

IN THE
Supreme Court of the United States

STATE OF SOUTH CAROLINA, ET AL.
Applicants,

v.

JOHN DOE, BY HIS NEXT FRIENDS AND PARENTS, JIM DOE AND JANE DOE,
Respondents.

*On Application for a Stay of Injunction Pending Appeal in the
United States Court of Appeals for the Fourth Circuit
And Further Proceedings in this Court*

RESPONDENTS' SUPPLEMENTAL APPENDIX

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**RESPONDENTS' SUPPLEMENTAL APPENDIX
TABLE OF CONTENTS**

Declaration of Patrick Archer (Dist. Ct. Dkt. No. 9-2)	1a
Expert Witness Declaration of Dr. Stephanie L. Budge (Dist. Ct. Dkt. No. 9-3)	56a
Declaration of Dr. Lisa Johnson (Dist. Ct. Dkt. No. 9-4)	133a
Declaration of “John Doe” (Dist. Ct. Dkt. No. 9-5)	135a
Declaration of “Jim Doe” (Dist. Ct. Dkt. No. 9-6)	140a
Supplemental Declaration of “Jim Doe” (Dist. Ct. Dkt. No. 49-1)	144a
Supplemental Declaration of Patrick Archer (Dist. Ct. Dkt. No. 49-2)	147a
Rebuttal Expert Witness Declaration of Dr. Stephanie L. Budge (Dist. Ct. Dkt. No. 49-3)	192a
Redline Comparison of Proviso 1.120 and Proviso 1.114 (Dist. Ct. Dkt. No. 85-3)	221a
Second Supplemental Declaration of Jim Doe (Dist. Ct. Dkt. No. 86-2)	223a
Second Supplemental Declaration of Patrick Archer (Dist. Ct. Dkt. No. 88-2)	225a
Third Supplemental Declaration of Jim Doe (Dist. Ct. Dkt. No. 99-1)	232a
Defendants-Appellees’ Combined Motion to Dismiss and Response to Motion for a Preliminary Injunction Pending Appeal (C.A. Dkt. No. 36-1)	234a

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

DECLARATION OF PATRICK ARCHER

I, Patrick Archer, declare under penalty of perjury that the following is true and correct, and state:

1. I am a law fellow at Public Justice, a nonprofit legal advocacy organization that represents the Plaintiffs in this case. The following is true of my own personal knowledge, and, if called as a witness, I would and could testify competently thereto.

2. As set forth below, I have reviewed video recordings of the South Carolina Legislature's testimony regarding Proviso 1.120. Each excerpt that I reviewed is accurately described in the respective Exhibit using the timestamp of testimony as available on the South Carolina Legislature's public video archives. I have also provided hyperlinks where the video recordings are available for review. As of the date of this filing, each of the hyperlinks is in working order.

3. Attached hereto as Exhibit A is a true and correct copy of the South Carolina Legislature's webpage reflecting the progress of House Bill 4538, the "South Carolina Student Physical Privacy Act," as of November 4, 2024. This webpage reflects the progress of the bill through

the legislature. It is also currently accessible at: <https://www.scstatehouse.gov/billsearch.php?bill-numbers=4538&session=125&summary=T&PRINT=1> (last accessed November 12, 2024).

4. Attached hereto as Exhibit B is a true and correct copy of the South Carolina Legislature's webpage reflecting the progress of Senate Bill 1213, the "South Carolina Student Physical Privacy Act," as of November 4, 2024. This tracker is also currently accessible at: <https://www.scstatehouse.gov/billsearch.php?billnumbers=1213&session=125&summary=T&PRINT=1> (last accessed November 12, 2024).

5. Attached hereto as Exhibit C is a true and correct copy of the South Carolina Legislature's webpage reflecting the progress of House Bill 5407, the "South Carolina Student Physical Privacy Act," as of November 4, 2024. This tracker is also currently accessible at: <https://www.scstatehouse.gov/billsearch.php?billnumbers=5407&session=125&summary=T&PRINT=1> (last accessed November 12, 2024).

6. Attached hereto as Exhibit D is a true and correct transcription of excerpts from testimony heard during the South Carolina Senate legislative session on or around April 24, 2024. A recording of the testimony is also accessible at: <https://perma.cc/L5Q9-R9T6> (last accessed November 12, 2024).

7. Attached hereto as Exhibit E is a true and correct copy of an article published by The State, a South Carolina newspaper, on or around December 22, 2023. An online version of the article is also currently accessible at: <https://www.thestate.com/news/politics-government/article282740043.html> (last accessed November 12, 2024).

8. Attached hereto as Exhibit F is a true and correct copy of an article published by the South Carolina Daily Gazette, a South Carolina newspaper, on or around April 25, 2024. An online version of the article is also currently accessible at:

<https://scdailygazette.com/2024/04/25/sc-senators-approve-k-12-mandate-that-a-boy-will-use-the-boys-bathroom/> (last accessed November 12, 2024).

9. Attached hereto as Exhibit G is a true and correct copy of the South Carolina Legislature's webpage reflecting the progress of House Bill 5100, the 2024-2025 budget appropriations bill, as of November 4, 2024. The webpage is also currently accessible at: <https://www.scstatehouse.gov/billsearch.php?billnumbers=5100&session=125&summary=T&PRINT=1> (last accessed November 12, 2024).

10. Attached hereto as Exhibit H is a true and correct copy of a guidance memorandum from John E. Tyler, Deputy Superintendent and General Counsel for the South Carolina Department of Education, which is addressed to school district superintendents and dated July 23, 2024. The memorandum is also accessible at: <https://perma.cc/8SHS-89N5> (last accessed November 12, 2024).

11. Attached hereto as Exhibit I is a true and correct copy of a guidance memorandum sent by John E. Tyler, Deputy Superintendent and General Counsel for the South Carolina Department of Education, which is addressed to school district superintendents and dated July 31, 2024. The memorandum is also accessible at: <https://perma.cc/6J74-6BFT> (last accessed November 12, 2024).

12. Attached hereto as Exhibit J is a true and correct copy of a guidance memorandum sent by John E. Tyler, Deputy Superintendent and General Counsel for the South Carolina Department of Education, which is addressed to school district superintendents and dated August 27, 2024. The memorandum is also accessible at: <https://perma.cc/AKJ3-8Z3K> (last accessed November 12, 2024).

13. Attached hereto as Exhibit K is a true and correct copy of a table entitled “School District Revenues” available on the South Carolina Revenue and Fiscal Affairs Office’s website on a page called “SC Education Funding Dashboard Data Tables FY 2021-22.” The table is also currently accessible at: https://public.tableau.com/views/RFA_Education/Data?%3Adisplay_count=no&%3AshowVizHome=no#1 (last accessed November 12, 2024).

14. Attached hereto as Exhibit L is a true and correct copy of excerpts from the South Carolina Department of Education’s 2023-2024 Funding Manual. The manual is also accessible at: <https://perma.cc/VK7H-STYK> (last accessed November 12, 2024).

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

Executed on this 12th day of November, 2024


Patrick Archer

EXHIBIT A

Session 125 - (2023-2024)

H 4538 General Bill, By Cromer, Trantham, Oremus, Magnuson, Pope, Guffey, Vaughan, Kilmartin, Beach, O'Neal, Nutt, Haddon, Burns, Chumley, McCravy, J.E. Johnson, Brittain, Guest, Gagnon, McGinnis, Hardee, Schuessler, Atkinson, Hayes, Crawford, Pace, T. Moore, Chapman, Mitchell, Yow, McCabe and Herbkersman

Similar (S 1213, H 5407)

A BILL TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ENACTING THE "SOUTH CAROLINA STUDENT PHYSICAL PRIVACY ACT" BY ADDING ARTICLE 4 TO CHAPTER 23, TITLE 59 SO AS TO STATE PURPOSES, PROVIDE DEFINITIONS, PROVIDE THAT EVERY PUBLIC SCHOOL RESTROOM AND CHANGING FACILITY THAT IS ACCESSIBLE BY MULTIPLE PERSONS MUST BE DESIGNATED FOR USE ONLY BY MEMBERS OF ONE SEX, AND TO PROVIDE CIVIL PENALTIES.

11/16/23	House	Prefiled
11/16/23	House	Referred to Committee on Judiciary
01/09/24	House	Introduced and read first time (House Journal-page 75)
01/09/24	House	Referred to Committee on Judiciary (House Journal-page 75)
01/09/24	House	Member(s) request name added as sponsor: Vaughan, Kilmartin, Beach, O'Neal, Nutt, Haddon, Burns, Chumley
01/18/24	House	Member(s) request name added as sponsor: McCravy
02/06/24	House	Member(s) request name added as sponsor: J.E.Johnson, Brittain, Guest, Gagnon, McGinnis, Hardee, Schuessler, Atkinson, Hayes, Crawford, Pace, T.Moore, Chapman
02/13/24	House	Member(s) request name added as sponsor: Mitchell, Yow, McCabe, Herbkersman

EXHIBIT B

Session 125 - (2023-2024)

S 1213 General Bill, By Climer and Kimbrell

Similar (H 4538, H 5407)

A BILL TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ENACTING THE "SOUTH CAROLINA STUDENT PHYSICAL PRIVACY ACT" BY ADDING ARTICLE 4 TO CHAPTER 23, TITLE 59 SO AS TO STATE PURPOSES, PROVIDE DEFINITIONS, PROVIDE THAT EVERY PUBLIC SCHOOL RESTROOM AND CHANGING FACILITY THAT IS ACCESSIBLE BY MULTIPLE PERSONS MUST BE DESIGNATED FOR USE ONLY BY MEMBERS OF ONE SEX, AND TO PROVIDE CIVIL PENALTIES.

03/27/24 Senate Introduced and read first time (Senate Journal-page 3)

03/27/24 Senate Referred to Committee on Education (Senate Journal-page 3)

EXHIBIT C

Session 125 - (2023-2024)

H 5407 General Bill, By Sessions, Guffey, Ligon, Hiott, Pope, Crawford, O'Neal, Lawson, B.L. Cox, Pedalino and Schuessler

Similar (S 1213, H 4538)

A BILL TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ENACTING THE "SOUTH CAROLINA STUDENT PHYSICAL PRIVACY ACT" BY ADDING ARTICLE 4 TO CHAPTER 23, TITLE 59 SO AS TO PROVIDE DEFINITIONS, PROVIDE THAT EVERY PUBLIC SCHOOL RESTROOM AND CHANGING FACILITY THAT IS ACCESSIBLE BY MULTIPLE PERSONS MUST BE DESIGNATED FOR USE ONLY BY MEMBERS OF ONE SEX, AND TO PROVIDE CIVIL PENALTIES.

04/16/24 House Introduced and read first time (House Journal-page 13)

04/16/24 House Referred to Committee on Judiciary (House Journal-page 13)

EXHIBIT D

South Carolina Senate

Date: Wednesday, April 24, 2024

Speakers Referenced: Senate President Thomas C. Alexander, Senator Wes Climer, Senator Tameika Isaac Devine, Senator Josh Kimbrell, Senator Deon T. Tedder

Senate Roster: <https://www.scstatehouse.gov/member.php?chamber=S&session=125>

Excerpts of testimony on Proviso 1.120 (originally introduced as Amendment 48):

Time Stamp	Testimony
09:10:55-09:12:18	<p>[President Alexander]: Senator from York, Senator Climer, is recognized on his amendment.</p> <p>[Senator Climer]: Thank you Mr. President. Senators, we're returning now to a subject raised earlier in the day by the senator from Richland, Senator Devine, in a bit of a U-turn from the amendment that the senator from Richland offered. The amendment before us here stipulates in school settings that a boy will use the boys' bathroom, the boys' locker room, the boys' changing room. That a girl will use the girls' bathroom, the girls' locker room, the girls' changing room. And I'll tell you, I don't have any particular delight in standing here discussing this. In fact, I find it baffling, insane, that we're even having this conversation. But the fact is, that at Rock Hill High School, today, there is an 18-year-old man who is daily using the women's locker room and their bathroom. This amendment would rectify that very obvious problem. I move adoption of the amendment.</p>
09:14:50-09:16:03	<p>[Senator Devine]: Finally, and most importantly, Mr. President, as I mentioned when we discussed my amendment, the Fourth District has already deemed a similar provision based on sex unconstitutional. Furthermore, section 1-13-20 of the code states that it's unlawful to discriminate based on sex or such measures degrading to human dignity. Your Honor – excuse me, Mr. President – I have these code sections written down if you'd like. But because of all of those code sections, I believe this is out of order under Rule 24.</p> <p>[President Alexander]: Okay, further want to speak to the point? Senator from Spartanburg, Senator Kimbrell.</p> <p>[Senator Kimbrell]: Thank you Mr. President. For starters, in the conversation here, no one is talking about changing</p>

	<p>the layout of buildings right now. All restrooms and facilities are going to be male or female anyways. I think what Senator from York, Senator Climer, has brought forward is we're not actually adding a third category or allowing biological males or biological females to go to the other restrooms. So therefore, it doesn't change the existing authorities provided under code as it pertains to the access to facilities for male or female in any existing public school in South Carolina.</p>
11:34:00-11:36:30	<p>[President Alexander]: Senate, be in order. Give the attention to the Senator from Richland.</p> <p>[Senator Devine]: Thank you Mr. President, and I know it's late so I'm not gonna stand before you long. I think we've talked about this bill several times today [short break for order] and I know where the votes are, but I just really have to come up and say that we have talked a lot about making sure that we are fair. Making sure that we are protecting our young people. One of the things that this bill – this amendment – really does is it violates current law.</p> <p>The Fourth Circuit has a case – Grimm versus Gloucester – which was decided in 2020 that is clearly on point. And it says that this would be a violation. We know that this amendment will be a violation of constitutional law, and we could be sued. The state could be sued. And I think we are willfully ignoring that to play to people's fears, to play to our base – to play to some people's base.</p> <p>And I just want to say that I would hope that we would clearly think about this and understand that we're doing the budget. We have already done things that have spent millions of dollars to make people feel good about having guns because we wanted to do constitutional carry. We have passed bills, and we have put money into other things willfully just to make people feel good.</p> <p>This will clearly subject our state to legal action. We are willfully wasting taxpayer dollars to defend against something that will be found unconstitutional. And so, if we are sitting here, talking about our budget, talking about safeguarding taxpayer dollars, we are putting into an amendment that will clearly violate law and spend millions of dollars of our state money to protect something that is indefensible.</p>

	<p>So, I would just ask that we look at not passing this amendment so that we can move forward. And then next year, if there is a will of this body to do a bill that can be talked about and really talked about to address the concerns that some people rightfully have, but also protect our most vulnerable citizens, then I think we should do so. Thank you, Mr. President.</p>
11:37:02-11:39:19	<p>[Senator Tedder]: The proponent of this amendment spoke earlier – gave a specific example that said an 18-year-old man was using the females’ locker room. Did you recall that?</p> <p>[Senator Devine]: Yes, I recalled that.</p> <p>[Senator Tedder]: And so then my question becomes, because did you know that now we have youth – and particularly someone 18 – that could have transitioned or – so my question would be we don’t have the information on whether this person was necessarily born a male and perhaps have had some operations and is no longer physically a male. And so, it concerns me a little, and why I think that information is important, did you know, is because if that male – if that person was born a male and has transitioned, and is no longer physically a male, by voting for this, we’d essentially be sending a female into the males’ locker room now. And so, it concerns me a little that we didn’t get a lot of information on that.</p> <p>But also, do you feel that this is discriminatory against those who may identify as – that may have transitioned and identify as another sex?</p> <p>[Senator Devine]: Yes, Senator. First of all, definitely I believe this is discrimination. And that is – and for the lawyers in the room, you can easily look up the Fourth Circuit case. Again, it is Grimm versus Gloucester.</p> <p>[Break for the Senate to be called back into order]</p> <p>[Senator Devine]: Thank you Mr. President. Grimm versus Gloucester, you can look it up. But clearly, the reason they found a similar provision by a school board to be unconstitutional because it found it was discriminatory. So, I would urge everyone to look that case up, but certainly the</p>

	lawyers in here. We are in the Fourth Circuit, and we need to look at that.
11:39:40-11:41:36	<p>[Senator Devine]: We are not having an opportunity to work through hearing from the public, hearing from medical professionals, getting additional information. And so we are making a decision that could put our state in jeopardy to be sued, put school districts in position to be sued, by mere fact that we are not going through a deliberative process. We're rushing it through through a proviso, and that is my big concern here.</p> <p>[Senator Tedder]: Right, and I agree. And we have to take the Senator's word for it, but as something this serious, there's no way to question the school administrators to see what is really taking place. But my concern is it really puts the school in a bind, if what the Senator says is true. Because now the school has to decide what they're going to do. Do we violate the Constitution, or do we risk losing funds?</p> <p>And I can tell you now, if I'm the parents of that student, and they prohibit my child from going to – I'm gonna hire a lawyer and sue. And so you're correct, this will start lawsuits. It's just a lot that – again, we've debated this, not this particular issue, but we've raised a point on a lot of other provisos that even if some may agree with the message and the intent of the Senator, this is not the way to do it, did you know?</p> <p>[Senator Devine]: Yes, I certainly agree with you. So again, I'm not gonna belabor the point. I know it's long we've all been here and done a lot of great work. I would just ask everyone to just be real cautious. I understand this is an important issue. This is not an issue to just go through at 10 o'clock in the evening when everyone is tired and just ready to go home. And clearly disregarding current law, federal law, as well as clearly a case on point where someone was found to be liable for discrimination. Thank you, Mr. President.</p>

EXHIBIT E

POLITICS & GOVERNMENT

Transgender students in SC should use bathrooms that match sex at birth, lawmakers say

BY JAVON L. HARRIS

UPDATED DECEMBER 22, 2023 3:20 PM | 



South Carolina lawmakers have introduced a bill that would prohibit transgender public school students from using bath and locker rooms that don't conform to their biological sex. JEFF CHIU AP



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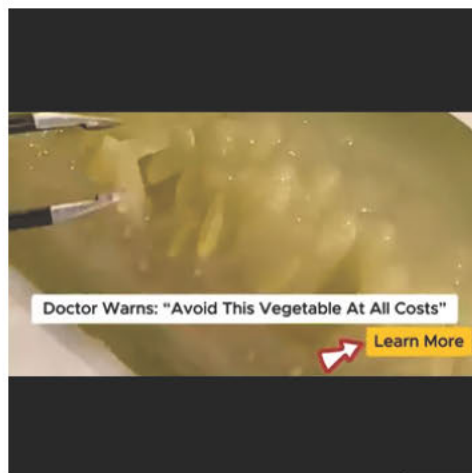
COLUMBIA, S.C.

