowan University, Australia, 2013
- Dissertation committee Nadav Antebi, Columbia University, Mailman School of Public Health, 2016
- Dissertation committee Alexander Martos, Columbia University, Mailman School of Public Health, 2016
- Dissertation committee Avery Walker, Chatham University, “‘Why Paris is still burning’: A comparative study among Men of African Descent on the effects of gender presentation and sexual behaviors on connection to community,” 2016
- Dissertation committee Evan Krueger, Fielding School of Public Health, “Understanding sexual identity discordances: Social stress correlates and mental health consequences,” 2017
- Dissertation committee Shannon L. Dunlap, UCLA Luskin School of Public Affairs “Transgender adolescent and parent perceptions of stress and support related to gender identity development and expression,” 2017
- Dissertation committee Gabriel van Beusekom University of Amsterdam, The Netherlands, “Gender Nonconformity, Same-Sex Attraction, and Mental Health,” 2018
- Dissertation committee, Sara Matsuzaka, Fordham University, 2019

- Dissertation committee Allen Mallory, University of Texas, Austin, 2020
- Dissertation committee Krystal Kittle, University of Massachusetts, Boston 2020
- Dissertation committee Zelly Rose Atlan, Reykjavik University in Iceland, 2021
- Dissertation committee Olakunle Oḡinni, King's College London, UK, 2021

§ 12 ACADEMIC SENATE COMMITTEE MEMBERSHIP

N/A

§ 13 ACADEMIC SENATE--OTHER SERVICE

N/A

§ 14 OTHER UNIVERSITY SERVICE AND ACTIVITIES

Taught 7-session California Center for Population Research - Proposal Writing Workshop (<https://moodle2.sscnet.ucla.edu/course/view/ccpr--workshop>).

§ 15 ADDITIONAL ACADEMIC AND OTHER APPOINTMENTS

Adjunct Professor Community Health Sciences, UCLA Fielding School of Public Health

§ 16 MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Public Health Association
American Psychological Association
American Sociological Association
American Association for Public Opinion Research

§ 17 SERVICE TO PROFESSIONAL SOCIETIES AND ORGANIZATIONS

American Civil Liberties Union: Position paper on Gender Identity Disorder and Psychiatric Diagnosis (with Sharon Schwartz)
1993 – 2002 Co-Chair - Science Committee, American Psychological Association, Division 44 (Lesbian and Gay Issues)

§ 17a COMMUNITY SERVICE

Gay Men's Health Crisis: Oral Sex & HIV Risk Among Gay Men (with David Nimmons)

1999 – 2000 Member, working group preparing a white paper on LGBT health disparities for consideration by US HHS of inclusion of sexual orientation in Healthy People 2010

1999- 2000 Member Healthy People 2010 workgroup on sexual orientation

2012 (March) -- (Co-authored with J. Pizer, press release) Uganda Bill Concerning Same-Sex *Relationships and Human Rights Advocacy*.

2012 (March 12) -- (Co-authored with J. Pizer, press release) Analysis and Data On Tennessee's "Don't Say Gay" Bill.

2012 (March 14) -- (Co-authored with J. Pizer) Letter to Governor Gary R. Herbert, Utah Re: House Bill 363 by Rep. Wright (Sen. Dayton) – *Potential Impacts On At-Risk Youth And Licensed Educational Professionals From Health Information Ban*.

2012 (March 28) -- (Co-authored with J. Pizer, press release) *Extending Marriage To Same-Sex Couples in Illinois Will Have Positive Effects For 23,049 Couples Raising 7,662 Children.*

2012 (May 4) – (Co-authored with J. Pizer) Letter to Missouri House Committee on Elementary and Secondary Education, Jackson Missouri re: HB 2051 (Cookson) – *Potential impacts on at-risk youth and licensed education professionals from ban on information about sexual orientation, including about the existence of lesbian, gay, bisexual and transgender people.*

2013 (May 14) – *Promoting the Well-being of Gay and Bisexual Male and Transgender Youth of Color –Working Together for Action.* A summit organized by the Williams Institute, with support from the Liberty Hill Foundation. Organized meeting and presented *Project Access - Recommendations for Serving GBTQ Male Youth of Color.*

§ 17b CONSULTING ACTIVITIES -- EXPERT WITNESS, DECLARATIONS AND REPORTS

1. Expert witness (2010) -- testimony in *Perry v. Schwarzenegger*, 704 F. Supp.2d 921 (N.D. Cal. 2010)
2. Expert report (2010) – Written testimony in application for asylum, withholding of removal, and/or withholding under the convention against torture. Removal proceedings before Immigration Judge, United States Department of Justice, Executive Office for Immigration Review
3. Expert testimony (2011) – before the United States Commission on Civil Rights briefing on peer-to-peer violence and bullying in K-12 public schools;
4. Expert report (2012) – Written testimony in hearing before Immigration Judge on the validity of asylum granted to bisexual man, United States Department of Justice, Executive Office for Immigration Review;
5. Expert Consultation (2013) – Charles Patrick Pratt, et al. vs. Indian River Central School District; Indian River Central School District Board of Education. Case settled prior to trial.
6. Expert Declaration (2013) – Garden State Equality v. Doe, Superior Court of New Jersey, MER L-1729-11.
7. Expert Declaration (2013) – Cleopatra De Leon, et al. v. Rick Perry, Civil Action No. 5:-13-cv-982. United States District Court for the Western District of Texas, San Antonio Division.
8. Expert Declaration (2013) – Washington State v. Arlene Flowers, Inc. No. 13-2-00871-5
9. Expert Consultant (2014) – Pat PJ Newton vs. Town of Shannon MS
10. Expert witness (2014) – U.S. v. Gary Douglas Watland, Defendant. Criminal Action No. 1:11-cr-00038-JLK-CBS.
11. Expert Declaration (2014)– European Court of Human Rights. *Bayev v. Russia* (No. 67667/09), *Kiselev v. Russia* (No. 44092/12), and *Alekseyev v. Russia* (No. 56717/12)

12. Expert witness (2016) – Sexual Minorities Uganda v. Scott Lively United States District Court District of Massachusetts Springfield Division. Civil Action 3:12-CV-30051 (MAP)
13. Expert Declaration (2016) – [A180860003]MA(Afghanistan) v Secretary of State for the Home Department, United Kingdom
14. Amicus Brief (2017) -- U.S. Supreme Court in *Masterpiece Cakeshop v. Colorado Civil Rights Commission* brief of amici curiae *Ilan H. Meyer, PhD, and other social scientists and legal scholars who study the LGB population in support of respondents*
15. Expert Witness (2017) – *United States of America vs. Andries Snyman* CR 16-50102
16. Expert Report (2018) – In the Matter of Margaret Namulyanga, Respondent, in removal proceedings United States Department of Justice Executive Office for Immigration Review Immigration court New York, NY
17. Consultation (2018) – SCOTUS appeal of death penalty conviction re jury comments. Charles Russell Rhines, Petitioner, V. State of South Dakota, Respondent.

§ 17c OTHER PROFESSIONAL ACTIVITIES

2001 – 2011 Faculty, the Center for Gender, Sexuality and Health, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University

2003 Member, Working Group – Men who have sex with men (MSM) of color summit, Los Angeles, CA, May 29-30

2004 – 2011 Faculty, The Robert Wood Johnson Foundation Health & Society Scholars Program at Columbia University

2004 Leader, Working Group on Stigma, prejudice and discrimination. The Robert Wood Johnson Health and Society Scholars Program at Columbia. Mailman School of Public Health, Columbia University

2008 – 2011 Faculty, The Center for the Study of Social Inequalities and Health, Mailman School of Public Health, Columbia University

2008 – 2011 Faculty -- New York State Psychiatric Institute, HIV Center for Clinical and Behavioral Studies

2008 – 2011 Faculty -- Center for Population Research in LGBT Health, The Fenway Institute

2013 – Present Affiliate, California Center for Population Research

Mentorships

1. John Blosnich. West Virginia University, Public Health Sciences, Social & Behavioral Theory. Mentor through Center for Population Research in LGBT Health (Fenway Institute, Boston, MA).
2. Richard Nobles. Department of Psychology, University of Washington. Consultant on NIMH individual NRSA grant.
3. Keren Lehavot. Department of Psychology, University of Washington. Consultant on NIMH individual NRSA grant.
4. Natasha Davis. Columbia University Teachers College. Mentor on supplemental diversity NIMH grant (MH066058).