Transgender students in South Carolina may soon be prohibited from using bath, locker or changing rooms that align with their gender identity.

Three members of the conservative S.C. House Freedom Caucus filed a measure ahead of next year's session that would block transgender public school students from using bathrooms and facilities — such as locker rooms, shower rooms, changing rooms and other sex-segregated spaces that differ from their sex at birth. Public schools that violate the proposal could be sued within two years by non-transgender students who claim privacy transgressions that lead to psychological, emotional or physical harm.

TOP VIDEOS

AD



“This is common sense legislation — boys are boys, girls are girls, and you have to use the bathroom and locker room that lines up with your gender,” said the bill’s sponsor, state Rep. April Cromer, R-Anderson. “This bill isn’t aimed to punish a group that is clearly struggling with their mental health. It is to protect young girls from sharing a locker room with their fully grown male coach, which we saw in Pennsylvania.”

Cromer is referring to a [story reported by the Epoch Times](#) in August involving a high school tennis coach who identifies as a transgender woman, and who stripped down to her underwear in a locker room occupied by several female students. Despite the coach’s gender identity, students reported that it was clear from what they saw that the coach was still fully a man.

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X



SC lawmaker is latest to claim student asks for litter box and they identify as a cat



A slew of anti-trans bills were just filed in SC. Some target an issue that isn't happening



Students will have to use bathrooms that match gender at birth under SC budget provision

“We have lost our way when we start catering to a crazy instead of protecting the innocence of our children,” said state Rep. Melissa Oremus, R-Aiken, a co-sponsor of the bill. “The left is all about safe spaces, well a bathroom should be one of them.”

But transgender advocates say the bill could have a reverse effect when it comes to who's being protected.

“Transgender students are a part of our school communities, and like other students, they're there to learn,” said Jace Woodrum, director of the South Carolina ACLU, who identifies as a transgender man. “They need to be able to use the restroom, the locker room that matches the gender they live every day without being singled out for discrimination and harassment. And to be quite honest, forcing transgender students into restrooms that don't match their gender identity puts their safety at risk.

“School policies should protect students from bullying. They shouldn't promote it, but the Freedom Caucus appears quite proud to bully transgender students,” Woodrum added.

Under the proposal, every public school restroom and changing facility that is accessible by multiple students at the same time must be designated for use only by members of the same biological sex.

School officials would be responsible for ensuring those facilities offer privacy protections from members of the opposite sex, and failing to do so could result in a lawsuit against the school.

Currently, South Carolina law does not require school districts to force transgender students to use bathrooms that are of their sex at birth.

As result, state Rep. Ashley Trantham, R-Greenville, said she recently received a phone call from a concerned grandmother, who learned that her middle school granddaughter had encountered a biological male while using the bathroom.

“Basically, she was told (by the school) that it is what it is,” Trantham said.

Trantham added she has since shared the concerns she’s heard from other parents with the Greenville County Schools.

“None of us are sitting around thinking that this is happening rampantly, but good gosh, if it was your daughter and it happened only one time, that’s enough for us as a state to step and try to eliminate any situation that could occur,” Trantham said.

In 2022, Trantham was the lead sponsor of the Save Womens’ sports act, [a now-law that prohibits transgender females from participating on females’ teams](#).

In addition to bath, locker and changing rooms, transgender students would not be allowed to share a bedroom with a member of the opposite sex during any overnight public school activity or event where students share lodging, unless the people of the opposite sex in the same room are members of the same family.

The proposed bill has exceptions for medical emergencies, natural disasters, or custodians or maintenance personnel working in a bathroom or locker room when it’s not occupied by a member of the opposite sex.

Transgender students who are unwilling or unable to use a facility designated by their biological sex may use alternative facilities, such as single-user or employee restrooms, at the discretion of the school’s administration, according to the bill.

“Throughout South Carolina we are hearing the calls from citizens to protect our innocent young people,” Cromer said. “It’s time for us to step up, stop bowing down

X

to woke corporations and lobbyists, and take a strong stance to protect the children of South Carolina.”

This story was originally published December 11, 2023, 5:00 AM.

The Buzz on SC Politics

Get insights on the news of the day and predictions for what to expect from the South Carolina State House in the weeks ahead from The State's politics & government team.

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JAVON L. HARRIS

THE STATE



Javon L. Harris is a crime and courts reporter for The State. He is a graduate of the University of Florida and the Thurgood Marshall School of Law at Texas Southern University. Before coming to South Carolina, Javon covered breaking news, local government and social justice for The Gainesville Sun in Florida.

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EXHIBIT F



DECISION 2024 | On-the-ground election coverage in South Carolina and by local reporters in all 50 states. Fair. Fearless. Free.

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STATEHOUSE

SC senators approve K-12 mandate that 'a boy will use the boys' bathroom'

The requirement was inserted into the Senate's spending plan, despite expectations of a lawsuit

BY: **SKYLAR LAIRD** APRIL 25, 2024 4:15 PM



A court ruling in Alabama temporarily blocking new Title IX rules applies to all South Carolina schools, S.C. Attorney General Alan Wilson announced Wednesday, July 31, 2024. (File/Getty Images)

COLUMBIA – Students in South Carolina’s K-12 schools would need to use bathrooms and locker rooms corresponding to their biological sex at birth under a rule senators inserted into their state budget package.

The proposal approved by senators 30-7 on party lines late Wednesday applies to multi-stalled school restrooms and places where students undress, to include locker rooms and gym showers. It also specifies that during overnight school trips, students of different genders can’t sleep in the same room or use the same multi-occupancy bathroom – unless they’re siblings.

All 30 of the Senate’s Republicans voted for it. Some Democrats didn’t vote.

The vote came a day after state Superintendent Ellen Weaver [sent a letter to district superintendents](#) and school board members statewide recommending that they disregard new federal regulations expanding sex discrimination protections in Title IX to include sexual orientation and gender identity. The federal rules are supposed to take effect Aug. 1.



📹 Sen. Wes Climer, R-Rock Hill, explains his amendment on school bathrooms Wednesday, April 25, 2024. (Screenshot of SCETV legislative livestream)

Sen. Wes Climer, R-Rock Hill, acknowledged taking “a bit of a U-turn” in offering completely different state rules for public schools.

“I don’t have any particular delight in standing here discussing this. In fact, I find it baffling, insane that we’re even having this conversation,” he said after taking the podium to explain his proposal.

This “stipulates in school settings that a boy will use the boys’ bathroom, the boys’ locker room, the boys’ changing room, and a girl will use the girls’ bathroom, the girls’ locker room, the girls’ changing room,” he said.

The proposal, he said, is in response to an 18-year-old senior at Rock Hill High who’s daily using the women’s locker room. Climer didn’t elaborate, and a spokesperson for the school district did not immediately respond to requests from the SC Daily Gazette for comment.

Under his proposal, districts that violate the rule risk up to 25% of their state funding.

Technically, the budget clause is not an all-out ban. Rather, it bars school districts from using any state taxes to maintain facilities or pay for trips in violation of the rule. However, since revenue sources for school operations generally all go into the same pot of money, it’s effectively a ban, as Republicans intend it to be. It’s written that way because state budget clauses must pertain to budget allocations.

A court fight?

Sen. Tameika Isaac Devine, D-Columbia, tried unsuccessfully to get Climer’s amendment thrown out as not germane to the budget. She also argued it incorrectly attempts to change state law that declares it illegal to discriminate based on sex or in ways “degrading to human dignity.” But she was overruled.

“We know that this amendment will be a violation of constitutional law, and we could be sued. The state could be sued,” Devine said. “I think we are willfully ignoring that to play to people’s fears.”

She pointed to a 2015 federal [lawsuit](#) in which a transgender student in Virginia successfully sued the local school board for not allowing him to use the men’s bathroom or locker room.

A federal appeals court agreed with the lower court’s ruling requiring the school board to allow him to use the facilities of his choice. And the Supreme Court in 2021 decided not to hear the case, allowing that decision to stand.

Climer acknowledged a lawsuit is likely, and the same district court that ruled on Virginia's case may rule the same way.

But he thinks the U.S. Supreme Court would take the case this time, especially since more states are adopting similar rules, so justices could be settling multiple cases.

Regardless, "it was the right thing to do," he told the Gazette.

"It's unconscionable that an 18-year-old man is in locker rooms with 14-year-old girls," he said.

Sen. Deon Tedder, D-Charleston, said if the transgender female student Climer's referring to has undergone hormone replacement therapy to have more feminine attributes, using the men's room might be inappropriate.

"If that person was born a male and has physically transitioned and is no longer a male, by voting for this we'd be sending a female into the male's locker room now," Tedder said.

SC education superintendent suggests schools disregard new Title IX rules



COLUMBIA — South Carolina's education chief is recommending that school districts disregard new federal Title IX regulations issued by the Biden administration. In a letter to district boards and superintendents Tuesday, state Education Superintendent Ellen Weaver called the rule changes "deeply

troubling," arguing they could violate state and federal law and will likely be challenged ... Continue reading



SC Daily Gazette

His arguments will likely come back next week.

Before adjourning Thursday, senators voted to put a [bill banning gender-transitioning surgeries and hormones](#) for transgender youth under 18 on priority debate status. Opponents have repeatedly said no such surgeries are happening in South Carolina.

Ten states require students to use the bathroom of the sex they were assigned at birth, according to Movement Advancement Project, an LGBTQ advocacy group.

That points to a changing climate from the days when North Carolina adopted a similar law, known as the bathroom bill, in 2016, causing nationwide uproar and losing the state major business deals. State lawmakers ultimately undid that law in 2017.

Back then, South Carolina lawmakers rejected a similar proposal from a GOP senator, with then-Gov. Nikki Haley calling it unnecessary.

“That ship has sailed,” Climer said.

Jace Woodrum, director of the American Civil Liberties Union of South Carolina, called Wednesday’s late-night approval of a budget clause a way to “sneak an unpopular policy” into state law.

“Right now, in South Carolina, it isn’t easy to be a transgender kid,” Woodrum said in a statement to the SC Daily Gazette. “Transgender kids are often bullied, called incorrect names, left out of sports and activities, and made to use restrooms and locker rooms that put their safety at risk.

“Instead of trying to make schools safer and fairer for all students, South Carolina lawmakers are bullying transgender students,” he continued. “They need to get their priorities in order.”

The bathroom requirement was one of many education-related clauses senators added to the budget before voting late Wednesday to send the amended, \$13.8 billion spending plans back to the House.

They included one letting students from small private schools try out for public school sports teams, mirroring a bill advanced by the Senate Education Committee. With just six legislative days left in the regular session, that’s among bills running out of time to make it through the process. Putting it in the state budget makes it a one-year law. The proposal would allow students using state-funded scholarships for private school tuition continue playing on a sports team not offered at their new school.

Spending differences

Senators debated for two full days on the budget advanced by the Senate Finance Committee, mostly on policy. Very little of the floor

debate involved dollar figures.

A final budget for the fiscal year starting July 1 is still weeks away. The House will get another chance to tweak its plan before the two versions go to a six-member committee of House and Senate members to hash out the differences.

One major distinction between the two proposals is how to spend \$600 million in surplus sales tax collections that have built up since 2020 in an account for property tax relief. Gov. Henry McMaster recommended lawmakers put it toward [fixing bridges](#).

The Senate plan would put \$100 million toward accelerating an [income tax cut](#). The rest would go to road and bridge projects, aside from \$53 million set aside for the University of South Carolina's new medical campus.

The House had proposed spending \$500 million on a one-time [property tax relief](#), averaging \$359 per homeowner.

Senators also agreed upon higher raises for state employees than the House passed in its budget. The Senate budget would give all employees making less than \$50,000 a \$1,375 raise, with everyone else getting a 2.75% boost.

The House plan had recommended a \$1,000 raise to anyone making \$66,667 or less and a 1.5% raise to employees making more.

Both chambers agreed on raising first-time teachers' pay to \$47,000 minimum in the coming year, up from \$42,500. They also agreed on a minimum salary schedule, giving teachers annual increases for experience through 28 years in the classroom. That's one part of the budget now guaranteed. With both chambers in agreement, those teacher pay raises are now locked in as final.

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**SKYLAR LAIRD**

Skylar Laird covers the South Carolina Legislature and criminal justice issues. Originally from Missouri, she previously worked for The Post and Courier's Columbia bureau.