5. David Barnes -- Columbia University Mailman School of Public Health, Department of Epidemiology, Psychiatric Epidemiology Training program.
6. Naa Oyo Kwate, Ph.D., Research Scientist, Postdoctoral Award, Department of Defense, Breast Cancer Research Program, Department of Defense
7. Jennifer Stuber, Ph.D., Scholar, Robert Wood Johnson Foundation Health and Society Scholars
8. Kimberley Balsam, Ph. D., University of Washington. Consultant, NIMH K-Award application
9. Carolyn Wong, Ph.D., University of Southern California. Consultant, K-Award application.
10. José A. Bauermeister, MPH, PhD, University of Michigan, Mentor, K-Award application.
11. Huso Yi, Ph.D., Columbia University, HIV Center, Mentor, K-Award application.
12. Rahwa Haile, Ph.D., Columbia University, HIV Center for Clinical and Behavioral Studies, Mentor.
13. Tracy McFarlane, Ph.D., Columbia University, Psychiatric Epidemiology Training Program, Mentor.
14. Laura Durso, Williams Institute UCLA School of Law, post-doctoral fellow.
15. Ethan Meirish, Ph.D., Boston College, Fenway mentorship program
16. Brian Davis Fulbright graduate student scholarship to Japan
17. Ashley Borders, Ph.D., Assistant Professor, Department of Psychology, The College of New Jersey
18. Alexander Martos, MPH, Doctoral Candidate, Columbia University Mailman School of Public Health Department of Sociomedical Sciences, "LGBT Health Services: Emergence, Evolution, and Contemporary Landscape (Diversity supplement: 3R01HD078526-02S2).
19. Annesa Flentje, Ph.D., Clinical Psychology Fellow, University of California, San Francisco San Francisco General Hospital, Department of Psychiatry, "Gene expression outcomes in interventions for substance using HIV+ sexual minority men" (1 K23 DA039800-01).
20. Allegra Gordon, Ph.D., Fellow, Harvard University, Children's Hospital. "Changes in the Social and Policy Environment as Predictors of Substance Use and Health-Related Quality of Life Among Sexual Minorities" (1 F32 DA042506-01).
21. Shannon Dunlap, MA, (doctoral student, Luskin School of Public Affairs, Social Work). Investigating the Impact of Transgender-Related Minority Stress and Parent-Adolescent Relationship Functioning on Adolescent Mental Health. (American Psychological Foundation, Roy Scrivner Memorial Research Grant; NICHD F31).
22. Paul Wesson, Ph.D. (UCSF). To understand why minority populations are disproportionately impacted with new HIV diagnoses, even after controlling for

behavioral risk factors and prevention strategies. Moving beyond identifying minority identify as a correlate of infection and seeking to understand what social and structural exposures facilitate risk is critically important in identifying the residual drivers of infection and ensuring equity in “Getting to Zero” public health initiatives (NIAID K01AI145572-01A1).

§ 18 SERVICE ON EDITORIAL BOARDS/EDITORIAL SERVICE TO SCHOLARLY PUBLICATIONS

1993 – present Ad hoc reviewer for leading scientific journals, including (partial list), AIDS Education and Prevention: An interdisciplinary Journal, American Journal of Public Health, Archives of General Psychiatry, Epidemiology, Journal of Health and Social Behavior, Journal of Consulting and Clinical Psychology, Journal of Counseling Psychology, Sex Roles: A Journal of Research, Women and Health, Self and Identity, Developmental Psychology
2000 – 2001 Guest Editor, American Journal of Public Health, Special Issue on LGBT Health, published June 2001
2006 Co-editor, Social Science & Medicine, Special Issue on Prejudice, stigma, and Discrimination in Health
2009 – 2012 Editorial Board – Journal of Health and Social Behavior (ASA Journals)
2013 – present Editorial Board – Journal of LGBT Health (Mary Ann Liebert, Inc.)
2013 – present Consulting Editor – Journal of Sexual Orientation and Gender Diversity (APA Journals)
2016 Reviewer Population Association of American Annual Meeting.

§ 19 SERVICE TO EDUCATIONAL AND GOVERNMENTAL AGENCIES

2003 Member, Working Group -- Workplace discrimination research and prevention, National Institute of Occupational Safety and Health (NIOSH), Cincinnati, OH, September 29-30

§ 20 INVITED LECTURES, PAPERS AT MEETINGS, AND SIMILAR ACTIVITIES

Conference Presentations *(since 2011, partial list)*

- Frost, D.M., Lehavot, K., & Meyer, I.H. (2011, August). Minority Stress and Physical Health among Sexual Minorities. Poster presented at the American Psychological Association 2011 Annual Convention, Washington, DC.
- Meyer, I.H. (Naomi Goldberg first author) (2012, May 4). Intimate Partner Violence in LGB Populations: Data from the California Health Interview Survey. Population Association of America, San Francisco, CA.
- Meyer, I.H. (Discussant) (2013, July 31) -- Emerging Directions and Novel Applications of Minority Stress Theory. Presented at the American Psychological Association 2013 Annual Convention, Honolulu, HI.
- Meyer, I.H. (Conversation Hour) (2013, August 2) – Is Minority stress theory still relevant to LGB populations? A Discussion. Presented at the American Psychological Association 2013 Annual Convention, Honolulu, HI.
- Meyer I.H. (2013, October/November). Symposium: Cross cutting issues in LGBT Health and Public Policy from the Williams Institute. Annual meeting of the American Public Health Association.
- Meyer, I.H. (2014, August). Same-sex marriage equality: opportunities for research on minority stress, resilience, and health of LGB populations. American Psychological Association Annual Convention.

- Meyer, I.H. (2014, August). Individual vs. community resilience in minority stress of LGBT people. American Psychological Association Annual Convention.
- Meyer, I.H. (2015, August). A brief focused qualitative interview to assess lesbian, gay, bisexual identity and minority stress. American Psychological Association Annual Convention.
- Meyer, I.H. (2015, August). Research on minority stress in the post-equality era in the United States. American Psychological Association Annual Convention.
- Meyer, I. H. (2015, August). Bullying and Victimization of LGBT Youth: Perspectives on the Key Issues in Research and Practice. American Psychological Association Annual Convention.
- Meyer, I.H. (2016). Symposium organizer and presenter. Minority stress, resilience, and health of sexual and gender minority people: An international perspective. 31st International Congress of Psychology, Yokohama, Japan.
- Meyer, I.H. (2016). Blazing a Trail Without Losing the Path: How the History of LGBTQ Public Opinion Research Can Lead Emerging Issues and Questions. American Association for Public Opinion Research, Denver, CO
- Meyer, I. H., Brown, T.N.T., Herman, J.L., Reisner, S.L., Bockting, W.O. (2017, February 3). Health Status among Transgender Adults in Select U.S. Regions in the Behavioral Risk Factor Surveillance System, 2014. USPATH. Los Angeles, CA
- Meyer, I.H., Bockting, W.O., Herman, J. L., Reisner, S.L. (2017, February 3). TransPop: An Innovative New Study of the U.S. Transgender Population using Probability Sampling. USPATH. Los Angeles, CA
- Marken, S. & Meyer, I.H. Estimating the LGBT population: How interview mode impacts estimates of the LGBT population in the U.S., May 17, 2017. Paper presented at the 2018 meeting of the American Association of Public Opinion Research (AAPOR), Denver, CO.
- Ilan H. Meyer, Stephanie Marken, Stephen Russell, Margueritta Lightfoot, David M. Frost, Phillip Hammack, & Bianca D.M. Wilson, An innovative 2-step method to the design of a national probability study of lesbian, gay and bisexual (LGB) people. May 17, 2017. Paper presented at the 2018 meeting of the American Association of Public Opinion Research (AAPOR), Denver CO.
- Meyer, I.H., & Wilson, B., Limiting Voice to Expand Social Justice? Debates in LGBT Public Policy Scholarship, August 11, 2018, American Psychological Association, San Francisco, CA
- Meyer, I.H. Generations: A study of life and health of LGB people in a changing society, paper presented October 4, 2018 at the annual conference of the Interdisciplinary Association for Population Health Science (IAPHS). Washington DC.
- Meyer, I.H., Marken, S., Auter, Z., Wilson, D.M.B., & Conron, K. (2019). Asking about sexual orientation in a national general population survey: Do expanded response options improve survey performance with sexual minority respondents? Paper Presented at the annual meeting of the American Association for Public Opinion Research (AAPOR), Toronto, CA, May 16, 2019

Invited Presentations (*since 2015, partial list*)

and First Amendment concerns. Sexual Liberty meeting, Harvard School of Law

- (2015, March 21). Shifting Social Climates and the Health of Sexual Minorities in the United States. Claremont Symposium on Applied Social Psychology Sexual Orientation, Psychological Science, and Social Policy, Clermont, CA
- (2015, April 21). Minority stress and the health of lesbians, gay men, bisexuals, and transgender people. Catholic University of Chile, Santiago, Chile
- (2015, May 14). The shifting social climate and the health of sexual minorities in the United States: New research questions and new research methodologies. NORC, University of Chicago, Chicago, IL
- (2015, June 21). Challenges and opportunities in linking psychological science and social policy. Society for the Psychological Study of Social Issues. Washington DC
- (2015, July 15). Gala Speaker – George Washington University LGBT Health Certificate Program.
- (2015, August 23). The shifting social environment and the health of sexual minorities. American Sociological Association, Chicago, IL
- (2015, November 10). Columbia University and New York Psychiatric Institute, New York, NY
- (2015, November 16). Aging in LGBT people. SAGE. Denver, CO
- (2016, May 10). LGBT Bullying Symposium: Translating Research to Action to Improve the Health of All Youth. Harvard University T.H. Chan School of Public Health.
- (2016, May). From The One Human Family Town to All the Others’’: The 2015 SCOTUS Same-Sex Marriage Ruling’s Implications for Legal Services Providers and Their LGBT Clients. ABA, Group Legal Services Association. Key West, FL
- (2016, May 5-7). Minority stress in eating disorders. Academy for Eating Disorders, ICED, San Francisco, CA
- (2016, June 3). Stigma mini-conference, Columbia University, New York NY.
- (2016, June 6). Minority stress and shifting social climate. New York City Department of Health.
- (2016, July 6). Invited Keynote: Minority stress and the health of LGBT populations. Stress and Anxiety Research Society, Zagreb, Croatia
- (2016, July). Invited Keynote. Minority Stress, Resilience, and Health Disparities in LGBT Populations. 31st International Congress of Psychology, Yokohama, Japan.
- (2016, October 8). Will Marriage equality improve LGBT lives? Reaching Out MBA, Dallas, TX
- (2016, November 15). Williams Webinar: How Prejudice and Stigma Harm the Health and Well-Being of LGBT People
- (2017, January 18). Minority Stress and the Health of Sexual and Gender Minorities: Challenges and Innovations in Population Studies. California Center for Population Research. UCLA, Los Angeles, CA
- (2017, February, 1). New findings on the incarceration of sexual minorities in the United States. Equality California Fair Share Conference, Sacramento, CA
- (2017, February 1). Minority stress and health disparities in sexual and gender minorities. Equality California Fair Share Conference, Sacramento, CA
- (2017, April 4). Minority stress and health disparities in sexual and gender. Johns Hopkins University.
- 2017 June 29 – July 6: Various presentation on health of LGBT people delivered in Beijing, China, sponsored by Yale University’s Tsai China Center, including:
 - a. July 1, 2017 -- Chinese Psychological Society at Peking University
 - b. July 3, 2017 – Beijing Normal University faculty and students
 - c. July 5, 2017 – United Nations Development Programme, Asia
 - d. July 4, 2017 – Beijing LGBT Center