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STATES NEWSROOM

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EXHIBIT G

November 04, 2024, 12:36:20 pm

Session 125 - (2023-2024)**H*5100 (Rat #0252, Act #0226 of 2024) General Bill, By House Ways and Means**

AN ACT TO MAKE APPROPRIATIONS AND TO PROVIDE REVENUES TO MEET THE ORDINARY EXPENSES OF STATE GOVERNMENT FOR THE FISCAL YEAR BEGINNING JULY 1, 2024, TO REGULATE THE EXPENDITURE OF SUCH FUNDS, AND TO FURTHER PROVIDE FOR THE OPERATION OF STATE GOVERNMENT DURING THIS FISCAL YEAR AND FOR OTHER PURPOSES. - ratified title

03/05/24	House	Introduced, read first time, placed on calendar without reference (House Journal-page 19)
03/07/24	House	Special order, set for Special Order, set for Monday 3-11-24 (House Journal-page 17)
03/11/24	House	Debate interrupted (House Journal-page 6)
03/12/24	House	Amended (House Journal-page 33)
03/12/24	House	Read second time (House Journal-page 33)
03/12/24	House	Roll call Yeas-104 Nays-15 (House Journal-page 92)
03/13/24	House	Read third time and sent to Senate (House Journal-page 12)
03/13/24	Senate	Introduced and read first time (Senate Journal-page 6)
03/13/24	Senate	Referred to Committee on Finance (Senate Journal-page 6)
04/17/24	Senate	Committee report: Favorable with amendment Finance (Senate Journal-page 61)
04/22/24		Scrivener's error corrected
04/23/24	Senate	Amended (Senate Journal-page 10)
04/23/24	Senate	Read second time (Senate Journal-page 10)
04/24/24	Senate	Amended (Senate Journal-page 11)
04/24/24	Senate	Read third time and returned to House with amendments (Senate Journal-page 11)
04/24/24	Senate	Roll call Ayes-45 Nays-0 (Senate Journal-page 11)
05/02/24	House	Debate adjourned until Tues., 5-7-24 (House Journal-page 71)
05/07/24	House	Debate adjourned (House Journal-page 137)
05/08/24	House	Senate amendment amended (House Journal-page 13)
05/08/24	House	Roll call Yeas-93 Nays-7 (House Journal-page 54)
05/08/24	House	Returned to Senate with amendments (House Journal-page 13)
05/08/24	Senate	Non-concurrence in House amendment (Senate Journal-page 302)
05/09/24	House	House insists upon amendment and conference committee appointed Reps. Bannister, Lowe, Stavrinakis (House Journal-page 136)
05/09/24	Senate	Conference committee appointed Peeler, Setzler, Bennett (Senate Journal-page 62)
06/26/24	House	Conference report received and adopted
06/26/24	House	Roll call Yeas-96 Nays-13
06/26/24	Senate	Conference report received and adopted (Senate Journal-page 207)
06/26/24	Senate	Roll call Ayes-41 Nays-0 (Senate Journal-page 207)
06/26/24	Senate	Ordered enrolled for ratification (Senate Journal-page 210)
06/27/24		Ratified R 252
07/03/24		Certain items vetoed by Governor
08/15/24		Effective date See Act for Effective Date
08/15/24		Act No. 226

EXHIBIT H



STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

MEMORANDUM

TO: District Superintendents
South Carolina School Board Members
Public Information Officers

FROM: John E. Tyler, Esq.
Deputy Superintendent and General Counsel

DATE: July 23, 2024

RE: Guidance on Budget Proviso 1.120

On June 26th, 2024, Governor McMaster signed South Carolina’s FY 2024-2025 budget into law. [Budget Proviso 1.120](#) (SDE: Student Physical Privacy) requires that all South Carolina school districts (to include traditional public schools, charter schools, and special schools,¹) must designate multi-occupancy restrooms and changing facilities for use only by members of one sex *and* prohibits students of the opposite sex from using the same bathrooms, changing facilities, overnight sleeping quarters, shared bathrooms, locker rooms, and shower rooms.

The Proviso requires the State Department of Education (SCDE) to withhold 25% of state funds used to support district operations for violation of this policy.

1. **The Proviso defines sex** as a “person’s biological sex, either male or female as objectively determined by anatomy and genetics existing at the time of birth.” Typically, an original birth certificate will accurately denote an individual’s biological sex.
2. **School facilities and settings covered** by Proviso 1.120 include changing facilities, locker rooms, shower rooms, school bathrooms, overnight sleeping quarters, and shared bathrooms in sleeping quarters. Residential schools are prohibited from housing students

¹ Special Schools include the Governors School for Science and Math, the Governors School for the Arts and Humanities, Wil Lou Gray Opportunity School, Governors School for Agriculture at John de la Howe, School for the Deaf and the Blind, Felton Lab, Department of Juvenile Justice, and Palmetto Unified School District.

of the opposite biological sex in the same room.

3. **The Proviso permits five exceptions** in which a member of the opposite sex may enter a multi-occupancy sex-designated space or share overnight lodging:
 - a. For the purposes of custodial or maintenance work while the facility is not in use;
 - b. For the purposes of rendering medical assistance;
 - c. For the purposes of sheltering during natural disaster or an emergency;
 - d. For the purposes of accomodating disabled persons or young children who need physical assistance to use the restroom or changing facilities.
 - e. For members of the same family, such as a student's parent, legal guardian, sibling, or grandparent.

Proviso 1.120 does *not* prohibit districts from providing reasonable accommodation to a student when the student's parent has requested on the student's behalf, such as access to a single-occupancy staff restroom. The districts should seek legal counsel on the allowability of any accommodation, but the Proviso under no circumstance permits a student use a restroom other than that designated by biological sex at birth.

To ensure full and technical compliance with this Proviso, the Department recommends that Districts take the following actions prior to the start of the 2024-25 school year:

1. **Update all district and school policies; staff, parent, and student handbooks; and school facilities signage to replace the word "gender" with "sex" or "biological sex."** This will bring school policies into alignment with South Carolina law and ensure that there is no ambiguity in school policy that has the potential to violate the Proviso. The school policy should define "sex" consistent with the Proviso's definition of sex.
2. **Ensure that student records align with the sex indicated on each individual student's original birth certificate.** This will allow the district to provide direction where needed and to make informed, expeditious decisions related to compliance with the Proviso.

With the new school year quickly approaching, the SCDE stands ready to offer technical assistance as your district implements this policy. If you have any questions, please contact Robert Cathcart, Policy & Legal Advisor at (803) 734-2230 or rdcathcart@ed.sc.gov. Please share this memo with your district's legal counsel.

EXHIBIT I



STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

MEMORANDUM

TO: District Superintendents

FROM: John E. Tyler, Esq.
Deputy Superintendent and General Counsel

DATE: July 31, 2024

RE: Update on Litigation Regarding Title IX Rule

In previous memos dated [April 23, 2024](#), and [July 2, 2024](#), the South Carolina Department of Education (SCDE) committed to keep school districts apprised of significant legal developments related to the implementation of the new Rule under Title IX.

On July 30, 2024, the South Carolina Attorney General's Office moved for an emergency administrative injunction enjoining the enforcement of the new Title IX Regulations. On July 31, 2024, the Eleventh Circuit Court of Appeals issued the attached order enjoining the United States Department of Education from enforcing the final rule adopted on April 29, 2024.

Additionally, [as previously discussed](#), Budget Proviso 1.120 (SDE: Student Physical Privacy) requires that all South Carolina school districts must designate multi-occupancy restrooms and changing facilities for use only by members of one sex and prohibits students of the opposite sex from using the same bathrooms, changing facilities, overnight sleeping quarters, shared bathrooms, locker rooms, and shower rooms. The Proviso requires the SCDE to withhold 25% of state funds used to support district operations for violation of this policy.

Therefore, pursuant to the Eleventh Circuit's Order and Budget Proviso 1.120, the SCDE continues to recommend that Districts not implement the new Rule.

Prior to this ruling, six (6) federal district courts have enjoined the Rule in 22 states. Of note, one of those rulings halted enforcement of this Rule in more than 85 schools across more than 25 South Carolina school districts.

ELLEN E. WEAVER · STATE SUPERINTENDENT OF EDUCATION
428 WHOLESALE LANE · WEST COLUMBIA, SC 29172
PHONE: 803-734-8500 · FAX: 803-734-3389 · ED.SC.GOV

Update on Litigation Regarding Title IX Rule

Page 2

July 31, 2024

The Department will continue to consult with lawmakers, the Governor, and the Attorney General on next steps and will remain in close communication with you as you begin your school year in the coming days and weeks.

EXHIBIT J



STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

MEMORANDUM

TO: District Superintendents
South Carolina School Board Members
Public Information Officers

FROM: John E. Tyler, Esq.
Deputy Superintendent and General Counsel

DATE: August 27, 2024

RE: Update on Title IX and Budget Proviso 1.120

As you are aware from our [Memo](#) on July 31, 2024, multiple federal District Courts have issued orders granting various states preliminary injunctions against the enforcement of the United States Department of Education's (USED) new Title IX regulation. While the District Court for the Northern District of Alabama denied South Carolina's request for preliminary injunctive relief, the 11th Circuit Court of Appeals subsequently enjoined the initial implementation of the regulation until the matter could be further briefed, argued, and reviewed.

Last week, the 11th Circuit Court of Appeals issued an Order granting South Carolina and other plaintiffs a rule-wide injunction pending appeal against the new Title IX rule. This injunction is in place until the 11th Circuit can more fully rule on the matter. In granting the injunction, the 11th Circuit held that "defining 'sex' to include 'gender identity' could not comport with the plain meaning of 'sex' at the time of Title IX's enactment and the purpose of Title IX and its implementing regulations...." Citing *Loper Bright Enterprises v. Raimondo*, the court held "it is certainly highly likely that the Department's new regulation defining discrimination 'on the basis of sex' to include 'gender identity' is contrary to law and 'in excess of statutory authority.'" Furthermore, the 11th Circuit finds that the new rule "runs headlong into First Amendment concerns."

Meanwhile, in an attempt to preserve implementation of its new Title IX rule, USED appealed two similar orders to the Supreme Court of the United States of America (SCOTUS). On August

16, 2024, SCOTUS unanimously held that the various plaintiff states are entitled to these injunctions:

[A]ll Members of the Court today accept that the plaintiffs were entitled to preliminary injunctive relief as to three provisions of the rule, including the central provision that newly defines sex discrimination to include discrimination on the basis of sexual orientation and gender identity. *Department of Education v. Louisiana*, 603 U.S. ____ (2024).

Both the 11th Circuit’s order and the SCOTUS decision are in line with prior guidance that we have provided to the districts, where we have consistently recommended districts not implement policies that comply with the challenged Title IX rule. Our recommendation is strengthened by these two rulings.

During the pendency of South Carolina’s litigation against the USED, Governor McMaster signed South Carolina’s FY 2024-2025 budget into law which contains Budget Proviso 1.120. A copy of the Proviso is included at the end of this memo.

The Proviso requires that all South Carolina public schools (to include traditional public schools, charter schools, and special schools¹) must designate multi-occupancy restrooms and changing facilities for use only by members of one sex *and* prohibits students of the opposite sex from using the same bathrooms, changing facilities, overnight sleeping quarters, shared bathrooms, locker rooms, and shower rooms. For further explanation of the Proviso and recommended steps for compliance, please see our July 23, 2024 [Memo](#).

The Student Physical Privacy Proviso requires the State Department of Education (SCDE) to withhold 25% of state funds used to support district operations for violation of this policy. In response to some questions asked, we are putting together a table demonstrating that amount for each district. SCDE stands ready to enforce this proviso where noncompliance by passage of a conflicting policy or inconsistent implementation occurs.

To reiterate, Proviso 1.120 *does not* prohibit districts from providing reasonable accommodation to a student when the student’s parent has requested on the student’s behalf, such as access to a single-occupancy staff restroom. Districts should seek legal counsel on the allowability of any

¹ Special Schools include the Governors School for Science and Math, the Governors School for the Arts and Humanities, Wil Lou Gray Opportunity School, Governors School for Agriculture at John de la Howe, School for the Deaf and the Blind, Felton Lab, Department of Juvenile Justice, and Palmetto Unified School District.

accommodation, but the Proviso under no circumstance permits a student use a designated single-sex restroom other than one which correlates to the student's biological sex at birth.

The SCDE stands ready to offer technical assistance as your district implements this policy. If you have any questions, please contact Robert Cathcart, Policy & Legal Advisor at (803) 734-2230 or rdcathcart@ed.sc.gov. Please share this memo with your district's legal counsel.

1.120. (SDE: Student Physical Privacy)

(A) For the purposes of this provision:

- (1) Changing Facility means a facility in which a person may be in a state of undress in the presence of others, including a locker room, changing room, or shower room.
- (2) Restroom means a facility that includes one or more toilets or urinals.
- (3) Sex means a persons biological sex, either male or female, as objectively determined by anatomy and genetics existing at the time of birth. Evidence of a persons biological sex includes, but is not limited to, any government-issued identification document that accurately reflects a persons sex as listed on the persons original birth certificate issued at or near the time of birth.
- (4) Sleeping Quarters means a room with a bed in which more than one individual is housed overnight.

(B) A school district supported in part by funds appropriated by this act, shall not permit any public school within the district to use any funds to maintain or operate any restroom or changing facility on its premises that is not in compliance with this provision or facilitate any public-school authorized activity or event involving overnight lodging that is not in compliance with this provision. A school district that violates any portion of this provision shall be penalized twenty-five percent of the funds appropriated by this act that are used to support the school districts operations.

(C)(1) Multi-occupancy public school restrooms and changing facilities shall be designated for use only by members of one sex. Any public school restrooms and changing facilities that are designated for one sex shall be used only by members of that sex; no person shall enter a restroom or changing facility that is designated for one sex unless he or she is a member of that sex; and the public school with authority over that building shall take reasonable steps to ensure that all restrooms and changing facilities provide its users with privacy from members of the opposite sex. The provisions in this item do not apply: (a) to custodial or maintenance work when the restroom or changing facility is not being used or otherwise occupied by a member of the opposite sex; (b) to a person or people rendering medical assistance; and (c) during a natural disaster, emergency, or when use of the restroom or changing facility is necessary to prevent a serious threat to good order or student safety.

(2) During any public-school authorized activity or event where students share overnight lodging, no student shall share a sleeping quarter or multi-occupancy restroom with a member of the opposite sex, unless such persons are members of the same family, such as a parent, legal guardian, sibling, or grandparent.

(3) In any other public-school facility or setting where a person may be in a state of undress in the presence of others, school personnel shall provide separate, private areas designated for use

by persons based on their sex, and no person shall enter these private areas unless he or she is a member of the designated sex.

(D) Nothing in this proviso may be construed to prohibit schools from adopting policies necessary to accommodate disabled persons or young children in need of physical assistance when using restrooms or changing facilities.

EXHIBIT K

Schoo District Revenues

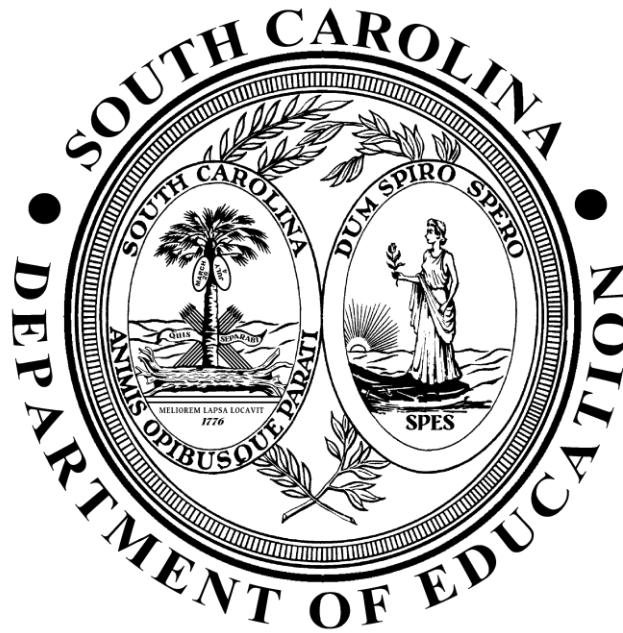
District	Revenues					Revenues per Student				
	Federal		Local		State		Federal		Local	
	All Sources	Licenses, Fees, & Other Charges	Property & Other Taxes	K 12 Appropriations	Property Tax Reimbursements	All Sources	Licenses, Fees, & Other Charges	Property & Other Taxes	K 12 Appropriations	Property Tax Reimbursements
Abbeville	\$14,229,587	\$2,903,300	\$10,634,387	\$16,841,271	\$4,749,700	\$5,019	\$1,024	\$3,751	\$5,940	\$1,675
Aiken	\$53,448,933	\$5,688,524	\$129,861,220	\$114,613,578	\$34,156,502	\$2,424	\$258	\$5,889	\$5,198	\$1,549
Allendale	\$7,882,332	\$482,879	\$6,335,655	\$6,565,882	\$3,917,169	\$8,616	\$528	\$6,925	\$7,177	\$4,282
Anderson 1	\$19,173,130	\$4,394,618	\$48,018,642	\$56,464,586	\$11,516,257	\$1,873	\$429	\$4,692	\$5,517	\$1,125
Anderson 2	\$8,661,484	\$1,705,065	\$14,826,416	\$20,019,298	\$4,723,471	\$2,642	\$520	\$4,522	\$6,106	\$1,441
Anderson 3	\$8,151,595	\$3,889,389	\$10,465,744	\$15,473,918	\$3,041,831	\$3,216	\$1,535	\$4,129	\$6,105	\$1,200
Anderson 4	\$7,119,288	\$4,885,995	\$19,923,361	\$14,648,318	\$6,075,725	\$2,535	\$1,740	\$7,095	\$5,216	\$2,164
Anderson 5	\$25,432,872	\$5,631,207	\$69,969,393	\$69,148,588	\$19,763,255	\$2,092	\$463	\$5,755	\$5,687	\$1,626
Bamberg 3	\$6,817,808	\$935,562	\$9,383,552	\$12,884,063	\$4,207,371	\$3,945	\$541	\$5,429	\$7,455	\$2,434
Barnwell 45	\$8,547,392	\$1,394,444	\$6,058,586	\$12,696,394	\$2,793,315	\$4,511	\$736	\$3,198	\$6,701	\$1,474
Barnwell 48	\$11,380,034	\$440,625	\$5,886,765	\$8,247,350	\$2,176,681	\$9,394	\$364	\$4,860	\$6,808	\$1,797
Beaufort	\$60,563,533	\$8,032,163	\$247,723,156	\$57,370,257	\$59,315,039	\$2,963	\$393	\$12,121	\$2,807	\$2,902
Berkeley	\$75,495,815	\$7,828,670	\$234,357,233	\$181,919,995	\$48,271,062	\$2,118	\$220	\$6,574	\$5,103	\$1,354
Calhoun	\$5,919,431	\$636,944	\$11,016,835	\$7,142,178	\$4,401,224	\$4,042	\$435	\$7,523	\$4,877	\$3,012
Charleston	\$150,663,974	\$28,241,558	\$657,110,849	\$147,640,084	\$104,504,288	\$3,219	\$603	\$14,037	\$3,154	\$2,232
Charter Institute at Erski..	\$24,141,487	\$574,175	\$0	\$204,270,760	\$0	\$1,016	\$24	\$0	\$8,595	\$0
Cherokee	\$22,009,829	\$6,408,748	\$44,627,269	\$43,718,249	\$12,879,733	\$2,996	\$872	\$6,075	\$5,951	\$1,753
Chester	\$17,885,056	\$2,262,875	\$24,088,256	\$27,916,344	\$9,621,111	\$3,864	\$489	\$5,204	\$6,031	\$2,078
Chesterfield	\$19,517,350	\$3,004,034	\$26,111,323	\$42,480,947	\$9,901,074	\$2,952	\$454	\$3,950	\$6,426	\$1,498
Clarendon 6	\$13,806,215	\$2,252,023	\$17,376,151	\$27,219,814	\$5,643,162	\$3,338	\$544	\$4,201	\$6,580	\$1,364
Colleton	\$15,352,512	\$1,605,772	\$28,998,053	\$27,205,496	\$6,997,444	\$3,227	\$338	\$6,096	\$5,719	\$1,471
Darlington	\$37,294,483	\$13,779,353	\$55,120,655	\$52,022,627	\$15,886,601	\$4,205	\$1,554	\$6,215	\$5,866	\$1,791
Dillon 3	\$5,795,699	\$702,851	\$2,521,771	\$8,132,448	\$1,114,087	\$4,154	\$504	\$1,807	\$5,829	\$798
Dillon 4	\$17,003,533	\$739,294	\$7,241,007	\$22,587,886	\$4,056,235	\$4,538	\$197	\$1,932	\$6,028	\$1,082
Dorchester 2	\$48,196,360	\$8,502,345	\$103,562,536	\$137,952,662	\$39,246,862	\$1,953	\$345	\$4,197	\$5,591	\$1,591
Dorchester 4	\$11,933,087	\$2,204,899	\$17,611,761	\$11,426,378	\$5,271,606	\$6,138	\$1,134	\$9,059	\$5,877	\$2,711
Edgefield	\$9,757,265	\$3,257,252	\$16,301,569	\$18,053,730	\$6,466,832	\$3,219	\$1,075	\$5,378	\$5,956	\$2,133
Fairfield	\$9,669,047	\$796,565	\$30,550,274	\$10,985,601	\$5,732,218	\$4,501	\$371	\$14,223	\$5,114	\$2,669
Florence 1	\$57,422,658	\$4,588,537	\$84,066,075	\$88,351,181	\$29,412,773	\$3,755	\$300	\$5,497	\$5,777	\$1,923
Florence 2	\$3,913,858	\$1,201,196	\$2,909,629	\$7,259,108	\$1,454,841	\$3,772	\$1,158	\$2,804	\$6,996	\$1,402
Florence 3	\$15,825,549	\$1,397,235	\$8,471,867	\$19,537,023	\$5,019,557	\$5,338	\$471	\$2,858	\$6,590	\$1,693
Florence 5	\$3,812,623	\$1,309,466	\$2,705,698	\$7,683,078	\$1,511,112	\$3,281	\$1,127	\$2,328	\$6,611	\$1,300
Georgetown	\$23,522,204	\$3,501,358	\$64,925,773	\$33,377,955	\$19,674,778	\$2,915	\$434	\$8,047	\$4,137	\$2,439
Greenville	\$179,749,550	\$42,625,549	\$417,282,305	\$395,257,991	\$118,216,409	\$2,394	\$568	\$5,557	\$5,263	\$1,574
Greenwood 50	\$28,261,317	\$2,155,778	\$34,384,944	\$46,680,303	\$15,031,152	\$3,427	\$261	\$4,170	\$5,661	\$1,823
Greenwood 51	\$2,756,325	\$313,586	\$3,056,355	\$5,820,783	\$1,501,035	\$3,118	\$355	\$3,458	\$6,585	\$1,698
Greenwood 52	\$5,124,569	\$245,055	\$8,257,795	\$6,568,612	\$3,633,792	\$3,560	\$170	\$5,737	\$4,563	\$2,524
Hampton 3	\$8,891,655	\$2,895,220	\$11,554,309	\$16,672,102	\$4,751,440	\$3,804	\$1,239	\$4,944	\$7,133	\$2,033
Horry	\$105,416,538	\$9,423,496	\$363,257,227	\$193,591,947	\$60,895,538	\$2,344	\$210	\$8,079	\$4,305	\$1,354
Jasper	\$9,206,927	\$1,318,565	\$24,331,641	\$12,126,936	\$4,376,324	\$3,695	\$529	\$9,765	\$4,867	\$1,756
Kershaw	\$25,069,919	\$13,437,510	\$55,188,293	\$60,857,376	\$17,545,821	\$2,394	\$1,283	\$5,270	\$5,811	\$1,676
Lancaster	\$38,488,548	\$5,929,284	\$75,644,503	\$77,250,197	\$18,580,760	\$2,676	\$412	\$5,260	\$5,372	\$1,292
Laurens 55	\$17,254,529	\$5,550,262	\$20,217,577	\$32,244,801	\$7,713,717	\$3,384	\$1,089	\$3,966	\$6,325	\$1,513
Laurens 56	\$11,602,836	\$1,263,919	\$13,138,760	\$16,679,872	\$4,022,248	\$4,376	\$477	\$4,956	\$6,291	\$1,517
Lee	\$8,428,374	\$737,233	\$6,355,883	\$9,240,899	\$4,021,804	\$6,005	\$525	\$4,528	\$6,583	\$2,865
Lexington 1	\$36,443,077	\$11,546,261	\$166,649,309	\$159,921,878	\$56,092,655	\$1,346	\$426	\$6,154	\$5,905	\$2,071
Lexington 2	\$27,334,323	\$4,603,491	\$60,445,678	\$46,351,747	\$15,969,371	\$3,313	\$558	\$7,327	\$5,619	\$1,936
Lexington 3	\$6,905,742	\$1,189,168	\$13,264,384	\$12,215,707	\$4,697,624	\$3,572	\$615	\$6,861	\$6,318	\$2,430
Lexington 4	\$11,326,734	\$1,624,096	\$13,024,268	\$22,747,414	\$4,568,971	\$3,598	\$516	\$4,137	\$7,226	\$1,451
Lexington/ Richland 5	\$28,668,563	\$6,018,397	\$115,132,461	\$94,959,717	\$47,968,713	\$1,713	\$360	\$6,880	\$5,674	\$2,866
Limestone Charter	\$0	\$0	\$0	\$0	\$0					
Marion 10	\$16,652,073	\$1,245,405	\$9,801,290	\$23,721,283	\$6,547,265	\$4,404	\$329	\$2,592	\$6,273	\$1,732
Marlboro	\$19,813,461	\$1,148,654	\$15,988,911	\$21,659,428	\$6,366,668	\$5,620	\$326	\$4,535	\$6,143	\$1,806
McCormick	\$2,901,283	\$490,044	\$5,514,144	\$2,696,335	\$3,281,963	\$4,857	\$820	\$9,231	\$4,514	\$5,494
Newberry	\$16,408,357	\$3,107,117	\$30,986,217	\$31,105,340	\$11,575,260	\$2,985	\$565	\$5,637	\$5,658	\$2,106
Oconee	\$35,063,690	\$4,879,347	\$78,984,075	\$43,900,714	\$20,463,119	\$3,585	\$499	\$8,076	\$4,489	\$2,092
Orangeburg	\$40,524,293	\$3,679,052	\$65,270,654	\$67,587,262	\$22,383,388	\$3,745	\$340	\$6,032	\$6,246	\$2,069
Pickens	\$33,543,009	\$6,805,820	\$78,433,147	\$77,691,049	\$25,480,980	\$2,182	\$443	\$5,103	\$5,055	\$1,658
Richland 1	\$72,656,712	\$6,281,163	\$281,735,343	\$116,255,651	\$20,072,932	\$3,457	\$299	\$13,405	\$5,532	\$955
Richland 2	\$48,860,582	\$16,866,258	\$180,125,592	\$160,230,624	\$54,524,171	\$1,782	\$615	\$6,570	\$5,844	\$1,989
Saluda	\$6,021,027	\$1,191,885	\$8,452,929	\$14,532,551	\$3,434,045	\$2,610	\$517	\$3,664	\$6,299	\$1,488
SC Public Charter District	\$31,116,787	\$20,551,643	\$0	\$168,596,412	\$0	\$1,859	\$1,228	\$0	\$10,070	\$0
Spartanburg 1	\$10,061,527	\$1,907,463	\$24,115,541	\$28,043,044	\$12,152,720	\$2,047	\$388	\$4,906	\$5,705	\$2,472
Spartanburg 2	\$20,895,171	\$6,347,449	\$44,006,059	\$58,749,310	\$18,352,771	\$1,982	\$602	\$4,174	\$5,573	\$1,741
Spartanburg 3	\$6,720,023	\$1,642,501	\$15,450,603	\$15,183,824	\$5,468,510	\$2,673	\$653	\$6,146	\$6,040	\$2,175
Spartanburg 4	\$6,143,786	\$1,675,500	\$10,546,713	\$15,601,656	\$4,134,490	\$2,269	\$619	\$3,895	\$5,762	\$1,527
Spartanburg 5	\$12,969,583	\$3,527,240	\$73,675,638	\$46,970,883	\$15,666,385	\$1,364	\$371	\$7,747	\$4,939	\$1,647
Spartanburg 6	\$21,225,485	\$6,320,101	\$60,134,950	\$62,587,279	\$19,255,227	\$1,923	\$573	\$5,449	\$5,671	\$1,745
Spartanburg 7	\$20,503,441	\$6,142,625	\$61,366,463	\$38,597,732	\$17,943,247	\$3,002	\$900	\$8,986	\$5,652	\$2,628
Sumter	\$42,479,164	\$4,445,533	\$53,424,421	\$86,593,794	\$24,296,209	\$2,922	\$306	\$3,674	\$5,955	\$1,671
Union	\$13,322,749	\$1,396,532	\$11,222,545	\$22,087,761	\$5,937,995	\$3,623	\$380	\$3,052	\$6,006	\$1,615
Williamsburg	\$18,202,597	\$1,551,475	\$15,267,238	\$19,491,390	\$6,246,543	\$6,330	\$540	\$5,309	\$6,778	\$2,172
York 1	\$14,258,106	\$2,093,779	\$28,113,159	\$30,577,940	\$8,802,838	\$2,987	\$439	\$5,889	\$6,406	\$1,844
York 2	\$10,242,726	\$5,202,675	\$65,911,796	\$40,450,112	\$13,367,100	\$1,208	\$614	\$7,774	\$4,771	\$1,577

Schoo District Revenues

District	Revenues					Revenues per Student				
	Federal	Local		State		Federal	Local		State	
	All Sources	Licenses, Fees, & Other Charges	Property & Other Taxes	K 12 Appropriations	Property Tax Reimbursements	All Sources	Licenses, Fees, & Other Charges	Property & Other Taxes	K 12 Appropriations	Property Tax Reimbursements
York 3	\$35,612,964	\$8,302,422	\$98,728,464	\$92,463,794	\$30,211,778	\$2,180	\$508	\$6,044	\$5,660	\$1,850
York 4	\$20,840,394	\$18,369,612	\$113,524,610	\$92,119,925	\$22,549,314	\$1,178	\$1,038	\$6,417	\$5,207	\$1,275

EXHIBIT L

2023 – 2024 FUNDING MANUAL



CHIEF FINANCE OFFICE

*Section 7***Federal Funded Programs
(Listed by Revenue Code)***All Funding for Federal programs are listed as estimates*

Revenue Code	Subfund	Federal Program	2023-24 Awards	Page Number
4210	207	Perkins Aid, Title I Clemson Ag Ed Clemson FFA CLNA SREB SCTCS	\$41,305,951.00	82
4310	201	Title I, Part A, Basic State Grant Programs (carryover provision)	\$527,743,684.79	88
4310	235	Title I, Part C, Migrant Education	\$212,764.00	90
4310	221/236	Title I, Part D, Neglected and Delinquent	\$3,435,064.38	92
4310	237	Title I, Section 1003(A) School Improvement (carryover provision) – Targeted Support and Improvement	\$20,340,881.98	95
	239	Comprehensive Support and Improvement	\$2,541,804.84	
4312	251	Rural and Low-Income, Title V	\$7,005,964.84	98
4320	252	Public Charter School Grant	\$4,145,718.81	100
4341	264	Language Instruction for Multilingual Learners and Immigrant Students, Title III	\$10,456,143.00	102
4343	232	McKinney-Vento Homeless Educational Assistance Act	\$1,610,401.53	104
4351	267	Supporting Effective Instruction	\$64,708,034.00	107

Revenue Code	Subfund	Federal Program	2023-24 Awards	Page Number
4410/4430	243	Adult Education Adult Ed – Civics Adult Ed – Institutionalized Family Literacy Civics – Reverted Corrections Education – Reverted	\$8,677,145.10	112
4510	203	Individuals with Disabilities Education Act (IDEA)	\$376,997,819.84	117
4520	205	IDEA Preschool Grants	\$14,492,789.00	122
4800/4991	600	School Food Service Programs SBP Expansion NSLP	\$428,559,336.15	125
4924	224	Nita M/ Lowey 21st Century Community Learning Centers, Title IV	\$20,801,555.00	129
4935	830	SC AWARE – (Budget has been fully expended)	\$1,705,443.00	135
4939	271	Stronger Connections	\$15,353,308.00	136
4974	218	Coronavirus Response and Relief Supplemental Appropriations Act - Elementary and Secondary School Emergency Relief Fund (ESSER III) ESSER – Summer Learning ESSER - Dual Enrollment ESSER – Mental Health	\$1,902,210,774.00	140
4977	225	Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) - Elementary and Secondary School Emergency Relief Fund (ESSER II) ESSER II - MDCC	\$846,878,746.00	144
4997	210	Title IV SSAE – Student Support & Academic Enrichment	\$39,989,795.08	148

**REVENUE 4210 PERKINS AID, TITLE I – CAREER AND TECHNICAL
EDUCATION
BASIC GRANTS TO STATES
(SUBPROGRAM CODES 01–06, 11, 15, 23–24, 40, 45,
47–48)**

SUBFUND 207 SPECIAL REVENUE FUND

Allocation Formula

Federal Career and Technical Education (CTE) funds are distributed to the SCDE based on a statutory formula to develop more fully the academic, career, and technical skills of secondary and postsecondary students who elect to enroll in CTE programs. Funds allocated via formula are then distributed to local educational agencies (LEAs) or other eligible recipients that have currently approved local plans/applications.

Legal References

Strengthening Career and Technical Education for the 21st Century Act (Perkins V)
Title I; as amended; (PL 115–224, § 6,) 20 U.S.C. § 2301 *et seq.*

ALN (Assistance Listing Number) 84.048

Note: the federal Office of Management and Budget (OMB) [revised sections of OMB Guidance for Grants and Agreements](#) to reflect the foundational shift outlined in the President’s Management Agenda (PMA) to set the stage for enhanced result-oriented accountability for grants. The amendments to 2 CFR Part 200.216 and §200.340, are effective as of August 13, 2020, for all federal subgrants. Other amendments are effective as of November 13, 2020, for *new* and *modified* (i.e., amended) federal subgrants. Read *all* federal subgrant agreements carefully for details of when the revised regulations are effective. Update all applicable written policies and procedures to reflect the revised regulations.