- e. July 5, 2017 – Yale Club in Beijing
 - f. July 6, 2017 – Dr. Fu online training
 - July 19, 2017 -- Comparing Two Versions of a 2-step Assessment for Identifying Transgender Respondents in a National Sample of U.S. Adults, 7th Conference of the European Survey Research Association (ESRA), Lisbon, Portugal
 - August 8, 2017 -- Social Psychology Group Pontificia Universidad Catolica de Chile, Santiago, Chile
 - August 9, 2017 -- Escuela de Psicología, Universidad de Santiago de Chile, , Santiago, Chile
 - October 14, 2017 -- Williams Institute Founders Council “Are liberalizing social conditions improving the lives of LGB people across generations?”
 - November 1, 2017 – UCLA School of Law “New Data on Sexual Minority Adults and Youth Behind Bars in the United States”
 - May 8, 2018 -- Research on mental health of sexual and gender minorities: Overview and historical context. Berlin, Germany, Queer Nations, Ein queerer Leuchtturm für Berlin
 - October 10, 2018 -- Are more liberal social conditions improving the lives of LGB people? 2° Congres LGBTI onderzoek in de lage landen State-of-the-art en een blik op de toekomst Amsterdam, NL
 - February 18, 2019 -- Universidad de la Costa, Barranquilla, Colombia
 - February 28, 2019 – UCSF LGBTI Research Group, San Francisco, UCSF
 - March 6, 2019 – Eugene Litwak Lecture in Sociomedical Sciences, Columbia University, Mailman School of Public Health, New York
 - April 8, 2019 – Colombian Psychological Association (Colegio Colombiano de Psicólogos), Bogota, Colombia
 - April 12, 2019 – Keynote, Rutgers University-Newark/Rutgers Law School conference on LGBTQ health & resilience
 - May 3, 2019 – American Foundation for Suicide Prevention, Columbia South Carolina
 - May 21, 2019 -- American Foundation for Suicide Prevention, Queens, NY
 - June 19, 2019 – Paul Hasting LGBT Pride
 - September 5, 2019 – Keynote address, Findings from a U.S. Transgender Population Study, USPATH annual conference, Washington DC, 9/5/19
- Class Guest Lectures** (*since 2015, partial list*)
LGBT Health Certificate Program (2015 - 2019), George Washington University
Senior Seminar in International Development Studies (2016), UCLA Andrew Park.
Law and Sexuality (2018), UCLA, Adam Romero
Lesbian, gay, bisexual, and transgender (LGBT) health: a population perspective (2019), University of North Carolina, Shoshana Goldberg

Public Education (*since 2015, partial list*)

- American Foundation for Suicide Prevention Omaha NE (2016)
- American Foundation for Suicide Prevention Atlanta GE (2016)
- American Foundation for Suicide Prevention, St. Louis, MO (2017, April 7)
- American Foundation for Suicide Prevention, Columbia, SC (2019)
- American Foundation for Suicide Prevention, Queens, NY (2019)

§20a OTHER PROFESSIONAL ACTIVITIES

§21 AWARDS, HONORS, COMMENDATIONS

Distinguished Dissertation - Columbia University, Graduate School of Arts and Sciences

Barbara Snell Dohrenwend Award for published/publishable paper

Marisa De Castro Benton Dissertation Award for outstanding contribution to the Sociomedical sciences - Columbia University

Honorable Mention, Best Dissertation - American Sociological Association, Mental Health Section

Mark Freedman Award for outstanding research on lesbian/gay issues - Association of Lesbian & Gay Psychologists

Distinguished Scientific Contribution Award -- American Psychological Association Division 44.

May 2010 – Inaugural Faculty Mentoring Award – Department of Sociomedical Sciences, Columbia University’s Mailman School of Public Health

August 2011 -- Outstanding Achievement Award – The Committee on Lesbian, Gay, Bisexual, and Transgender Concerns 2011

August 2013 – Distinguished Professional Contribution Award – The Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Association.

April 2018 -- California Psychological Association (CPA) Distinguished Scientific Contribution in Psychology award.

August 2019, American Psychological Association Presidential Citation

§22 FELLOWSHIPS AND RESEARCH GRANTS

1. Project Title: Random Digit Dialing Survey of Gay/Bisexual Men

Project #, PI, and dates: Meyer, 5/1/95 – 5/1/96

Source and support amount: American Suicide Foundation, New York State Psychiatric Institute, \$5,000

Role: Principal Investigator

2. Project title: Decreasing the Need for Emergency Asthma Care in Harlem

Project #, PI, and dates: 5R01HL051492, Ford, 9/1/96 – 7/31/99

Source and support amount: National Heart, Lung, and Blood Institute \$1,800,000 (est.)

Role: Project Director

3. Project Title: Columbia Center for Children’s Environmental Health

Project #, PI, and dates: Perrera, 8/1/98 – 7/ 31/03

Source and support amount: National Institute for Environmental Health Sciences, \$901,730 (annual)

Role: Co-Investigator

4. Project Title: Community Outreach for Asthma Care in Harlem

Project #, PI, and dates: Meyer, 8/1/99 – 10/1/00

Source and support amount: New York State Department of Health, \$350,000

Role: Principal Investigator

5. Project Title: Head Start for Asthma

Project #, PI, and dates: Ford, 9/30/99 – 9/ 29/02

Source and support amount: Centers for Disease Control and Prevention (CDC), \$350,000 (annual)

Role: Co-Investigator

6. Project Title: Survey of Women's Health and Sexuality

Project #, PI, and dates: Meyer, 3/1/00 – 3/1/01

Source and support amount: Gay and Lesbian Medical Association, Lesbian Health Fund, \$7,500

Role: Principal Investigator

7. Project Title: Vulnerabilities and strengths in the face of sexual prejudice in lesbians, gay men, and bisexuals

Project #, PI, and dates: Meyer, 10/31/01 – 10/30/03

Source and support amount: American Psychological Foundation, \$50,000

Role: Principal Investigator

8. **Project Title: Prejudice as Stress – writing manuscript**

Project #, PI, and dates: 5 G13 LM007660, Meyer, 9/30/02 – 9/29/05

Source and support amount: National Library of Medicine, \$163,500

Role: Principal Investigator

9. **Project Title: Measurement of Major Stressful Events over Life Courses**

Project #, PI, and dates: R01MH059627, Dohrenwend, 2/1/03 – 2/31/04

Source and support amount: National Institute of Mental Health, \$276,000 (annual)

Role: Co-Investigator

10. **Project Title: Stress, Identity, and Mental Health in Diverse Minority Populations**

Project #, PI, and dates: R01 MH066058, Meyer, 4/1/03 – 3/31/07

Source and support amount: National Institute of Mental Health, \$1,861,700

Role: Principal Investigator

11. **Project title: Stigma, prejudice and discrimination in public health.**

Project #, PI, and dates: Meyer, 9/1/04 – 5/31/06

Source and support amount: The Robert Wood Johnson Health & Society Scholars at Columbia University, \$42,000

Role: Principal Investigator

12. **Project Title: Cultural and Contextual Determinants of Alcohol Use Among African American Women: A Multidisciplinary Approach to Breast Cancer Risk**

Project #, PI, and dates: BC031019, Kwate, 9/1/04 – 8/31/07

Source and support amount: Department of Defense, Breast Cancer Research Program, \$402,206

Role: Mentor to Dr. Kwate, PI.

13. **Project Title: Diversity supplement doctoral student, Natasha Davis**

Project #, PI, and dates: Supplement to 5 R01 MH066058, Meyer, 4/22/05 – 3/31/07

Source: National Institute of Mental Health, \$42,000 (est. annual)

Role: Principal Investigator

14. **Project Title: Prejudice and stress in minority populations**

Project #, PI, and dates: Meyer, 9/1/07 – 7/31/07

Source of support and amount: Russell Sage Foundation,

Role: Visiting Scholar

15. **Project title: HIV Center for Clinical and Behavioral Studies**

Project #, PI, and dates: P30 MH43520 (Ehrhardt) 02/01/08 - 01/31/11

Source and support: NIMH \$1,483,545

Role: Investigator

Project description: This large multidisciplinary AIDS research center focuses on HIV prevention science among neglected populations at risk for HIV infection, with a commitment to underserved inner-city populations and innovative research based on new scientific approaches to prevention that emphasize sexual risk and its broader context of gender, ethnicity, and culture. Research also focuses on interventions with HIV-infected populations, including those for stress, coping, and medical adherence.