Background

The Strengthening Career and Technical Education for the 21st Century Act (Perkins V) which amended the Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV) is to provide continuing Federal support for rigorous CTE programs that prepare students for today’s competitive workforce. The Act envisions that all students will achieve challenging academic and technical standards and be prepared for high-skill, high-wage, or high-demand occupations in current or emerging professions. The federal funds are allocated to LEAs and other eligible recipients to fully develop the academic, career, and technical skills of secondary and postsecondary students who elect to enroll in career and technical education programs.

REVENUE 4312**RURAL AND LOW-INCOME SCHOOL PROGRAM, TITLE V****SUBFUND 251****SPECIAL REVENUE FUND****Allocation Formula**

Federal Rural and Low-Income School Program funds are distributed to the SCDE based on a statutory formula to provide financial assistance to rural districts to assist them in meeting their state's definition of adequately yearly progress (AYP). Funds are then allocated on a formula basis to eligible school districts based on the number of students in average daily attendance served by the school district.

Legal References

Title V, Part B, Subpart 2 of the Elementary and Secondary Education Act of 1965, as amended through Every Student Succeeds Act, PL 114-95, December 10, 2015, 129 Stat 1802

ALN (Assistance Listing Number) 84.358B

Note: the federal Office of Management and Budget (OMB) [recently revised sections of OMB Guidance for Grants and Agreements](#) to reflect the foundational shift outlined in the President's Management Agenda (PMA) to set the stage for enhanced result-oriented accountability for grants. The amendments to 2 CFR Part 200.216 and §200.340, are effective as of August 13, 2020, for all federal subgrants. Other amendments are effective as of November 13, 2020, for *new* and *modified* (i.e., amended) federal subgrants. Read *all* federal subgrant agreements carefully for details of when the revised regulations are effective. Update all applicable written policies and procedures to reflect the revised regulations.

Guidelines

The purpose of this program is to address the unique needs of rural school districts that frequently lack the personnel and resources needed to compete effectively for federal competitive grants and receive formula grant amounts too small to be effective in meeting their intended purposes.

For school districts to be eligible for funds under this program, they must have—

- 20 percent or more of the children ages 5 through 17 years served by the school districts come from families with incomes below the poverty line,
- All the schools served are designated with a school locale code of 32, 33, 41, 42, or 43.

In accordance with Sec. 5222 of Title V, grant funds awarded to school districts that are eligible under this program may be used for any of the following:

- Parental involvement activities
- Title I-A Improving basic programs operated by LEAs
- Title II-A Supporting Effective Instruction
- Title III Language instruction for English Learners and immigrant students

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

EXPERT WITNESS DECLARATION OF DR. STEPHANIE L. BUDGE, PH.D.

I, Stephanie L. Budge, Ph.D., hereby declare as follows:

1. I submit this expert report based on my personal knowledge. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

2. I am a licensed psychologist specializing for over 16 years in issues of gender identity, gender transition and, in particular, the mental health of transgender individuals and the treatment of gender dysphoria. I am a full professor in counseling psychology at the University of Wisconsin-Madison.

3. I have been retained by counsel for the plaintiffs in the above-captioned matter to provide expert opinions about: (a) the psychological understanding of gender identity and what it means to be transgender, (b) generally accepted standards of the medical and mental health practice with respect to the diagnosis and treatment of gender dysphoria, including social transition, (c) the importance of access to sex-separated facilities as a part of the social transition component of a gender transition, (d) the harms caused by excluding transgender students from using sex-separated facilities that are aligned with their gender identity, (e) misinformation about transgender

individuals' use of restrooms consistent with their gender identity, and (f) provide an estimate of the number of transgender students in South Carolina public schools who will be affected by Budget Proviso 1.120.

I. QUALIFICATIONS

4. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae. A true and accurate copy is attached as **Exhibit A** to this report.

5. I received a master's degree in educational psychology from the University of Texas at Austin in 2006 and a Ph.D. in counseling psychology in 2011 from the University of Wisconsin-Madison. My Ph.D. concentration specifically focused on transgender individuals' mental health. I also specialized in psychological assessment as part of my Ph.D. degree program.

6. I have been a mental health professional since 2006, and I am currently licensed to practice psychology in the state of Wisconsin (license # 3244-57). I have been a professor in counseling psychology at the University of Wisconsin-Madison since 2014.

7. I have extensive expertise working with transgender people—those whose gender assigned at birth is different from their gender identity. I have been a mental health provider to transgender individuals since 2007. Transgender individuals have comprised the majority of my clinical caseload since 2011, and I have worked clinically with approximately 200 transgender patients through the provision of individual therapy, group therapy, psychological evaluations, and supervision of others' clinical work. A significant portion of my clinical work has focused on adolescents and young adults. For example, I held an appointment as a clinical health psychologist at UW Health Pediatric and Adolescent Transgender Health (PATH) clinic, where I conducted clinical assessments with transgender adolescents ages 13-18. I have also facilitated clinical

support groups for transgender adolescents ages 14-18 at the Counseling Psychology Training Clinic (CPTC) at the University of Wisconsin-Madison, and I provided psychotherapy to transgender adolescents in when I had a private practice where I provided referrals to medical care providers and also conducted assessments to diagnose gender dysphoria.

8. As a faculty member at UW-Madison, I teach courses that focus on training master's and doctoral students to become mental health professionals and psychological researchers. I provide pro bono clinical services and train student therapists in best practices in clinical work with transgender patients at the Counseling Psychology Training Clinic (CPTC), the community clinic affiliated with my academic department at UW-Madison.

9. As part of my faculty appointment, I am the Director of the Transgender Counseling Advocacy Research and Education (CARE) Collaborative. In this role, I design research projects that focus on the mental health needs of transgender individuals. One of the current research projects is an open clinical trial focusing on the effectiveness of psychotherapy for transgender individuals. As part of this clinical trial, we trained over 100 mental health providers on how to reduce distress that is experienced from discrimination by other individuals or entities, and 49 patients were enrolled in and received psychotherapy as part of the trial. While some of the research we conduct is with adults, we engage in a large body of research that focuses on transgender minors. Specifically, we recently conducted and presented analyses from the Trans Teen and Family Narratives project, and we finalized publishing our sixth and final article from the longitudinal Transgender Youth and Families Study in 2023.

10. I have published 113 invited and peer-reviewed journal articles and book chapters, with the majority of these focusing on transgender individuals. Notably, several of these publications are focused on the impact of discrimination on transgender youth and adults' mental

health and effective interventions to improve transgender youth and adults' mental health. I have been involved in more than 200 academic presentations (internationally, nationally, and regionally). The majority of these presentations have been focused on transgender individuals, with a significant proportion focusing on transgender youth.

11. I am an associate editor for the journal *Psychology of Sexual Orientation and Gender Diversity*. I am on the editorial board for the *International Journal of Transgender Health* as well as *LGBTQ+ Family: An International Journal*. Researchers in the United States and across the world regularly seek my assistance as an expert reviewer for research focused on transgender individuals.

12. I have received several awards for my work in the science and clinical practice of working with transgender individuals. I received the 2021 American Psychological Association Distinguished Contribution to Counseling Psychology Award for my clinical work and research with transgender people. I also received the 2021 American Psychological Association Social Justice Award for my contributions to psychotherapeutic practice with transgender people. I was the first recipient of the American Psychological Association Transgender Research Award in 2010. For my community-focused research, I received the UW-Madison School of Education 2018 Community Engaged Scholar Award, the 2021 UW-Madison Exceptional Service Award, and the 2022 UW-Madison School of Education Excellence in Diversity Award.

13. I am a member of the Society for the Psychology of Sexual Orientation and Gender Diversity (the "Society") within the American Psychological Association ("APA"), of which I am also a member. In August 2021, I completed a 10-year term as co-chair of the Science Committee for the Society and continue as a member of this committee. We provide programming at the APA annual convention to disseminate cutting edge research on the best psychological practices and

evidence-based treatments for lesbian, gay, bisexual, transgender, and queer (“LGBTQ+”) individuals. At the 2022 APA annual convention, I chaired or participated in six presentations and panels that focused on best practices in psychological science regarding transgender populations and interventions to reduce psychological distress for transgender individuals; in August 2024 I was engaged in similar science-based discussions at the APA annual convention. In 2021, I became a Fellow of the APA.

14. In addition, I am a member of the World Professional Association of Transgender Health (“WPATH”). WPATH is an interdisciplinary professional organization of individuals worldwide specializing in research and practice in transgender health. WPATH publishes the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, which are widely accepted by health care practitioners across disciplines who provide care to transgender individuals.

15. I am being compensated at an hourly rate of \$350/hour for actual time devoted for research, preparation, reports, consulting, and deposition/testimony related to my expert opinion in this case. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

16. In the previous six years, I have testified as an expert at trial or by deposition in *Boyden v. Conlin*, No. 17-cv-264 (W.D. Wis.); *Cooper v. USA Powerlifting*, No. 62-CV-21-211 (Minn. Dist. Ct.); and *Roe v. Critchfield*, No. 1:23-cv-315 (D. Idaho).

17. In preparing this expert report, I reviewed the Summary of Proviso Changes for Fiscal Year 2024-2024 passed by House, section 1.120,¹ the South Carolina Department of

¹ <https://www.scstatehouse.gov/CommitteeInfo/Ways&MeansBudgetDocuments/FY2024-25/FY%202024-25%20HOU%20Proviso%20Summary.pdf>

Education’s Title IX and Budget Proviso 1.120 memorandum, dated August 27, 2024,² the South Carolina Department of Education’s Update on Litigation Regarding Title IX Rule memorandum, dated July 31, 2024,³ and the South Carolina Department of Education’s Guidance on Budget Proviso 1.120 memorandum, dated July 23, 2024.⁴ My opinions are based on my education; my clinical experience; research findings from my own scholarship; and my review of the seminal and most influential psychological and public health research on transgender individuals, including the most current research published as recently as this year. Attached as **Exhibit B** is a bibliography of the relevant and pertinent medical and scientific literature relating to the opinions expressed in this expert report. The materials I have relied upon in preparing this expert report are the same types of materials that experts in my field of study regularly rely upon when forming opinions on these subjects. I reserve the right to supplement these opinions based on subsequent developments in my field and/or factual developments in this litigation.

II. BACKGROUND INFORMATION ON GENDER IDENTITY AND GENDER DYSPHORIA

18. The term “gender identity” is a well-established concept in psychology and medicine, referring to a person’s internal or psychological sense of being male, female, both, or neither. All human beings have a gender identity. People usually begin to explore and understand

² <https://ed.sc.gov/newsroom/school-district-resources/weekly-school-district-memorandum-communications/school-district-memorandum-august-27-2024/>

³ <https://ed.sc.gov/newsroom/school-district-memoranda-archive/update-on-litigation-regarding-title-ix-rule/update-on-litigation-regarding-title-ix-rule-memo/>

⁴ <https://ed.sc.gov/newsroom/school-district-memoranda-archive/guidance-on-budget-proviso-1120/guidance-on-budget-proviso-1120-memo/>

their gender identity around the age of three (with some variation), although some transgender individuals may not begin to recognize or express their gender identity until later in life.

19. At birth, the sex of infants is typically assigned as male or female based on external genitalia. Typically, individuals born with the external physical characteristics commonly associated with males identify as men and experience themselves as male, and individuals born with the external physical characteristics commonly associated with females identify as women and experience themselves as female. However, for transgender individuals, this is not the case. For transgender individuals, their internal sense of their own sex—that is, their gender identity—differs from the sex they were assigned at birth.

20. Every individual's sex is multifaceted and composed of many distinct biologically influenced characteristics, including, but not limited to, chromosomal makeup, hormones, internal and external reproductive organs, secondary sex characteristics, and gender identity. Where there is a divergence between these characteristics, gender identity is the most important and determinative factor in determining one's sex. Defining a person's "biological sex" based solely on external physical characteristics and chromosomes is inaccurate, because there are a multitude of factors that contribute to one's sex.

21. In addition, scientific and medical research demonstrates the influence of biological factors to gender dysphoria—most notably, an atypical interaction of sex hormones with the developing fetal brain (Sadr et al., 2020), genetic factors (Ashley & Harley, 2023), and brain development (Rouse & Hamilton, 2021; Sanchez & Pankey, 2017; Spizzirri et al., 2018).

22. Unlike cisgender (people whose assigned sex at birth is aligned with their gender identity) children and adolescents, transgender children and adolescents experience a pervasive,

consistent, persistent, and insistent sense of being a sex different from the sex assigned to them (*e.g.*, Olson et al., 2015; Rafferty et al., 2018).

23. For many people who experience incongruence between their gender identity and their sex assigned at birth, the incongruence can cause serious emotional and physical distress.

24. Gender dysphoria, currently codified in the American Psychiatric Association's (2022) Diagnostic and Statistical Manual of Mental Disorders ("DSM-5-TR"), is the psychiatric diagnosis for the distress associated with gender incongruence; this diagnosis was first recognized in the DSM-5 (APA, 2013). Individuals who are diagnosed with gender dysphoria can experience a number of different symptoms. When individuals with distress related to gender incongruence are unable to live consistently with their gender identity and do not obtain competent and necessary treatment (which may include a social transition and medical treatments), serious and debilitating psychological distress (for example, suicidal ideation, substance use, depression, anxiety, and self-harm) often occurs.

25. Under the DSM-5-TR, there are two criteria used for diagnosing gender dysphoria in adults and adolescents (F64.0), Criteria A and B. The symptoms under Criterion A for identifying gender dysphoria include a marked incongruence between one's experienced/expressed gender and one's assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

- (1) A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics);
- (2) A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in

young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics);

- (3) A strong desire for the primary and/or secondary sex characteristics of the other gender;
- (4) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender);
- (5) A strong desire to be treated socially as the other gender (or some alternative gender different from one's assigned gender); and
- (6) A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

26. According to the DSM-5-TR Criterion B, a diagnosis of gender dysphoria also requires a finding of clinically significant distress or impairment in social, occupational, educational, or other important areas of functioning.

27. The diagnostic criteria for gender dysphoria in pre-pubertal children have some similarities with the criteria for adolescents and adults. Criterion A is mostly the same, but children must have six symptoms rather than two. Gender dysphoria symptoms for children include the following:

- (1) A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender);
- (2) In children who were assigned a male sex at birth, a strong preference for cross-dressing or simulating female attire; or for children assigned a female sex at birth, a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing;

- (3) A strong preference for cross-gender roles in make-believe play or fantasy play;
- (4) A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender;
- (5) A strong preference for playmates of the other gender;
- (6) In children who were assigned a male sex at birth, a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in children who were assigned a female sex at birth, a strong rejection of typically feminine toys, games, and activities;
- (7) A strong dislike of one's sexual anatomy; and
- (8) A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender (primary sex characteristics are present from birth, such as genitals and reproductive organs; secondary sex characteristics develop at puberty, for example breast size, facial hair, and vocal quality).

Criterion B for children is similar to Criterion B for adolescents and adults, listed above, with more of an emphasis on school.

28. To receive a diagnosis of gender dysphoria, a licensed medical or mental health provider will conduct an intake and health history of a patient and will ask questions that focus on the diagnostic criteria for gender dysphoria. The diagnosis is most often provided based on a diagnostic interview where a highly trained clinician asks questions derived from a diagnostic manual, and, if a minor, with the patient's parents present; some providers may also use psychological assessment tools that focus on gender dysphoria.

29. Transgender identity is not synonymous with a gender dysphoria diagnosis, but most transgender people will meet criteria for a gender dysphoria diagnosis.

30. Transgender minors may not have a formal diagnosis of gender dysphoria for several reasons, including a lack of access to a medical provider, stigma-related anxiety, and families adjusting to a social transition prior to seeking mental health care or medical support. In a study focused on disclosure, out of 5,637 transgender adolescents, 2/3 of the sample had not disclosed their gender identity to medical professionals, and younger transgender adolescents (ages 13-14) disclosed even less to medical professionals (McKay & Watson, 2020). Wagner et al. (2021) note that there are significant barriers to receiving a gender dysphoria diagnosis for transgender minors, with the data indicating that there were disparities for transgender girls to receive the diagnosis when compared to transgender boys. Youth who were ages 10-14 were also less likely to receive a gender dysphoria diagnosis.

31. The World Professional Association for Transgender Health (“WPATH”) publishes the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (“WPATH SOC”) (Coleman et al., 2022), which are widely accepted protocols for the treatment of gender dysphoria. These standards are developed by the foremost experts in the field of transgender health based on systematic review of the evidence-based research on transgender health.

32. WPATH has published several iterations of the WPATH SOC since 1979. The eighth and most current version of the WPATH SOC was published in 2022. Every major medical organization within the United States, including the American Medical Association, American Psychological Association, American Psychiatric Association, and the Endocrine Society, endorses the WPATH SOC as the prevailing standards of care for working with transgender children and adolescents.

33. According to the WPATH SOC, providers working with adolescents or children presenting with gender dysphoria should have: a) at least a master's degree or its equivalent in a clinical behavioral science field, b) competence using the DSM-5-TR or the International Classification of Diseases (ICD), c) the ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria, d) documented supervised training and competence in psychotherapy or counseling, e) knowledge about gender non-conforming identities and expressions and the assessment and treatment of gender dysphoria, and f) regular continuing education in the assessment and treatment of gender dysphoria. In addition to these components, it is necessary for providers to have specialized training in child and adolescent development, with a specific emphasis on assessment and diagnosis/psychopathology for children and adolescents.

34. Under the WPATH SOC, effective treatment of gender dysphoria often includes social transition. The term "social transition" refers to the process a transgender person undergoes to live in the world in a manner consistent with the individual's gender identity. The WPATH SOC also provide that for some adolescents and adults, medical interventions to align the individual's body with their gender identity may be indicated. Treatment is individualized based on the needs of the patient and the patient's age.

35. For transgender people, social transition can be an important aspect of treatment to reduce the symptoms of gender dysphoria. As part of a social transition, an individual will typically, among other things, use a name and pronouns congruent with their gender identity, dress and present in a manner typically associated with their gender identity, and use sex-designated facilities such as restrooms that align with their gender identity. To be clinically effective at alleviating the distress associated with gender dysphoria, a social transition must be respected

consistently across all aspects of a transgender individual's life—for example, at home, in school, and at work.

36. Most transgender children and adolescents will undergo some type of social transition as part of their gender transition. Youth who do not move forward with a social transition are often prevented from doing so due to external factors, such as unsupportive caregivers or lack of safety (*see* Ehrensaft et al., 2018). Current evidence-based treatment protocols indicate that when a transgender young person socially transitions, mental health and medical providers and social supports should affirm the young person's gender identity to ensure that their gender identity is part of their lived experience in all aspects of their lives. It is the aim of treatment to assist the children and adolescents in successfully integrating their internal identity into a life that allows them to function consistently in accordance with that identity and not feel shame for who they are.

37. For those transgender children and adolescents for whom social transition is part of their treatment of gender dysphoria, it is likely that serious distress will result if clinically indicated aspects of transition are impeded. *See infra* ¶¶ 56-58.

38. Psychotherapy to reduce the harmful effects of stigma and improve resiliency can also be an important form of support for transgender individuals of any age with gender dysphoria. While psychotherapy can be useful as a support tool, it is not a substitute for social transition and clinically indicated medical transition as a means to reduce or eliminate gender dysphoria.

III. DISCRIMINATION AGAINST AND VICTIMIZATION OF TRANSGENDER INDIVIDUALS

39. Excluding transgender boys from using facilities used by other boys, and transgender girls from using facilities used by other girls, subjects these youth to discrimination in a context in which they already experience a disproportionate amount of discrimination and adverse health impacts that result from discrimination.

40. Psychological science has used the concept of “minority stress” to understand and explain the reasons why transgender people (and members of other minority groups) experience physical and mental health disparities. The minority stress model indicates that there are three types of minority stressors: 1) external stressors, 2) expectations of external stressors, and 3) internal stressors. Examples of external stressors experienced by transgender people include discrimination, prejudice, harassment, rejection, and non-affirmation of gender identity. Examples of internal stressors experienced by transgender people include concealing one’s gender identity, internalizing gender-related stigma, and constantly thinking about one’s gender. Transgender people will often expect that they will experience external stressors due to having actually experienced them in the past, as well as witnessing or hearing about other transgender people who have experienced external stressors.

41. In addition to studies that focus generally on external stressors, there have been several studies that delve into specific types of external stressors. For example, there is one type of external stressor called “misgendering” that includes communications or actions that convey that a person’s gender is misperceived or is being purposefully denied. Examples of misgendering can include using a name or pronouns inconsistent with a person’s gender identity or denying them access to gendered facilities that are consistent with their gender identity (McLemore, 2018). In a study with 1,091 participants, researchers reported higher anxiety scores for participants who reported more instances of misgendering (Jacobsen et al, 2023). As well, McLemore (2015) found that experiences of being misgendered were associated with anxiety and negative affect (*e.g.*, hostility and guilt), lower self-esteem related to appearance, and felt stigma. In a follow-up study with more specific measures regarding mental health, McLemore (2018) again reported that experiences of being misgendered were related to depression, anxiety, stress, and felt stigma. In

addition to depression and anxiety, Colson et al. (2024) found that participants reported post-traumatic stress symptoms as a result of misgendering.

42. Misgendering, along with other forms of external stressors, is considered a form of social exclusion. Social psychology has established that seeking social acceptance is one of the most basic human needs and that the harms of social exclusion based on identity are widespread and can be catastrophic. On an individual level, social exclusion impacts one's sense of belonging, self-esteem, sense of existence, and self-control. Social exclusion is associated with an increase in maladaptive behaviors and risk-taking behaviors. On a systematic level, social exclusion is often reinforced by organizations and institutions adopting policies and procedures that can enforce discrimination toward certain groups of people. Social exclusion is considered harmful in general; however, it can be even more harmful when people in positions of power perpetuate notions that isolate and stigmatize transgender people. Research on social identity theory describes the harm that results when people of higher status—usually people in power such as administrators—fail to affirm or actively disaffirm lower-status individuals with a marginalized identity (Hogg, 2016). This often leads to external forms of harm such as ostracization and discrimination against the individual by peers and others, as well as internal harms such as internalized shame and self-hatred. These internal and external factors can be directly related to psychological distress, such as post-traumatic stress disorder, depressive disorders, anxiety disorders, and hypertension, amongst myriad other health concerns.

43. In a study involving 610 transgender individuals (Galupo et al. 2020), study participants provided information about their experience of gender dysphoria. When asked about the impact of being misgendered or otherwise discriminated against based on their being transgender, they provided descriptions such as “it’s like a visceral, violating, physical

manifestation of psychological pain for me” and “each of those [misgenderings] is a knife.” In our recent publications on the experiences of gender dysphoria, the data indicate that gender dysphoria is distressing (Lindley, Lee, Norton, & Budge, 2024) and that social experiences, like misgendering, increase gender dysphoria (Lindley, Pulice-Farrow, & Budge, 2023).

44. There is a large body of scientific data indicating that transgender people experience a significant number of external stressors. The U.S. Transgender Survey (James et al., 2016), collected data regarding discrimination experiences of 27,715 transgender people aged 18 and above in the United States. This dataset concluded that transgender people experience substantial discrimination through a multitude of contexts, including employment, education, facilities, housing, legal protections, and access to health care services. Follow-up studies using the same nation-wide dataset indicate that experiences of transgender-related harassment in K-12 school environments primarily accounts for negative mental health experiences of transgender students, and that if students socially transition, the positive mental health effects from the social transition can act as a protective factor from the effects of harassment in those environments (Turban et al., 2021). In the most recent version of the US Transgender Survey (James et al., 2024), a dataset of 92,329 transgender people, also demonstrates high numbers of discrimination in a multitude of contexts.

45. In their systematic review of discrimination experiences reported by transgender people, McCann & Brown (2017) found that for 19 studies including over 9,000 participants, experiences of transgender-specific discrimination ranged from 40-70%, depending on the type of discrimination (e.g., health care discrimination, harassment, violence). However, more recent estimates indicate the numbers might be higher than in the 2017 review. In a study my colleagues and I recently conducted with a sample of 575 transgender participants, 92.6% reported at least

one lifetime experience of transgender-related discrimination (for example, not being treated fairly or justly in specific environments), 94.2% reported at least one lifetime experience of anti-transgender rejection (for example, relationships ending or feeling unwelcome in certain communities), and 78.9% reported at least one lifetime experience of anti-transgender victimization (for example, experiences of physical harm, harassment, or property damage) (*see* Barr, Snyder, Adelson, & Budge, 2021). Also, in a study focusing on discrimination experiences of transgender people, 76.1% of the sample reported experiencing discrimination in the past year (Puckett et al., 2020).

46. In addition to experiences of discrimination, transgender people report extensive exposure to mistreatment, harassment, and violence (James et al., 2016). One of the largest nationwide studies in the United States focused on LGBTQ+ youth demonstrates that transgender youth experience significant amounts of harassment, bullying, and violence (Kosciw et al., 2022). In a report from the data that compared transgender and cisgender youth (GLSEN, 2021), 84.4% of transgender youth felt unsafe at school when compared to 20.6% of their cisgender LGBTQ+ (lesbian, gay, bisexual, and queer, but not transgender) peers. In addition, 43.6% of the transgender sample reported missing school because they felt unsafe or uncomfortable, compared to 24.9% of their cisgender LGBTQ+ peers. The study indicated that 77.3% of transgender students reported experiencing discrimination at school, compared to 46.1% of the cisgender sample. In the overall report (Kosciw et al., 2022), 80.3% of youth reported hearing biased language regarding gender expression and 65.2% reported hearing anti-transgender language while at school. Of those youth, 72% reported that there was a staff member present while hearing those remarks and that 91% of staff did not intervene. In one of the largest nationwide Canadian studies to focus on transgender youth (Taylor et al., 2020), 66% of youth reported being bullied, 35% were physically threatened

or injured, 9% were threatened with a weapon; 63% reported experiencing verbal sexual harassment, 34% reported physical sexual harassment. In another study, transgender youth reported high rates of physical violence at school (57%) and nonphysical victimization at school (68%) (De Pedro & Gorse, 2023).

47. Transgender children and adolescents experience a great deal of victimization in the school environment, including bullying, physical assault, sexual assault, maltreatment, property victimization, and witnessing/indirect victimization. In their systematic review, Martin-Castillo et al. (2020) examined the effects of school-based victimization throughout 19 studies covering over 23,000 transgender people. Results from this systematic review indicate that transgender youth experience significantly higher rates of victimization at school than their cisgender peers.

48. There also is robust data regarding the psychological impact of external stressors for transgender youth and young adults. Exposure to discrimination has been linked with higher reports of depression, anxiety, post-traumatic stress disorder, self-harm, and suicidality (e.g., Chozden et al., 2019; Price-Feeney, Green, & Dorison, 2020; Veale et al., 2019; Wilson et al., 2016). Pease and colleagues (2022) note that external minority stressors were directly related to psychological distress for young adults. In addition to this finding, they also note that experiencing more anti-transgender discrimination leads to higher levels of gender dysphoria, which then increase psychological distress for young adults. A recent meta-analysis noted that gender related discrimination, gender related rejection, gender related victimization, and non-affirmation of gender identity were all positively related to depression and anxiety (Wilson et al., 2024).

49. Regarding mental health disparities, transgender youth consistently report higher instances of mental health concerns when compared to their cisgender counterparts. When

compared with cisgender matched controls, transgender youth displayed a twofold to threefold increased risk of depression, anxiety, suicidal ideation, suicide attempt, and self-harm (Reisner et al., 2015). In their study, Fox et al. (2020) report that transgender adolescents were 8 times more likely to report depressive symptoms when compared to cisgender adolescents and were 5 times more likely than cisgender adolescents to report self-harm and suicidality. There is a large body of research demonstrating that these disparities can be explained primarily by the presence of external stressors. One study by Suarez et al. (2024) analyzed data comparing 98,174 cisgender and transgender youth and found that transgender students were more likely than cisgender students to report experiences of violence, poor mental health, suicide risk, some sexual risk behaviors, unstable housing, and felt less belonging at school. A recent meta-analysis noted that transgender young adults experienced significantly higher rates of 7 types of victimization (violent victimization, sexual victimization, intimate partner violence victimization, stalking, bullying, microaggression, and discrimination) when compared to cisgender young adults (Daigle et al., 2024).

50. Although all psychological distress deserves attention, suicidality (suicidal ideation, suicide attempts, and completed suicide) is perhaps one of the most devastating outcomes due to the finality of completed suicide. For transgender youth, the evidence indicates that suicidality is an overwhelming mental health disparity. Data indicate that transgender youth are more likely to attempt suicide when compared to cisgender youth; for example, researchers indicated that 45% of transgender youth in their sample reported attempting suicide compared to 12% of cisgender boys and 24% of cisgender girls (Zell & Kerr, 2024). Additional studies indicate that transgender youth are 2.71 times more likely to attempt suicide than cisgender youth (Jackman et al., 2019). In one of the largest samples of transgender young adults (age 18-25) in the US, 66%

of respondents indicated an experience of suicidal ideation (Wang et al., 2024). In addition, in a sample of transgender youth, 86% reported suicidal ideation and 56% reported a previous suicide attempt and that external stressors such as harassment and bullying were directly related to suicide attempts (Austin et al., 2022). As noted above, these disparities can be explained primarily by the presence of external stressors. A recent systematic review indicated that safety and connectedness at school were amongst some of the primary protective factors from suicide attempts for transgender youth (Christensen et al., 2023).

51. Studies demonstrate that a negative school climate is not only detrimental to transgender youths' mental health, but also impacts their academic achievement. When compared to cisgender youth, transgender youth were three times more likely to be truant from school due to feeling more unsafe and distressed (Day et al., 2018). Additionally, transgender youth reported greater victimization at school and poorer academic performance when compared to cisgender LGBTQ+ peers (Poteat et al., 2021). Transgender youth are statistically more likely to fail a class than cisgender youth and are less likely to take advanced math classes by the end of their school (Wilkenson et al., 2021).

IV. THE IMPACTS OF EXCLUDING TRANSGENDER STUDENTS FROM FACILITIES THAT MATCH THEIR GENDER IDENTITY

52. In the United States, school and other public multiple occupancy restrooms and locker rooms are typically separated based on gender (women's and men's or girls' and boys' restrooms and locker rooms), unlike most other spaces.

53. When facilities are gendered and a transgender individual is prohibited from using facilities consistent with their gender identity, a variety of negative consequences can result, each of which can lead to adverse mental and/or physical health for the excluded transgender person. These include: (1) feelings of rejection, invalidation, isolation, shame, and stigmatization;

(2) interference with the process of social transition; (3) disclosure that the individual is transgender to others who may not know that (and to whom the individual does not wish to disclose that); (4) communication to others of a view that the transgender individual does not belong in spaces used by their peers and that there is something wrong with the individual, which can foster additional discrimination, harassment, and even violence; (5) efforts to avoid going to the restroom, including restricting intake of fluids and food, which can cause serious physical illness and other significant health consequences; and (6) reduction in the ability to concentrate and learn. In addition, when “accommodations” are offered to transgender individuals that require them to use a separate restroom that is not usually designated for their group (*e.g.*, sending a high school student to a faculty or nurse’s restroom) or when a transgender person is told that they—but not their peers—must use a single-user restroom, that individual is being told not only that their gender identity is invalid, but that they are something “other” and must be separated from all their peers because of who they are. Numerous research studies have confirmed the negative psychological impact of being invalidated and “othered” in these ways (*e.g.*, Price-Feeney et al., 2021; McGuire et al., 2022; McLemore, 2015; McLemore, 2018).

54. In the state of South Carolina, approximately 1.6% of adolescents ages 13-17 (or about 3,700 individuals) are transgender youth (Herman et al., 2022). Researchers note that these estimates are often lower than the actual population, due to a number of limitations (for example, transgender people feeling uncertain about how the data will be used and not wanting to answer affirmatively) (Meerwijk & Sevelius, 2017; Deutsch, 2016). Given that almost 90% of K-12 students are enrolled in public schools in South Carolina,⁵ approximately 3,315 transgender

⁵ See generally <https://edchoice.infogram.com/edchoice-share-2024-1h9j6qg3evmdv4g>

adolescents in the state of South Carolina, in addition to a significant number of transgender school-aged children under the age of 13, are or will be impacted by Proviso 1.120.