16. **Project title: Minority HIV/AIDS Research Initiative (MARI): Sexual risk-taking among young Black men who have sex with men: exploring the social and situational contexts of HIV risk, prevention, and treatment**

Project #, PI, and dates: U01 PS 000700-01 (Wilson) 9/30/07 – 6/30/2011

Source and support: CDC, \$592,720

Project description: The 3-year project will research contextual risk and protective factors linked to HIV risk among young Black men who have sex with men (BMSM).

Role: Mentor, Co-investigator

17. Project title: Developmental infrastructure for population research

Project #, PI, and dates : Bradford (PI) 2007-2012

Source and support: NICHD R21HD051178 – *No funds requested for faculty*

Role: Research Faculty

18. Project title: On the content of our character: The myth of meritocracy and African American health.

Project #, PI, and dates: July 1, 2009 – December 14, 2012

Source and support: Robert Wood Johnson Foundation Investigator Award in Health Policy.

\$202,353 (\$57,783 to UCLA for 2012)

Role: Co-PI

Project description: The proposed study aims to investigate some of the ill health effects of meritocratic ideology (MI). We propose to describe the distribution and variation of MI in the United States across historical periods and geographic regions and to assess the relationship between MI ideologies and other ideologies that more explicitly advance inequality. We then aim to describe narratives of MI among African Americans and assess their impact on their physical and mental health.

19. Project title: ACCESS: Assessing the experiences and needs of gay, bisexual, and transgender youth of color

Project #, PI, and dates: Ilan Meyer 2011 – 2012

Source of Support: California Endowment, Liberty Hill Foundation, \$35,000

Role: PI

20. Project title: Needs Assessment of People with HIV/AIDS

Project #, PI, and dates: Brad Sears, 2013-2014

Source of Support: Ford Foundation, *part of \$250,000 to the Institute*

Role: Co-PI (with Brad Sears)

21. Project title: Sexual victimization of men

Project #, PI, and dates: Brad Sears, 2013-2014

Source of Support: Ford Foundation, *part of \$250,000 to the Institute*

Role: Co-PI (with Brad Sears)

22. Project title: Generations: Identity Stress and Health in Three Cohorts of LGB individuals

Project #, PI, and dates: 5R01HD078526, Ilan H. Meyer, 09/04/2014 – 05/31/2020

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), \$3,402,550

24. TransPop: U.S. Transgender Population Health Survey

Project #, PI, and dates: 3R01HD078526-01A1S1, Ilan H. Meyer, 3/25/2015 – 3/24/2016

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD, supplement)--- \$285,000

25. Sampling LGBT populations in large population samples: sensitivity and specificity

Project #, PI, and dates: 3R01HD078526-02S1, Ilan H. Meyer, 3/25/2015 – 3/24/2016

NIH Office of Research on Women's Health (ORWH)--- \$200,000

26. Research supplement to support diversity – Alexander Martos “LGBT health services delivery”

Project #, PI, and dates: 3R01HD078526-02S2, Ilan H. Meyer, 9/4/15 – 5/31/2018

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD, supplement)--- \$224,892

27. Minority stress, substance/alcohol use, and non-prescription testosterone use among transgender female-to-males

Project #, PI, and dates: 1R03DA042226, Michael Parent, 09/30/2016 – 08/31/2017

National Institute on Drug Abuse (NIDA) -- \$122,863

28. U.S. Transgender Population Health Survey

Project #, PI, and dates: R01HD090468, Ilan H. Meyer, 1/1/17 – 12/31/2018

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) -- \$828,248

29. Life Experiences of LGBT People in Colombia, USAID/Astrea, 11/2018 – 11/2019, \$239,049

30. Sex offender registry study (SORS), Calamus Foundation, 6/1/19 – 5/31/21, \$22,500.

Research Consultant (Current only)

1. Jeremy T. Goldbach, Ph.D., LMSW, (PI) Assistant Professor, University of Southern California School of Social Work. *USC Lesbian, Gay, and Bisexual Adolescent Study* and NIH Application for same.

§23 BIBLIOGRAPHY

Books:

Meyer, I.H. & Northridge, M.E. (Eds.). (2007). *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. New York: Springer.

Reports:

1. Meyer, I.H., Wilson, B.D.M., & O'Neill, K. (2021). [LGBTQ People in the US: Select Findings from the Generations and TransPop Studies](#). ([Data Interactive](#)). Los Angeles: The Williams Institute.
2. Wilson, B. D. M. & Meyer, I. H. (2021). [Nonbinary LGBTQ Adults in the United States](#). Los Angeles: The Williams Institute.
3. Hoppe, T., Meyer, I.H., De Orio, S., Vogler, S., & Armstrong, M. (2020). *Civil Commitment of People Convicted of Sex Offenses in the United State*. Los Angeles, CA: The Williams Institute.
4. Meyer, I.H. & Choi, S.K. (2020). *Differences Between LGB Democrats and Republicans in Identity and Community Connectedness*. Los Angeles, CA: The Williams Institute.
5. Wilson, B. D. M., Choi, S. K., Harper, G. W., Lightfoot, M., Russell, S., & Meyer, I.H. (2020). *Homelessness among LGBT adults*. Los Angeles, CA: The Williams Institute.
6. The Colombia Collaborative Project authors include (listed alphabetically): Soon Kyu Choi, Shahrzad Divsalar, Jennifer Flórez-Donado, Krystal Kittle, Andy Lin, Ilan H. Meyer, and Prince Torres-Salazar, 2019, *Stress, Health, and Well-being of LGBT People in Colombia: Results from A National Survey*. Los Angeles, CA: The Williams Institute.
7. Meyer, I.H. (6/27/2019). *How Do You Measure the LGBT Population in the U.S.?* Gallup Methodology Blog. Accessed online 8/12/19: <https://news.gallup.com/opinion/methodology/259457/measure-lgbt-population.aspx>
8. Meyer, I.H. (1/22/2019). *Lesbians, gay men, and bisexuals in U.S. jails and prisons*. SAMSHA's Gains Newsletter, accessed online 1/31/19: <https://www.prainc.com/lesbians-gay-men-bisexuals-jails-prisons/>

9. Choi, S.K., Kittle, K. & Meyer, I.H. (2018). Aging LGB Adults in California: Findings from the 2015–2016 California Health Interview Survey. Los Angeles, CA: The Williams Institute.
10. Choi, S.K. & Meyer, I.H. (2016). LGBT Aging: A Review of Research Findings, Needs, and Policy Implications. Los Angeles, CA: The Williams Institute
11. Miyashita, A., Hasenbush, A., Wilson, B.D.M., Meyer, I.H., Nezhad, S., & Sears, B. (2015). HIV legal assessment of needs study: A comprehensive survey of people living with HIV/AIDS in Los Angeles. Los Angeles, CA: The Williams Institute

Chapters:

1. Meyer, I.H. with the Generations Research Team. (2020). Theory as a Practical Tool in Research and Intervention. In Ron Stall, et al. (Eds.), *LGBT Health Research Methods*. Baltimore, MD: Johns Hopkins University Press.
2. Goldberg, N.G., Mallory, C., Hasenbush, A., Stemple, L., & Meyer, I.H. (2019). Police and the Criminalization of LGBT People. In Eric Miller and Tamara Lave (Eds.), *Cambridge Handbook on Policing in the United States* (374 - 391). New York, NY: Cambridge University Press.
3. Meyer, I.H., Frost, D.M., & Nezhad, S. (2014). Minority stress and suicide in lesbians, gay men, and bisexuals. In Peter B. Goldblum, Dorothy Espelage, Joyce Chu, & Bruce Bongar, (Eds), *The Challenge of Youth Suicide and Bullying* (pp. 177 – 190). New York, NY: Oxford University Press.
4. Meyer, I.H. & Frost, D.M. (2013). Minority stress and the health of sexual minorities. In Charlotte J. Patterson and Anthony R. D’Augelli (Eds.), *Handbook of Psychology and Sexual Orientation* (pp. 252 – 266). NY: Oxford University Press.
5. Meyer, I.H. (2011). The health of sexual minorities. In: Andrew Baum, Tracey A. Revenson, & Jerome Singer (Eds.), *Handbook of Health Psychology*, 2nd Edition (pp. 595 – 616). NY: Psychology Press, Taylor & Francis Group.
6. Meyer, I.H. & Ouellette, S.C. (2009). Unity and purpose at the intersections of racial/ethnic and sexual identities. In Phillip L. Hammack and Bertram J. Cohler (Eds.), *The story of sexual identity: Narrative perspectives on the gay and lesbian life course* (pp. 79 – 106). NY: Oxford University Press.
7. Meyer, I.H. (2007). Prejudice and discrimination as social stressors. In I.H. Meyer and M.E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations* (pp. 242 – 267). New York: Springer.