A. Excluding students who are transgender from facilities that are consistent with their gender identity worsens the already severe discrimination experienced by transgender people, contributing to negative health outcomes.

55. Adding to the discrimination transgender youth already experience by excluding them from using the same restrooms and locker rooms as their peers subjects these youth to significant psychological harm and worsens their mental health, including causing feelings of rejection, invalidation, isolation, shame, and stigmatization, as well as depression, anxiety, and suicidal ideation. Research also indicates that there are cumulative effects of experiencing discrimination, especially related to trauma. In a recent study, my colleagues and I found that the chronicity and accumulation of discrimination events were related to higher incidences of Post-Traumatic Stress Disorder (Barr et al., 2021).

56. Although many transgender individuals report negative consequences when they are restricted from using restrooms consistent with their identity, this exclusion may be particularly damaging during adolescence. Adolescence is marked by a time of development where individuals' attention and awareness are particularly heightened related to looks, "fitting in," and navigating complex social interactions. Transgender adolescents are typically acutely self-conscious of the ways they may be perceived as different from their peers of the same gender. An internal consequence of that "not fitting in" is often internalized shame and sometimes diagnosable social anxiety and depression. External consequences can include experiences of bullying, harassment, and discrimination by peers and adults within school institutions. Of particular concern is bullying and harassment of transgender students, and even violence against them, if they use restrooms that are inconsistent with how they appear to, or are known to, others.

57. For pre-pubertal children, it is clear that their early experiences with messages about gender set the stage for later experiences of expectations for how they will be treated and what is deemed socially acceptable or unacceptable (Coleman et al., 2022). In the TransYouth Project (TYP) (Durwood et al., 2017; Olson et al., 2016), researchers longitudinally investigated transgender and gender expansive children (beginning at ages 3-12) through social and medical transition processes. Research from this longitudinal study indicated that transgender children who had socially transitioned reported similar levels of depression and slightly higher levels of anxiety when compared to cisgender youth; the slightly elevated anxiety levels are explained by fears of future discrimination, bullying, victimization, and of being outed (Ehrensaft et al., 2018). Additionally, elementary school teachers note their own observations of transgender children in elementary schools suffering because of not being able to use the restroom that fits their gender, as well as additional experiences of discrimination and victimization that often included verbal harassment (da Silva et al., 2021)

58. In addition to the links between harassment and discrimination from peers and clinical distress in transgender minors, it can be even more harmful when adults in power perpetuate notions that isolate and stigmatize transgender minors. Research on what is known as social identity theory describes the harm that results when people of higher status—usually people in power, such as, in the case of students, school administrators—fail to affirm or actively disaffirm lower-status individuals with a marginalized identity. This often leads to external forms of harm such as ostracization and discrimination against the individual by peers and others, as well as internal harms such as internalized shame and self-hatred. These internal and external factors can be directly related to psychological distress, such as post-traumatic stress disorder, depressive disorders, anxiety disorders, and hypertension, amongst myriad other health concerns.

59. Research demonstrates that serious harms can result when transgender individuals are not allowed to use restrooms corresponding to their gender identity (Horne et al., 2022; McGuire et al., 2022; Price-Feeney et al., 2021). Most transgender individuals begin using restrooms consistent with their identity after completing other aspects of social transition (wearing clothing associated with their gender, changing their hair, etc.). Transgender and gender non-conforming people regularly face harassment and victimization in restrooms corresponding with their sex assigned at birth (Herman, 2013). Requiring transgender individuals to use facilities that do not correspond to their gender identity following a social transition thus subjects those individuals to increased risk of actual victimization as well as to the realistic fear of such victimization, with the accordant harms resulting from that stress.

60. Highlighting the harm caused to transgender youth, a recent study by DeChants et al. (2024) indicates that out of a sample of 12,596 transgender youth ages 13-24, 71% of transgender youth report either sometimes or always avoiding using restrooms due to concerns about discrimination. In addition, 67% of youth report “holding it” and 38% indicate that they avoid drinking liquids to avoid using the restroom. Those who avoided bathrooms had twice the odds of attempting suicide in the past year compared with transgender youth who did not avoid using the bathroom. Price-Feeney, Green, and Dorison (2021) note that in a sample of 7,370 transgender youth, 58% reported being prevented or discouraged from using a restroom that corresponds to their gender identity. Of those youth, 85% reported experiencing depression and 60% seriously considered suicide. Statistical analyses indicated that restroom discrimination against transgender youth not only increased depression and thoughts of suicide but was also related to one or more suicide attempts. Additional data indicate that internalizing the impact of legislation restricting restroom use is related to depression and anxiety for transgender people

(Horne et al., 2022). A qualitative study of transgender youths' experiences with restrooms by McGuire et al. (2022) indicates that restrictions on the use of gendered restrooms impeded participants from having a good quality of life and impacted how they structured their lives, moved through their days, interacted with others, and envisioned their futures. They also described chronic embarrassment, anxiety, and poor self-esteem specifically tied to fears of harassment and actually experiencing harassment in restrooms that specifically did not align with their gender identity.

B. Excluding transgender students from K-12 school facilities that are consistent with their gender identity interferes with social transition.

61. Because social transition involves an individual living in the world in a manner consistent with the individual's gender identity, being excluded from facilities consistent with one's gender identity is inconsistent with and will interfere with the process of social transition.

62. Research demonstrates the importance of social transition for transgender youth. Research from the longitudinal TransYouth Project (TYP) indicates that transgender youth who have socially transitioned demonstrate similar depression levels when compared to cisgender youth (Durwood et al., 2017; Olson et al., 2016). Additional research demonstrates that social transition processes are related to less depression, less suicidal ideation, and less suicidal behaviors (Russell et al., 2018).

63. Consequently, delaying social transition is detrimental for transgender youth. Horton's (2022) qualitative study of parents of transgender youth provides an in-depth analysis of the consequences of delaying social transition for children, notably mentioning the psychological distress that results from delaying social transition. In the largest nationwide survey in the U.S. focusing on discrimination experiences of transgender people 18 and older, impeding social transition processes (for example, not being able to change one's name) is directly related to experiencing harassment and assault (James et al., 2016). In a large ($N = 1,519$) nation-wide

Canadian survey of transgender youth, findings similarly demonstrate that not being able to access social transition components/processes is also directly related to experiencing harassment, assault, and denial of services (Taylor et al., 2020).

C. Requiring transgender students to use facilities that are inconsistent with their gender identity can disclose to others who would otherwise be unaware that they are transgender.

64. Most transgender individuals begin using restrooms consistent with their identity after completing other aspects of social transition (such as wearing clothing associated with their gender, changing the way they wear their hair, and changing their name and pronouns to be consistent with their gender). Because of that, when transgender individuals who are in the process of social transition are forced to use facilities inconsistent with how their gender is perceived by others or are excluded from facilities used by other students who identify as the same sex as them, this can disclose to others who may not already be aware of the student's transgender status that the student is transgender.

65. There are two primary outcomes from this forced disclosure—one being that transgender youth will experience the psychological distress and gender dysphoria that come from worrying about their gender identity being disclosed without their permission. The second outcome is that transgender youth can become targets for discrimination when their transgender status is made known to others.

D. Excluding transgender students from facilities used by their peers can lead to harassment, bullying, and even violence.

66. When transgender students are excluded from using facilities used by their peers, it does not go unnoticed by other students, who receive the unmistakable message that their transgender classmates are not suitable to be among them. This can encourage other students to

engage in harassment, bullying, and even violence toward transgender students (*see* Taylor et al., 2020; Murchison et al, 2019).

67. Requiring transgender individuals to use facilities that do not correspond to their gender identity following a social transition thus subjects those individuals to increased risk of actual victimization as well as the realistic fear of such victimization, with the accordant harms resulting from that stress.

68. Even when gender neutral restroom options are available, it can be harmful to tell a transgender student that they are required to use those restrooms instead of having the option to use the restroom that aligns with their gender identity. One harm is the increase in gender dysphoria that occurs because of being othered by not being able to use the restroom that aligns with their gender identity. Another harm is that if gender neutral restrooms are full and there is a wait for access to these restrooms, there would not be another option for the youth (especially in cases of a gastrointestinal emergency).

E. Transgender students excluded from restrooms consistent with their gender identity often take steps to avoid using the restroom, which can have adverse physical consequences.

69. To avoid the harmful effects of non-affirmation or fear of victimization, transgender individuals, including transgender minors, will often avoid using the restroom in any public space, including at school. This can lead to significant health consequences. First, transgender individuals will often avoid an intake of fluids to avoid the necessity to urinate; this can have significant health consequences related to dehydration. Even if transgender individuals do not avoid fluid intake, they will often hold urine in their bladders to avoid using the restroom. This can also cause negative health consequences such as urinary tract or kidney infections. Transgender individuals may also avoid eating certain foods (or restrict food in general) to circumvent defecation, leading to

constipation and muscle damage/weakness (*see* James et al., 2016 for data regarding these outcomes). When I have worked with transgender minors in my clinical practice, it is clear that there can be physical health consequences with these avoidance behaviors that also manifest in mental health distress.

F. Restricting transgender students from using facilities consistent with their gender identity interferes with their education.

70. Disaffirmation of a transgender student's gender identity, interference with the student's social transition, and anxiety about having their transgender identity disclosed and having to use restrooms inconsistent with the student's gender identity causes emotional harm that interferes with their ability to concentrate, learn, and thrive at school. In addition, reducing fluid and food intake and holding urine in their bladders is psychologically distressing and distracting, making it harder for students to concentrate in their classes and learn. All of this interferes with these students' education and denies them equal educational opportunities. It impairs their ability to develop a healthy sense of self, peer relationships, and the cognitive skills necessary to succeed in adult life. As well, transgender students may stop going to school because of the disaffirmation they are experiencing by not being able to use the restroom that fits their gender identity and subsequent bullying they experience when they are outed due to restroom policies at their schools. Pampati et al. (2020) indicate that bullying experiences are associated with absenteeism in school for transgender students; it is well established that chronic absences impact academic achievement (Gottfried, 2019).

V. THERE IS NO EVIDENCE THAT TRANSGENDER INDIVIDUALS' USE OF RESTROOMS CONSISTENT WITH THEIR GENDER IDENTITY HARMS OTHERS.

71. Policies restricting transgender individuals', and in particular transgender youths', access to restrooms that are consistent with their gender identity are frequently sought to be justified by claims that are not supported by the facts. One such piece of misinformation is that transgender people are a threat to the safety of other people when they use restrooms that do not correspond to the sex they were assigned at birth. The evidence does not support this concern (Crissman et al., 2020). This claim is frequently advanced with assertions that a transgender individual assaulted someone in a restroom when in fact the individual who committed the assault generally is not transgender. The evidence indicates that transgender people are not any more likely to pose a threat to safety in restrooms when compared to cisgender people. In fact, transgender individuals are the ones who are most likely to be assaulted in restrooms (*see* Murchison et al., 2019; Taylor et al., 2020).

72. Another piece of misinformation is that transgender people will expose their genitals to others or engage in "peeking" at others' genitals in public restrooms. Such conduct may be illegal or contrary to school policy, or may subject individuals engaging in it to discipline, for any student that engages in it. Even more importantly, there is no evidence indicating that transgender people are more likely to engage in such misconduct than cisgender people. In my clinical experience discussing restroom safety and perception of threats with transgender patients and community members, transgender people are generally more concerned about their own safety and are focused on their own anxiety and fear when using the restroom. Young people generally exhibit modesty with regard to exposure of their genitals to others, and this is particularly true of transgender young people for whom bringing any attention to their genitals makes them extremely

uncomfortable and can increase their experience of gender dysphoria. Gender dysphoria is an uncomfortable and distressing experience, by definition, and transgender people attempt to avoid experiencing it if provided with the opportunity (*see* Galupo et al., 2020).

CONCLUSION

73. There are robust data indicating the physical, mental, and educational harms associated with transgender youth not being allowed to use sex-segregated facilities that match their gender identity. It is my professional opinion that thousands of transgender youth living in South Carolina transgender will experience significant and irreparable harms, both in the present and continued future, if they are denied access to sex-segregated facilities that match their gender identities because of the enforcement of Budget Proviso 1.120 or similar policies barring transgender students from using those facilities by the State of South Carolina and school districts in the state.

I respectfully reserve the right to modify and expand upon my testimony as the facts are developed in this matter.

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

Executed this 12 day of November, 2024.

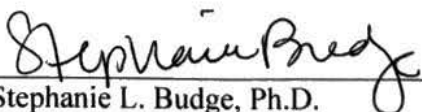

Stephanie L. Budge, Ph.D.

EXHIBIT A

Curriculum Vitae of Dr. Stephanie L. Budge

Stephanie Budge CV 2024

Stephanie L. Budge, PhD, Licensed Psychologist
Curriculum Vitae

Department of Counseling Psychology, School of Education, Room 305, University of
Wisconsin-Madison, Madison, WI 53706, 608-263-3753, budge@wisc.edu

EDUCATION

Doctor of Philosophy 8/2006 - 8/2011
University of Wisconsin-Madison
APA Accredited Counseling Psychology Program
Minor: Psychological Assessment
Dissertation Title: *Distress in the transition process for transgender individuals: The role of loss, community, and coping.*

Master of Science 8/2004 - 5/2006
University of Texas at Austin
Educational Psychology
Thesis Title: *Sexual pressure in gay, lesbian, and bisexual relationships.*

Bachelor of Science 1/2003 - 12/2003
University of Utah
Major: Psychology

Pace University 9/2000 - 12/2002
Major: Psychology
Minor: Women's and Gender Studies

ACADEMIC POSITIONS

Professor, tenured 6/2024--current
Department of Counseling Psychology
University of Wisconsin-Madison

Associate Professor, tenured 8/2018 - current
Department of Counseling Psychology,
University of Wisconsin-Madison

Assistant Professor, tenure-track 8/2016 – 8/2018
Department of Counseling Psychology,
University of Wisconsin-Madison

Assistant Professor, visiting, 8/2014 - 7/2016
Department of Counseling Psychology,
University of Wisconsin-Madison

Stephanie Budge CV 2024

Assistant Professor, tenure-track 8/2011 - 8/2014
 Department of Educational and Counseling Psychology,
 University of Louisville

ADDITIONAL POSITIONS

Director of Clinical Training 4/2024 – current
 Department of Counseling Psychology
 University of Wisconsin-Madison

Institute for Diversity Science Faculty Affiliate 9/2023 – current

Gender and Women’s Studies Faculty Affiliate 9/2022 – current
 University of Wisconsin-Madison

Director of AHEAD (Advancing Health Equity and Diversity) 7/2018 – 06/2024
 Institute for Clinical and Translational Research
 Collaborative Center for Health Equity
 University of Wisconsin-Madison

Diversity, Equity, and Inclusion Scholar In Residence 1/2022 – 12/2023
 Mental Illness Research Education and Clinical Center
 Veterans Affairs

Health Psychologist 6/2017 – 2/2019
 University of Wisconsin Hospital & Clinics
 American Family Children’s Hospital

CLINICAL TRAINING

Postdoctoral Clinical Training 7/2013 - 6/2014
 University of Louisville Trans Project

Postdoctoral Clinical Training 9/2011 - 8/2012
 University of Louisville Counseling Center

Predoctoral Internship 8/2010 - 8/2011
 University of Minnesota, University
 Counseling and Consulting Services,
 APA-Accredited, APPIC listed predoctoral internship

PROFESSIONAL LICENSE

Licensed Psychologist in Wisconsin - 3244-57 2/2015 - current

Stephanie Budge CV 2024

Licensed Psychologist (provisional) in Kentucky - 2012-42
(under supervision to gain hours for Health Service Provider status) **8/2011 - 6/2014**

SPECIAL HONORS AND AWARDS

American Psychological Association Division 29 Fellow **8/2023**

Fellow status is an honor bestowed upon APA members who have shown evidence of unusual and outstanding contributions or performance in the field of psychology. Fellow status requires that a person's work has had a national impact on the field of psychology beyond a local, state or regional level. Division 29 focuses on psychotherapy science and provision.

Excellence in Diversity Award **3/2022**

Awarded the School of Education Excellence in Diversity Award at UW-Madison—awarded for my research, teaching, and service focused on supporting and advocating for LGBTQ people.