Articles:

1. Poteat, T., Divsalar, S., Streed, C., Feldman, J., Bocting, W., & Meyer, I.H. (in press). Cardiovascular disease in a population-based sample of transgender and cisgender adults. *American Journal of Preventive Medicine*.
2. Krueger, E.A., Westmoreland, D.A., Choi, S.K., Harper, G.W., Lightfoot, M., Hammack, P.L., Meyer, I.H. (in press). Mental health among Black and Latinx sexual minority adults leading up to and following the 2016 U.S. presidential election: Results from a natural experiment. *LGBT Health*.

3. del Río-González, M.A., Zea, M.C., Florez-Donado, J., Torres-Salazar, P., Abello-Luque, D., García-Montaña, E.A., García-Roncallo, P.A., & Meyer, I.H. (in press). Sexual Orientation and Gender Identity Change Efforts and Suicide Morbidity Among Sexual and Gender Minority Adults in Colombia. *LGBT Health*
4. Feldman, JL, Luhur, WE, Herman, JL, Poteat, T, Meyer, IH. (2021). Health and health care access in the US transgender population health (TransPop) survey. *Andrology*, (1–12). <https://doi.org/10.1111/andr.13052>
5. Poteat, T., Divsalar, S., Streed, C., Feldman, J., Bockting, W., & Meyer, I.H. (in press). Cardiovascular disease in a population-based sample of transgender and cisgender adults. *American Journal of Preventive Medicine*.
6. Meyer, I.H., Blosnich, J.R., Choi, S.K., Harper, G.W., & Russell, S.T. (2021). Suicidal Behavior and Coming Out Milestones in Three Cohorts of Sexual Minority Adults. *LGBT Health*, 8, (340-348). DOI: 10.1089/lgbt.2020.0466
7. Meyer IH, Russell ST, Hammack PL, Frost DM, Wilson BDM (2021) Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample. *PLoS ONE* 16(3): <https://doi.org/10.1371/journal.pone.0246827>.
8. Flores, A. R., Meyer, I.H., Langton, L., & Herman, J.L. (2021). Gender Identity Disparities in Criminal Victimization: National Crime Victimization Survey, 2017-2018. *Am J Public Health*. Published online ahead of print February 18, 2021:e1–e4. <https://doi.org/10.2105/AJPH.2020.306099>.
9. Meyer, I.H., Pachankis, J.E. & Klein, D.N. (2021) Do Genes Explain Sexual Minority Mental Health Disparities?. *Arch Sex Behav* 50(3), 731-737. <https://doi.org/10.1007/s10508-020-01909->
10. Holloway, I. W., Krueger, E. A., Meyer, I. H., Lightfoot, M., Frost, D. M., & Hammack, P. L. (2020). Longitudinal trends in PrEP familiarity, attitudes, use and discontinuation among a national probability sample of gay and bisexual men, 2016-2018. *Plos One*, 15(12), e0244448. <https://doi.org/10.1371/journal.pone.0244448>
11. Flores, A. R., Langton, L., Meyer, I. H., & Romero, A. P. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances*, 6(40), eaba6910.
12. Soon Kyu Choi, MPP, MSc, Krystal Kittle, MS, Ilan H Meyer, PhD, Health Disparities of Older Adults in California: The Role of Sexual Identity and Latinx Ethnicity, *The Gerontologist*, 2020;, gnaa184, <https://doi.org/10.1093/geront/gnaa184>
13. Sevelius, JM, Poteat, T, Luhur, WE, Reisner, SL., Meyer, IH (2020). HIV Testing and PrEP Use in a National Probability Sample of Sexually Active Transgender People in the United States, *JAIDS Journal of Acquired Immune Deficiency Syndromes*: 84(5) 437-442 doi: 10.1097/QAI.0000000000002403
14. Blosnich, J. Henderson, E.R., Coulter, R.W.S., Goldbach, J.T., & Meyer, I.H. (2020). Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018. *American Journal of Public Health* 110, 1024_1030, <https://doi.org/10.2105/AJPH.2020.305637>

15. Meyer, I.H., Marken, S., Russell, S.T., Frost, D.M., Wilson, B.D.M. (2020). An innovative approach to the design of a national probability sample of sexual minority adults. *LGBT Health*. 7(2), 101-108.
16. Goldberg, S. K., Rothblum, E. D., Russell, S. T., & Meyer, I. H. (2020). Exploring the Q in LGBTQ: Demographic characteristic and sexuality of queer people in a U.S. representative sample of sexual minorities. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 101–112. <https://doi.org/10.1037/sgd0000359>
17. Flentje, A. Heck, N. C., Brennan, J. M., & Meyer, I. H. (2019). The relationship between minority stress and biological outcomes: A systematic review. *Journal of Behavioral Medicine*. Advance online publication. <https://doi.org/10.1007/s10865-019-00120-6>.
18. Meyer, I.H. (2019). Rejection sensitivity and minority stress: A challenge for clinicians and interventionists. *Archives of Sexual Behavior*, 49, 2287-2289. <https://doi.org/10.1007/s10508-019-01597-7>.
19. Martos, A., Fingerhut, A., Wilson, P., Meyer, I.H. (2019). Utilization of LGBT-specific clinics and providers across three cohorts of lesbian, gay, and bisexual people in the United States. *Social Science & Medicine—Population Health*. Advance online publication. <https://doi.org/10.1016/j.ssmph.2019.100505>.
20. Guzmán-González, M., Barrientos, J., Gómez, F., Meyer, I.H., Bahamondes, J., Cárdenas, M. (2019). Romantic Attachment and Relationship Satisfaction in Gay Men and Lesbians in Chile. *Journal of Sex Research*, 57:8, 1026-1035, DOI: 10.1080/00224499.2019.1671949
21. Rothblum, E.D., Krueger, E.A., Kittle, K.R., & Meyer, I.H. (2019). Asexual and non-asexual respondents from a U.S. population-based study of sexual minorities. *Archives of Sexual Behavior*, published online 6/18/19. <https://doi.org/10.1007/s10508-019-01485-0>
22. Frost, D. M., Hammack, P. H., Wilson, B. D. M., Russell, S., Lightfoot, M., & Meyer, I. H. (2019). The qualitative interview in psychology and the study of social change: Sexual identity development, minority stress, and health in the Generations study. *Qualitative Psychology*. Advance online publication. <http://dx.doi.org/10.1037/qup0000148>.
23. Henderson ER, Meyer IH, Herman JL, Blosnich JR. (2019). Considerations on Sampling in Transgender Health Disparities Research. *LGBT Health*. Published Online:11 Jul 2019 <https://doi.org/10.1089/lgbt.2019.0069>
24. Meyer, I.H., Luo, F., Wilson, B.D.M., Stone, D.M. (2019). Sexual Orientation enumeration in State Antibullying Statutes in the United States: Associations with Bullying and Suicide Ideation and Attempts Among Youth. *LGBT Health*, 6, ahead of print DOI: 10.1089/lgbt.2018.0194. PMID: 30638436 PMCID: PMC6555145
25. Hongying, D. & Meyer, I.H. (2019). A Population Study of Health Status Among Sexual Minority Older Adults in Select U.S. Geographic Regions. *Health Education & Behavior*, ahead of print, <https://doi.org/10.1177/1090198118818240> PMID: 30606058 PMCID:
26. la Roi, C., Meyer, I. H., & Frost, D. M. (2019). Differences in sexual identity dimensions between bisexual and other sexual minority individuals: Implications for minority stress and mental health. *American Journal of Orthopsychiatry*, 89(1), 40-51. doi:10.1037/ort0000369

27. Chavkin, W., Abu-Odeh, D., Clune-Taylor, C., Dubow, S., Ferber, M., & Meyer, I.H. (2018). Balancing Freedom of Conscience and Equitable Access. *American Journal of Public Health* 108, 1487-1488. doi: 10.2105/AJPH.2018.304711, PMID: 30303726. PMCID: PMC6187787
28. Hammack, P.L., Meyer, I.H., Krueger, E.A., Lightfoot, M., & Frost, D.M. (2018). HIV testing and pre-exposure prophylaxis (PrEP) use, familiarity, and attitudes among gay and bisexual men in the United States: A national probability sample of three birth cohorts. *PLOS One*, 13(9):e0202806. doi.org/10.1371/journal.pone.0202806 PMID: 30192791 PMCID: PMC6128476
29. Martos, A.J., Wilson, P. A., Gordon, A.R., Lightfoot, M., and Meyer, I.H. (2018). "Like Finding a Unicorn:" Healthcare Preferences Among Lesbian, Gay, and Bisexual People in the United States. *Social Science & Medicine*. 208, 126-133. <https://doi.org/10.1016/j.socscimed.2018.05.020> PMID: 29803970 PMCID: PMC6382457
30. Krueger, E. A., Meyer, I.H., Upchurch D.M. (2018). Sexual Orientation Group Differences in Perceived Stress and Depressive Symptoms Among Young Adults in the United States. *LGBT Health*, 5(4), 242-249. doi.org/10.1089/lgbt.2017.0228. PMID: 29741980 PMCID: PMC5994153
31. Cardenas, M., Barrientos, J., Meyer, I.H. Gomez, F., Guzman, M., & Bahamondes, J. (2018). Direct and Indirect Effects of Perceived Stigma on Posttraumatic Growth in Gay Men and Lesbian Women in Chile. *Journal of Traumatic Stress*, 31, 5-13. <https://doi.org/10.1002/jts.22256>, PMID: 29412480 PMCID:
32. Hammack, P., Frost, D.M., Meyer, I.H., Pletta, D. (2018). Gay men's health and identity: Social change and the life course. *Archives of Sexual Behavior*, 47, 59–74. doi.org/10.1007/s10508-017-0990-9 PMID: 28585157 PMCID: PMC5903851
33. Martos, A.J., Wilson, P.A., & Meyer, I.H. (2017). Lesbian, gay, bisexual, and transgender (LGBT) health services in the United States: Origins, evolution, and contemporary landscape. *PLoS ONE* 12(7): e0180544 <https://doi.org/10.1371/journal.pone.0180544> PMID: 28692659 PMCID: PMC5503273
34. Cochran, S.D, Meyer, I.H., & Mays, V.M. (2017). Advancing the Health of Lesbian, Gay, and Bisexual Adults. *JAMA Internal Medicine* 177, no. 2: 288-288. (Letter) PMID: 28166347 PMCID: PMC6226239
35. Wilson, B. D., Jordan, S. P., Meyer, I. H., Flores, A. R., Stemple, L., & Herman, J. L. (2017). Disproportionality and disparities among sexual minority youth in custody. *Journal of Youth and Adolescence*. doi:10.1007/s10964-017-0632-5 PMID: 28093665 PMCID: PMC5844288
36. Meyer, I.H. Brown, T.N.T., Herman, J.L., Reisner, S.L., & Bockting, W.O. (2017). Demographic Characteristics and Health Status among Transgender Adults in Select U.S. Regions in the Behavioral Risk Factor Surveillance System, 2014. *American Journal of Public Health* 107, 582-589, doi.org/10.2105/AJPH.2016.303648 PMID: 28207334 PMCID: PMC5343705
37. Meyer, I.H., Flores, A.R., Stemple, L., Romero, A.P., Wilson, B.D.M., & Herman, J.L. (2017). Incarceration Rates and Traits of Sexual Minorities in the United States: National

Inmate Survey, 2011–2012. *American Journal Public Health*, 107:234–240.
doi:10.2105/AJPH.2016.303576 PMID: 27997242 PMCID: PMC5227944

- a. Commentary -- Stemple, L. & Meyer, I.H. (2017). The unspoken horror of incarcerated LGBT people. *Advocate*, February 23, 2017.
38. Meyer, I. H. (2016). Does an improved social environment for sexual and gender minorities have implications for a new minority stress research agenda? *Psychology of Sexualities Review*, 7(1), 81 - 90. doi:10.1093/jsh/shv066 PMID: 27642514 PMCID: PMC5019488
39. Meyer, I. H. (2016). The elusive promise of LGBT equality. *American Journal of Public Health*, 106(8), 1356-8. doi:10.2105/AJPH.2016.303221. PMID: 27400347 PMCID: PMC4940645
40. Stemple, L., Flores, A. & Meyer, I.H. (2016). Sexual Victimization Perpetrated by Women: Federal Data Reveal Surprising Prevalence. *Aggression and Violent Behavior*.
41. Bockting, Walter; Coleman, Eli; Deutsch, Madeline B.; Guillamon, Antonio; Meyer, Ilan; Meyer, Walter III; Reisner, Sari; Sevelius, Jae; Ettner, Randi (2016). Adult development and quality of life of transgender and gender nonconforming people. *Current Opinion in Endocrinology, Diabetes & Obesity*. 23(2):188-197. PMID: 26835800 PMCID: PMC4809047
42. Wilson, P.A., Meyer, I.H., Antebi, N., Boone, M.R., Cook, S.H., & Cherenack, E. (2016). Profiles of Resilience and Psychosocial Outcomes among Young Black Gay and Bisexual Men. *American Journal of Community Psychology*, ahead of print. PMID: 27217318 PMCID:
43. Frost, D. M., Meyer, I. H., & Schwartz, S. (2016). Social support networks among diverse sexual minority populations. *The American Journal of Orthopsychiatry*, 86(1), 91-102. doi:10.1037/ort0000117 PMID: 26752447 PMCID: PMC4878705
44. Wight, R. G., LeBlanc, A. J., Meyer, I. H., & Harig, F. A. (2015). Internalized gay ageism, mattering, and depressive symptoms among midlife and older gay-identified men. *Social Science & Medicine*, 147, 200-208. doi:10.1016/j.socscimed.2015.10.066 PMID: 26588435 PMCID: PMC4689679
45. Lukachko, A., Meyer, I., & Hankerson, S. (2015). Religiosity and mental health service utilization among African-Americans. *J Nerv Ment Dis*, 203(8), 578-82. doi:10.1097/NMD.0000000000000334 PMID: 26172387 PMCID: PMC4535188
46. Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209-213. doi:10.1037/sgd0000132
47. Frost, D. M., Meyer, I. H., & Hammack, P. L. (2015). Health and well-being in emerging adults' same-sex relationships: Critical questions and directions for research in developmental science. *Emerging Adulthood*, 3(1) 3-13. DOI: 10.1177/2167696814535915 PMID: 27588221 PMCID: PMC5004769
48. Calabrese, S.K., Meyer, I.H., Overstreet, N.M., Haile, R., & Hansen, N.B. (2015). Discrimination and mental health among Black sexual minority women: Race- and gender based disparities within the sexual minority community. *Psychology or Women*

Quarterly, 287 – 304. doi: 10.1177/0361684314560730 PMID: 26424904 PMCID: PMC4584150

49. Meyer, I.H. (2014). Minority stress and positive psychology: Convergences and divergences to understanding LGBT health. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 348-349. <http://dx.doi.org/10.1037/sgd0000070>
50. Martos, A., Nezhad, S., & Meyer, I.H. (2014). Variations in Sexual Identity Milestones Among Lesbians, Gay Men and Bisexuals. *Sexuality Research and Social Policy*. DOI: 10.1007/s13178-014-0167-4 PMID: 27695579 PMCID: PMC5042327
51. Borders, A., Guillén, L.A., Meyer, I.H. (2014). Rumination, Sexual Orientation Uncertainty, and Psychological Distress in Sexual Minority University Students. *The Counseling Psychologist*, 42, 497-523. <http://dx.doi.org/10.1177/0011000014527002>
52. Meyer, I.H., Teylan, M., & Schwartz, S. (2014). The Role of Help-Seeking in Preventing Suicide Attempts Among Lesbians, Gay Men, and Bisexuals. *Suicide and Life-Threatening Behavior* (2014): doi:10.1111/sltb.12104. PMID: 24825437 PMCID: PMC4871112
53. Stemple, L. & Meyer, I.H. (2014). The Sexual Victimization of Men in America: New Data Challenge Old Assumptions. *American Journal of Public Health*, online before publication. DOI: 10.2105/AJPH.2014.301946 PMID: 24825225 PMCID: PMC4062022
54. Bostwick, W.B., Meyer, I.H., Aranda, F., Russell, S., Hughes, T., Birkett, M., & Mustanski, B. (2014). Mental Health and Suicidality among Racially Diverse Sexual Minority Youth. *American Journal of Public Health*. online before publication. DOI: 10.2105/AJPH.2013.301749 PMID: 24825217 PMCID: PMC4062032
55. Cook, Jonathan E, Valerie Purdie-Vaughns, Ilan H Meyer, and Justin T A Busch. "Intervening Within and Across Levels: A Multilevel Approach to Stigma and Public Health." *Social Science & Medicine* 103 (2014): doi:10.1016/j.socscimed.2013.09.023. PMID: 24513229 PMCID:
56. Hatzenbuehler, M. L., Birkett, M., Van Wagenen, A., & Meyer, I. H. (2014). Protective school climates and reduced risk for suicide ideation in sexual minority youths. *American Journal of Public Health*, 104, 279 - 286. DOI: 10.2105/AJPH.2013.301508 PMID: 24328634 PMCID: PMC3935661
57. Alessi, E. J., Martin, J. I., Gyamerah, A., & Meyer, I. H. (2013). Prejudice events and traumatic stress among heterosexuals and lesbians, gay men, and bisexuals. *Journal of Aggression, Maltreatment & Trauma*, 22(5), 510-526. doi:10.1080/10926771.2013.785455 PMID: 24415898 PMCID: PMC3885323
58. Wong, C. F., Schrage, S. M., Holloway, I. W., Meyer, I. H., & Kipke, M. D. (2013). Minority stress experiences and psychological well-being: The impact of support from and connection to social networks within the Los Angeles house and ball communities. *Prevention Science : The Official Journal of the Society for Prevention Research*. doi:10.1007/s11121-012-0348-4 PMID: 23412944 PMCID: PMC3796016
59. Frost, D. M., Lehavot, K., Meyer, I. H. (2013). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*. DOI: 10.1007/s10865-013-9523-8. PMID: 23864353 PMCID: PMC3895416

60. Meyer, I.H. & Bayer, R. (2013). School-Based Gay-Affirmative Interventions: First Amendment and Ethical Concerns. *American journal of public health* 103, 10, 1764-1771. DOI: 10.2105/AJPH.2013.301385 PMID: 23948002 PMCID: PMC3780740
61. Barnes D. & Meyer, I.H. (2012). Religious Affiliation, Internalized Homophobia, and Mental Health in Lesbians, Gay Men, and Bisexuals. *Journal of Orthopsychiatry*, 82 (4), 505 – 515. DOI: 10.1111/j.1939-0025.2012.01185.x PMID: 23039348 PMCID: PMC3523746
62. Goldberg N.G. & Meyer, I.H. (2012). Sexual Orientation Disparities in History of Intimate Partner Violence –Results from the California Health Interview Survey. *Journal of Interpersonal Violence*. Published online ahead of print DOI: 10.1177/0886260512459384 PMID: 23008053 PMCID:
63. Durso, L. & Meyer, I.H. (2012). Patterns and predictors of disclosure of sexual orientation to healthcare providers among lesbians, gay men, and bisexuals. *Sexuality Research & Social Policy*. Published online ahead of print DOI 10.1007/s13178-012-0105-2. PMID: 23463442 PMCID: PMC3582401
64. O’Donnel, S., Meyer, I.H., & Schwartz, S. (2011). Increased risk for suicide attempts in Black and Latino lesbians, gay men, and bisexuals. *American Journal of Public Health*. Published online ahead of print April 14, 2011: e1-e4. doi:10.2105/AJPH.2010.300032 PMID: 21493928, PMCID: PMC3093285
65. Kwate, N.O. & Meyer, I.H. (2011). On sticks and stones and broken bones stereotypes and African American health. *Du Bois Review: Social Science Research on Race*, 8 (1), 191 – 198. DOI: 10.1017/S1742058X11000014
66. Frost, D.M. & Meyer, I.H. (2011). Measuring Community Connectedness among Diverse Sexual Minority Populations. *Journal of Sex Research*. First Published Online April 19, 2011 (iFirst) DOI: 10.1080/00224499.2011.565427. PMID: 21512945 PMCID: PMC3143245
67. Meyer, I.H., Ouellette, S.C., Haile, R., & McFarlane, T.A. (2011). “We’d Be Free”: Narratives of Life Without Homophobia, Racism, or Sexism. *Sexuality Research and Social Policy*, 8, 204-214. DOI: 10.1007/s13178-011-0063-0 PMID: 24009487 PMCID: PMC3760739
68. Alessi, E. J., Meyer, I. H., & Martin, J. I. (2011). PTSD and Sexual Orientation: An Examination of Criterion A1 and Non-Criterion A1 Events. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(2), Mar 2013, 149-157. doi: 10.1037/a0026642 PMID: 26113955 PMCID: PMC4477838
69. Meyer, I.H. (2011). The Little Things: The Impact of Prejudice in the Everyday Lives of LGBT People. http://www.huffingtonpost.com/ilan-h-meyer-phd/lgbt-prejudice_b_1004408.html, October 11, 2011. Advocate pictorial: <http://www.advocate.com/news/daily-news/2011/11/03/how-would-your-life-be-different-if-homophobia-did-not-exist>
70. Meyer, I.H. (2011). Op-ed: HPV Infection Is a Gay Men’s Health Crisis. *The Advocate*. http://www.advocate.com/Politics/Commentary/Oped_HPV_Infection_Is_a_Gay_Men_Health_Crisis/, October 28, 2011.
71. Meyer, I. H. (2011). Gay Rights Across the Globe. http://www.huffingtonpost.com/ilan-h-meyer-phd/gay-rights-across-the-glo_b_1143891.html, December 13, 2011.

72. Schwartz, S. & Meyer, I.H. (2010). Mental health disparities research: The impact of within and between group analyses on tests of social stress hypotheses. *Social Science & Medicine*, 70(8), 1111-1118. DOI: 10.1016/j.socscimed.2009.11.032 PMID: 20100631. PMCID: PMC3828206
73. Feldman, M.B., & Meyer, I.H. (2010). Comorbidity and age of onset of eating disorders in gay men, lesbians, and bisexuals. *Psychiatry Research*. doi:10.1016/j.psychres.2009.10.013 PMID: 20483473. PMCID: PMC3726047
74. Kwate, N.O. & Meyer, I.H. (2010). The Myth of meritocracy and African American health. *American Journal of Public Health*. (Published online ahead of print August 19, 2010: e1-e4. doi:10.2105/AJPH.2009.186445). PMID: 1883002; PMCID: PMC2936997
75. Meyer, I.H. (2010). Identity, stress, resilience in lesbians, gay men, and bisexuals of color. *The Counseling Psychologist*, 38(3), 442-454 . DOI: 10.1177/0011000009351601 PMID: 24347674 PMCID: PMC3860594
76. Schwartz, S. & Meyer, I.H. (2010). Reflections on the stress model: A response to Turner. *Social Science & Medicine*, 70(8), 1121-1122. doi:10.1016/j.socscimed.2009.11.038
77. Meyer, I.H. (2010). The right comparisons in testing the minority stress hypothesis: Comment on Savin-Williams, Cohen, Joyner, and Rieger. *Archives of Sexual Behavior*. Published online: August 2010. doi: 10.1007/s10508-010-9670-8. PMID: 20809370 PMCID: PMC4373410
78. Kwate, N.O. & Meyer, I.H. (2009). Association between residential exposure to outdoor alcohol advertising and problem drinking among African American women in New York City. *American Journal of Public Health*. 99, 228-30. PMID: 19059857; PMCID: PMC2622787
79. Narváez, R. F., Meyer, I.H., Kertzner, R.M., Ouellette, S.C. & Gordon, A.R.(2009). A qualitative approach to the intersection of sexual, ethnic, and gender identities. *Identity*, 9(1), 63-86. doi: 10.1080/15283480802579375 PMID: 27683200 PMCID: PMC5036453
80. Frost, D.M., & Meyer, I.H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, 56, 97–109. PMID: 20047016 PMCID: PMC2678796
81. Meyer, I.H. & Wilson, P. (2009). Sampling lesbian, gay, and bisexual populations. *Journal of Counseling Psychology*, 56, 23–31. doi:10.1037/a0014587.
82. Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *Journal of Orthopsychiatry*, 79(4), 500-510. DOI: 10.1037/a0016848 PMID: 20099941 PMCID: PMC2853758.
83. Kwate, N.A. & Meyer, I.H. (2009). Individual and group racism and problem drinking among African American women. *Journal of Black Psychology*. OnlineFirst, published on December 11, 2009 as doi:10.1177/0095798409355795.
84. Stirratt, M. J., Meyer, I. H., Ouellette, S. C., & Gara, M. (2008). Measuring identity multiplicity and intersectionality: Hierarchical Classes Analysis (HICLAS) of sexual, racial, and gender identities. *Self & Identity*, 7 (1), 89 – 111. doi: 10.1080/15298860701252203

85. Meyer, I.H., Dietrich, J.D., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health*, 98, 1004 – 1006. DOI: 10.2105/AJPH.2006.096826 PMID: 17901444 PMCID: PMC2377299
86. Meyer, I. H., Schwartz, S., & Frost, D. M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social Science & Medicine*, 67, 368-79. DOI: 10.1016/j.socscimed.2008.03.012 PMID: 18433961 PMCID: 2583128
87. Stuber, J.S., Meyer, I.H., & Link, B.G. (2008). Stigma, prejudice, discrimination and health. An introduction to special issue, *Social Science & Medicine*. 67, 351- 7. DOI: 10.1016/j.socscimed.2008.03.023 PMID: 18440687 PMCID: PMC4006697
88. Feldman, M. B., & Meyer, I. H. (2007). Eating disorders in diverse lesbian, gay, and bisexual populations. *International Journal of Eating Disorders*, 40, 218 – 226. DOI: 10.1002/eat.20360 PMID: 17262818 PMCID: 2080655
89. Feldman, M.B. & Meyer, I.H. (2007). Childhood abuse and eating disorders in gay and bisexual men. *International Journal of Eating Disorders*, 40, 418 – 423. DOI: 10.1002/eat.20378 PMID: 17506080 PMCID: PMC2042584
90. Gordon, A. & Meyer, I.H. (2007). Gender nonconformity as a target of prejudice, discrimination and violence against LGB individuals. *Journal of LGBT Health Research*, 3(3), 55–71. PMID: 19042905 PMCID:
91. Young, R. & Meyer, I.H. (2005). The trouble with “MSM” and “WSW”: Erasure of the sexual-minority person in public health discourse. *American Journal of Public Health*, 95, 1144-1149. DOI: 10.2105/AJPH.2004.046714 PMID: 15961753 PMCID: 1449332
92. Meyer, I.H. (2005). Book review: *Lesbian and gay psychology: New perspectives* by Adrian Coyle and Celia Kitzinger. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 7(2), 179 - 182.
93. Pesola, G. R., Xu, F., Ahsan, H., Sternfels, P., Meyer, I.H., & Ford, J.G. (2004). Predicting asthma morbidity in Harlem emergency department patients. *Academic Emergency Medicine*, 11(9), 944-950. PMID: 15347544
94. Meyer, I.H., Whyatt, R.M., Perera, F.P., & Ford, J.G. (2003). Risk for asthma in 1-year-old infants residing in New York City high-risk neighborhoods. *Journal of Asthma*, 40 (5), 545 – 550. DOI: 10.1197/j.aem.2004.03.020 PMID: 14529104 PMCID:
95. Meyer, I.H. (2003). Prejudice as stress: Conceptual and measurement problems. *American Journal of Public Health*, 93, 262-265. DOI: 10.2105/ajph.93.2.262 PMID: 12554580 PMCID: 1447727
96. Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697. DOI: 10.1037/0033-2909.129.5.674 PMID: 12956539 PMCID: 2072932
 - b. Reprinted as: Meyer, I.H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 3-26.

97. Kertzner, R., Meyer, I.H., & Dolezal, C. (2003). Psychological Well-Being in Midlife Older Gay Men. In G. Herdt & B. de Vries (Eds.) *Gay and Lesbian Aging Research and Future Directions* (pp 97-115). NY: Springer Publishing Company.
98. Perera, F.P., Illman, S.M., Kinney, P.L., Whyatt, R.M., Kelvin, E.A., Shepard, P., Evans, D., Fullilove, M., Ford, J.G., Miller, R.L., Meyer, I., & Rauh, V. (2002). The challenge of preventing environmentally related disease in young children: Community-based research in New York City, *Environmental Health Perspectives*, 110(2), 197-204. DOI: 10.1289/ehp.02110197 PMID: 11836150 PMCID: PMC1240736
99. Northridge, M.E., Meyer, I.H., & Dunn, L. (2002). Overlooked and Underserved in Harlem: A population-based survey of adults with asthma. *Environmental Health Perspectives*, 110, Supplement 2, 217-220. DOI: 10.1289/ehp.02110s2217 PMID: 11929731 PMCID: PMC1241166
100. Meyer, I.H., Sternfels, P., Fagan, J.K., & Ford, J.G. (2002). Asthma-related limitations in sexual functioning: An important but neglected area of quality of life. *American Journal of Public Health*, 92, 770-772. DOI: 10.2105/ajph.92.5.770 PMID: 11988445 PMCID: PMC1447159
101. Lewin, S. & Meyer, I.H. (2002). Torture and ill-treatment based on sexual identity: the roles and responsibilities of health professionals and their institutions. *Health and Human Rights*, 6(1), 161-176.
102. Meyer, I. H., Rossano, L., Ellis, J., & Bradford, J. (2002). A brief telephone interview to identify lesbian and bisexual women in random digit dialing sampling. *Journal of Sex Research*, 39, 139-144. DOI: 10.1080/00224490209552133 PMID: 12476246 PMCID:
103. Meyer, I.H. (2002). Smearing the queer: Medical bias in the health care of gay men by Michael Scarce (Essay Review). *International Journal of Epidemiology*, 31(2), 501-503. doi: 10.1093/ije/31.2.501
104. Ford, J.G. Meyer, I.H., Sternfels, P, Findley, S.E., McLean, D.E., Fagan, J.K., & Richardson, L. (2001). Patterns and predictors of asthma-related emergency department use in Harlem. *Chest*, 120, 1129-1135. DOI: 10.1378/chest.120.4.1129 PMID: 11591549 PMCID:
105. Meyer, I.H., Sternfels, P., Fagan, J.K., Copeland, L., & Ford, JG. (2001). Characteristics and Correlates of Asthma Knowledge Among Emergency Department Users in Harlem. *Journal of Asthma*, 38(7), 531-539. PMID: 11714075 PMCID:
106. Meyer, I. H. (2001). Why lesbian, gay, bisexual, and transgender public health? *American Journal of Public Health*, 91, 856-859. DOI: 10.2105/ajph.91.6.856 PMID: 11392921 PMCID: PMC1446455
107. Lewin, S. & Meyer, I.H. (2001). Torture, ill-treatment, and sexual identity. *The Lancet*, 358, Dec 1, 1899-1900. DOI: 10.1016/S0140-6736(01)06894-5 PMID: 11741651 PMCID:
108. Meyer, I. H. & Schwartz, S. (2000). Social issues as public health: Promise and peril. *American Journal of Public Health*, 90, 1189-1191. DOI: 10.2105/ajph.90.8.1189 PMID: 10936991 PMCID: PMC1446330

109. Dean, L., Meyer, I. H., Sell, R. L., Sember, R., Silenzio, V., Bowen, D. J., Bradford, J., Rothblum, E. D., Scout, White, J., Dunn, P., Lawrence, A., Wolfe, D., & Xavier, J. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay and Lesbian Medical Association*, 4, 102-151. doi: 10.1023/A:1009573800168
110. Siegel, K. & Meyer, I. H. (1999). Hope and resilience in suicide ideation and behavior of gay and bisexual men following notification of HIV infection. *AIDS Education & Prevention*, 11, 53-64. PMID: 10070589 PMCID:
111. Meyer, I. H. & Colten, M. E. (1999). Sampling gay men: Random digit dialing versus sources in the gay community. *Journal of Homosexuality*, 37, 99-110. DOI: 10.1300/J082v37n04_06 PMID: 10482333 PMCID:
112. Meyer, I. H. & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In G.M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 160-186). *Psychological Perspectives on Lesbian and Gay Issues*, Series Editors B. Greene & G.M. Herek. Thousand Oaks, CA: Sage. <http://dx.doi.org/10.4135/9781452243818.n8>
113. Siegel, K., Lune, H. & Meyer, I.H. (1998). Stigma management among gay/bisexual men with HIV/AIDS. *Qualitative Sociology*, 21, 3-24. doi: 10.1023/A:1022102825016
114. REPRINTED: D.H. Kelly and E.J. Clarke (Eds.), *Deviant behavior: A text-reader in the sociology of deviance* (pp. 263 – 281). NY: Worth Publishers.
115. Meyer, I.H. (1998). Oral sex – Fellatio. In Raymond A. Smith (Ed.) *Encyclopedia of AIDS: A social, political, cultural, and scientific record of the HIV epidemic* (p. 384 – 386). Chicago: Fitzroy Dearborn Publishers.
116. Meyer, I. H., Muenzenmaier, K., Cancienne, J., & Struening, E. (1996). Reliability and validity of a measure of sexual and physical abuse histories among women with serious mental illness. *Child Abuse and Neglect*, 20, 213-219. PMID: 8734551 PMCID:
117. Nimmons, D. & Meyer, I.H. (1996). Oral sex & HIV risk among gay men: Research summary. NY: Gay Men’s Health Crisis report.
118. Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56. PMID: 7738327 PMCID:
119. REPRINTED: Meyer, I. H. (2003). Minority stress and mental health in gay men. In L. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences* (2nd Ed., pp. 699 - 731). New York: Columbia University Press.
120. Meyer, I., Empfield, M., Engel, D., & Cournos, F. (1995). Characteristics of HIV-positive chronically mentally ill inpatients. *Psychiatric Quarterly*, 66, 201-207. PMID: 7568528 PMCID:
121. Meyer, I. H. & Dean, L. (1995). Patterns of sexual behavior and risk taking among young New York City gay men. *AIDS Education & Prevention*, 7, 13-23. PMID: 8664094 PMCID:

122. Dean, L. & Meyer, I. (1995). HIV prevalence and sexual behavior in a cohort of New York City gay men (aged 18-24). *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 8, 208-211. PMID: 7834405 PMCID:
123. Meyer, I., Cournos, F., Empfield, M., Schrage, H., Silver, M., Rubin, M., & Weinstock, A. (1993). HIV seroprevalence and clinical characteristics of severely mentally ill homeless. *Journal of Social Distress and the Homeless*, 2, 103-116. doi: 10.1007/BF01074224
124. Empfield, M., Cournos, F., Meyer, I., McKinnon, K., Horwath, E., Silver, M., Schrage, H., & Herman, R. (1993). HIV seroprevalence among homeless patients admitted to a psychiatric inpatient unit. *The American Journal of Psychiatry*, 150, 47-52. DOI: 10.1176/ajp.150.1.47 PMID: 8417579 PMCID:
125. Meyer, I., McKinnon, K., Cournos, F., Empfield, M., Bavli, S., Engel, D., & Weinstock, A. (1993). HIV seroprevalence among long-stay patients in a state psychiatric hospital. *Hospital & Community Psychiatry*, 44, 282-284. PMID: 8444444 PMCID:
126. Muenzenmaier, K., Meyer, I., Struening, E., & Ferber, J. (1993). Childhood abuse and neglect among women outpatients with chronic mental illness. *Hospital & Community Psychiatry*, 44, 666-670. PMID: 8192738 PMCID:
127. Cournos, F., McKinnon, K., Meyer-Bahlburg, H., Guido, J. R., & Meyer, I. (1993). HIV risk activity among persons with severe mental illness: Preliminary findings. *Hospital & Community Psychiatry*, 44, 1104-1106. PMID: 8288184 PMCID:
128. Meyer, I., Cournos, F., Empfield, M., Agosin, B., & Floyd, P. (1992). HIV prevention among psychiatric inpatients: a pilot risk reduction study. *Psychiatric Quarterly* 63, 187-197. PMID: 1488461 PMCID:
129. Meyer, I.H. (1992). Book Review: *Inventing AIDS* by Cindy Patton. *Women & Health*, 18(1), 137-142.
130. Cournos, F., Empfield, M., Horwath, E., McKinnon, K., Meyer, I., Schrage, H., Currie, C., & Agosin, B. (1991). HIV seroprevalence among patients admitted to two psychiatric hospitals. *The American Journal of Psychiatry*, 148, 1225-1230. DOI: 10.1176/ajp.148.9.1225 PMID: 1883002 PMCID:

OTHER

2009 Interview with Dr. Van Nuys

http://www.mentalhelp.net/poc/view_index.php?idx=119&w=9 or
<http://tinyurl.com/br6ojl>

OutCasting Episode 40: Minority stress — a conversation with Ilan H. Meyer, Ph.D.

<http://mfpg.org/index.php/outcasting/87-outcasting/outcasting-episodes/205-outcasting-episode-0040-minority-stress-ilan-meyer>