American Psychological Association Division 44 Fellow **10/2021**

Fellow status is an honor bestowed upon APA members who have shown evidence of unusual and outstanding contributions or performance in the field of psychology. Fellow status requires that a person's work has had a national impact on the field of psychology beyond a local, state or regional level. Division 44 focuses on psychological science and issues related to Lesbian, Gay, Bisexual, Transgender, and Queer people.

UW-Madison Exceptional Service Award **4/2021**

Awarded the UW-Madison Exceptional Service Award, provided to faculty who provide service “above and beyond” service expectations in a university environment

Division 17 Distinguished Contribution to Counseling Psychology **4/2021**

American Psychological Association Division 17 (Society of Counseling Psychology) award for research and practice with trans and nonbinary populations

Division 29 Social Justice Award **2/2021**

American Psychological Association Division 29 (Society for the Advancement of Psychotherapy) award for social justice work and research with LGBT populations

Impact 2030 Faculty Fellow **8/2020**

Awarded the Impact 2030 Faculty Fellowship. Chosen to be one of 10 faculty in the School of Education to be an Impact 2030 Fellow. The fellowship includes 5 years of research support.

Honorary Rainbow Degree **5/2019**

The University of Wisconsin-Madison’s Gender and Sexuality Campus Center provides an award every year to an individual on campus who is dedicated to making positive change for LGBTQ students on campus.

Community Engaged Scholarship Award **4/2018**

The University of Wisconsin-Madison School of Education award for researchers engaged in

Stephanie Budge CV 2024

community-focused scholarship—awarded specifically for my collaborations with the Wisconsin Trans Health Coalition

Outstanding Paper Award **6/2017**

American Psychological Association Division 17 (Counseling Psychology) award for a 2016 major contribution published in *The Counseling Psychologist*

Division 17 Early Career Award **7/2017**

American Psychological Association Division 17 (Counseling Psychology) award for social justice work and research with LGBT populations

Division 29 Early Career Award **5/2015**

American Psychological Association Division 29 (Society for the Advancement of Psychotherapy) award for psychotherapy research

University of Louisville Trustees Award Nomination **2/2013**

Nomination provided to faculty for excelling in mentoring students

Outstanding Graduate Student Award **7/2010**

American Psychological Association Division 17 (Counseling Psychology) LGBT award given for community contributions with the LGBT population during my doctoral studies

Graduate Student Research Award **7/2010**

American Psychological Association Division 17 (Counseling Psychology) Society for Vocational Psychology/ACT for career research regarding transgender individuals

Transgender Research Award **6/2010**

Recipient of the inaugural American Psychological Association Division 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues) award for research with transgender populations

John W. M. Rothney Memorial Research Award **2/2010**

University of Wisconsin-Madison Counseling Psychology Department award provided to an outstanding doctoral student excelling in research

Outstanding Student Poster Award **8/2009**

American Psychological Association Division 17 (Counseling Psychology)

EXPERT WITNESS AND PUBLIC INTEREST EXPERIENCE

R.F. v. Platte County R-3 School District, No. 23AE-CC00205 (Missouri, 2024)

Doe v. Elkhorn Area School District, No. 2:24-cv-00356 (E.D. Wis. 2024)

Stephanie Budge CV 2024

Roe v. Idaho State Board of Education, No. 1:23-cv-315 (D. Idaho 2023)

Doe v. Horne (D. Ariz. 2023)

Lusk v. Minnesota Department of Corrections, No. 62-CV-22-3284 (Minnesota, 2022)

Bridge v. Oklahoma State Department of Education, No. CIV-22-787-JD (W.D. Okla. 2022)

Cooper v. USA Powerlifting & USA Powerlifting Minnesota, No. 62-CV-21-211 (Minnesota, 2021)

Boyden v. State of Wisconsin Employee Trust Funds, No. 17-cv-264 (W.D. Wis. 2018)

Flack v. Wisconsin Department of Health Services, No. 3:18-cv-00309 (W.D. Wis. 2018)

Whitaker v. Kenosha Unified School District, No. 2:16-cv-00943-PP (E.D. Wis. 2016)

Name redacted (private case of a transgender woman seeking asylum), United States DOJ Immigration Court Case (2015)

RESEARCH

JOURNAL PUBLICATIONS

Underlining denotes student; * indicates senior author

1. **Budge, S.L.**, Abreu, R.L., Flinn, R.E., Donahue, K., Estevez, R., Olezeski, C., Bernacki, J., Barr, S., Bettergarcia, J., Sprott, R., & Allen, B.J. (In press). Gender affirming care is evidence-based for transgender youth. *Journal of Adolescent Health*.
2. Tebbe, E.A., Matsuno, E., Lee, J., Domínguez, S., & ***Budge, S.L.** (In press). Implementation and Evaluation of the Gender Resilience, Resistance, Empowerment, and Affirmation Training (GREAT) Pilot Program. *Psychotherapy*.
3. Schürmann-Vengels, J., Pirke, J., Troche, S.J., **Budge, S.L.**, Flückiger, C., & Willutzki, U. (In press). Dual-continual examination and differential prediction of well-being and distress in LGBTQIA+ populations. *Journal of Counseling Psychology*.
4. Domínguez, Jr., Matsuno, E., Adames, H., Mosley, D., Richardson, J., Lee, J., Norton, M., & **Budge, S.L.** (In press). Building and practicing anti-colonial psychotherapy: using radical healing to address the coloniality of gender. *American Psychologist*.
5. **Budge, S.L.**, Wachter, E., Barburoğlu, Y., Gao, S., Dvorak, D., Elliott, G., Gilchrist, S., Godwin, E.G., and Katz-Wise, S.L. (In press). A Longitudinal Investigation of Trans and Nonbinary Youth Identity: Individual Processes and Family Agreement in the Trans Teens and Family Narratives Study. *LGBTQ+ Family: An Interdisciplinary Journal*.
6. Lee, J., Kim, H., & **Budge, S.L.** (In press). The Companionship Model for Affirming Assessment Sessions for Transgender and Nonbinary Youths and Families. *Harvard Review of Psychiatry*.

7. Lindley, L., Frost, N., Barr, S., & **Budge, S.L.** (In press). The Modified Gender Minority Stress Measure: A Psychometric Validation Study. *Psychology of Sexual Orientation and Gender Diversity*.
8. Lee, L., Hoyt, W., **Budge, S.L.**, & Lee, B. (In press). Mediators of Parental Attachment and Internalized Transnegativity for Korean Transgender and Nonbinary People. *The Counseling Psychologist*.
9. Lindley, L., Lee, J., Norton, M., & **Budge, S.L.** (In press). Sociocultural Messages About Gender Dysphoria (Dis)Align with the Lived Experiences of Trans and Nonbinary Individuals: A Qualitative Study. *Sex Roles*.
10. Veldhuis, C.B., Cascalheira, C.J., Delucio, K., **Budge, S.L.**, Matsuno, E., Velez, B.L., Huynh, K., Balsam, K.F., & Galupo, P.M., (In press). Sexual orientation and gender diversity research manuscript writing guide. *Psychology of Sexual Orientation and Gender Diversity*.
11. Katz, M., Hilsenroth, M., Johnson, N., **Budge, S.L.**, & Owen, J. (In press). “Window of Opportunity”: Clients' experiences of crying in psychotherapy and their relationship with change, the alliance, and attachment. *Professional Psychology: Research and Practice*.
12. Katz-Wise, S.L., Sarda, V., Line, E.C., Marchwinski, B., **Budge, S.L.**, Godwin, E.G., Moore, L.B.M., Ehrensaft, D., Rosal, M.C., & Thomson, K.A. (In press). Longitudinal family functioning and mental health in transgender and nonbinary youth and their families. *Journal of Child and Family Studies*.
13. **Budge, S.L.**, Lee, J., Tebbe, E.A., & Dominguez, S. (In press). Using the companionship model when writing referral letters for transgender and nonbinary adults. *Psychology of Sexual Orientation and Gender Diversity*.
14. Lindley, L. & **Budge, S.L.** (In press). Challenging and Understanding Gendered Narratives: The Development and Validation of the Transnormativity Measure (TM). *International Journal of Transgender Health*.
15. **Budge, S.L.**, Sinnard, M.T., Lindley, L., Dillard, Q., & Katz-Wise, S.L. (In press). Content analyses of concordance and discordance regarding identity, affect, and coping in families with transgender and nonbinary youth. *LGBTQ+ Family: An Interdisciplinary Journal*.
16. **Budge, S.L.**, Tebbe, E.A., & Love, D. (In press). The development and pilot testing of a minority stress psychoeducation tool for transgender and nonbinary people. *Transgender Health*.
17. Lindley, L., Pulice-Farrow, L., & **Budge, S.L.** (In press). The antecedents of gender dysphoria and the associated thoughts, emotions, and ways of coping: A qualitative analysis and clinical implications. *Counselling Psychology Quarterly*.
18. Lindley, L. & **Budge, S.L.** (In press). Development and validation of the Trans and Nonbinary Coping Measure (TNCM): A measure of trans and nonbinary specific ways of coping with gender-related stress. *Psychology of Sexual Orientation and Gender Diversity*.
19. Tebbe, E., Bell, H., Cassidy, K., Lindner, S., Wilson, E., & **Budge, S.L.** (In press). “It’s loving yourself for you”: Happiness in trans and nonbinary adults. *Psychology of Sexual Orientation and Gender Diversity*.
20. **Budge, S.L.**, Shoenike, D., Lee, J., Norton, M., & Sinnard, M.T. (2023). Transgender and nonbinary patients’ psychotherapy goals: A secondary analysis from a randomized controlled trial. *Journal of Psychiatric Research*, 159, 82-86.

21. Raines, C., Lindley, L., & Budge, S.L. (2023). Development and validation of the Masculine Sexual Entitlement Norms Scale. *Psychology of Men & Masculinities*, 24, 123-136.
22. Xu, G., Wang, K., **Budge, S.L.**, & Sun, S. (2023). “We don’t have a template to follow”: Sexual identity development and its facilitative factors among sexual minority men in the context of China. *Journal of Counseling Psychology*, 70, 46–158.
23. Tebbe, E.A. & **Budge, S.L.** (2022). Mental health and the factors driving disparities and promoting well-being in trans and nonbinary people. *Nature Reviews Psychology*, 12, 694-707.
24. dickey, l. m., Thomas, K., Andert, B., Ibarra, N., & Budge, S. L. (2022). The relationship between realization of transgender identity and transition processes with nonsuicidal self-injury in transgender populations. *Psychiatry Research*, 310, 114332.
25. Minero, L.M., Domínguez, S. Jr., Budge, S.L., & Salcedo, B. (2022). Latinx trans immigrants’ survival of torture in U.S. detention: A qualitative investigation of the psychological impact of abuse and mistreatment. *International Journal of Transgender Health*, 23, 35-59.
26. Sinnard, M.T., Budge, S.L., & Rossman, H.R. (2022). Nonbinary individuals’ emotional experiences: implications for advancing counseling psychology beyond the binary. *Counselling Psychology Quarterly*, 35, 19-42.
27. Barr, S.M., Snyder, K., Adelson, J., & Budge, S.L. (2021). Post-traumatic stress in the trans community: The roles of anti-transgender bias, non-affirmation, and internalized transphobia. *Psychology of Sexual Orientation and Gender Diversity*, 9(4), 410–421.
28. **Budge, S.L., Guo, E., Mauk, E., Tebbe, E.A.** (2021). The development of an observational coding scheme to assess transgender and nonbinary clients’ reported minority stress experiences. *Psychotherapy*, 58, 288-300.
29. Thai, J.L., Budge, S.L., & McCubbin, L. (2021). Qualitative examination of transgender Asian Americans navigating and negotiating cultural identities and values. *Asian American Journal of Psychology*, 12, 301–316.
30. Bhattacharya, N., **Budge, S.L.**, Pantalone, D.W., & Katz-Wise, S.L. (2021). Conceptualizing relationships among transgender and gender diverse youth and their caregivers. *Journal of Family Psychology*, 35, 595-605.
31. **Budge, S.L., Sinnard, M.T., & Hoyt, W.T.** (2021). Longitudinal effects of psychotherapy with transgender and nonbinary clients: A randomized controlled pilot trial. *Psychotherapy*, 58, 1-11.
32. **Budge, S.L., Orzechowski, M., Lavender, A., Schamms, S., Onsgard, K., Leibowitz, S., & Katz-Wise, S.L.** (2021). Transgender and gender nonconforming youths’ emotions: The Appraisal, Valence, Arousal Model. *The Counseling Psychologist*, 49, 138-172.
33. **Budge, S.L., Lee, J., Lindley, L.** (2020). Therapy with transmasculine clients. *Psychotherapie im Dialogue*, 21, 52-56.
34. Sun, S., Budge, S.L., Shen, W., Ge, X., Liu, M., & Feng, S. (2020). Minority stress and health: A grounded theory exploration among men who have sex with men in China and implications for health research and interventions. *Social Science and Medicine*.
35. Allen, B.J., Andert, B., Botsford, J., Budge, S.L., & Rehm, J. (2020). Intersections at the margins: Comparing school experiences of nonbinary and binary-identified transgender youth. *Journal of School Health*, 90, 358-367.

36. dicky, l.m. & **Budge, S.L.** (2020). Suicide and the transgender experience: A public health crisis. *American Psychologist*, 75, 380-390.
37. **Budge, S.L.**, Domínguez, S. Jr., & Goldberg, A.E. (2020). Minority stress in nonbinary students in higher education: The role of campus climate and belongingness. *Psychology of Sexual Orientation and Gender Diversity*, 7, 222-229.
38. Pantalone, D. & **Budge, S.L.** (2020). Psychotherapy research is needed to improve clinical practice for clients with HIV. *Psychotherapy*, 57, 1-7.
39. Hase, C.N., Meadows, J.C., & **Budge, S.L.** (2019). Inclusion and exclusion in the white space: An investigation of the experiences of people of color in a primarily white American meditation community. *Journal of Global Buddhism*, 20, 1-18.
40. Paquin, J., Tao, K., & **Budge, S.L.** (2019). A social justice framework for ethical psychotherapy research. *Psychotherapy*, 56, 491-502.
41. **Budge, S.L.**, & Katz-Wise, S. L. (2019). Sexual minorities' sexual communication, internalized homophobia, and conformity to gender norms. *International Journal of Sexual Health*, 31, 36-49.
42. Barcelos, C. & **Budge, S.L.** (2019). Inequalities in crowdfunding for transgender health care. *Trans Health*, 4, 81-88..
43. Goldberg, A., Kuvalanka, K., **Budge, S.L.**, Benz, M., & Smith, J. (2019). Mental health and health care experiences of transgender undergraduate and graduate students: A mixed methods study. *The Counseling Psychologist*, 47, 59-97.
44. Rossman, K., Sinnard, M., & **Budge, S.L.** (2019). A qualitative examination of consideration and practice of consensual non-monogamy among sexual and gender minority couples. *Psychology of Sexual Orientation and Gender Diversity*, 6, 11-21.
45. **Budge, S.L.**, Conniff, J., Belcourt, W.S., Parks, R. L., Pantalone, D., & Katz-Wise, S.L. (2018). A grounded theory study of the development of trans youths' awareness of coping with gender identity. *Journal of Child and Family Studies*, 27, 3048-3061.
46. **Budge, S.L.** & Moradi, B. (2018). Attending to gender in psychotherapy: Understanding and incorporating systems of power. *Journal of Clinical Psychology*, 74, 2014-2027.
47. Moradi, M. & **Budge, S.L.** (2018). A meta-analytic approach to studying psychotherapy outcomes for LGBTQ affirmative therapies. *Journal of Clinical Psychology*, 74, 2028-2042.
48. **Budge, S.L.**, Orovecz, J., Owen, J.J., & Sherry, A.R. (2018). The relationship between conformity to gender norms, sexual orientation, and gender identity for sexual minorities. *Counselling Psychology Quarterly*, 31, 79-97.
49. Salkas, S., Conniff, J. & **Budge, S.L.** (2018). Provider quality and barriers to care for transgender people: An analysis of data from the Wisconsin transgender community health assessment. *International Journal of Transgenderism*, 19, 59-63.
50. Katz-Wise, **Budge, S.L.** Fugate, E., Flanagan, K., Touloumtzis, C., Rood, B...Leibowitz, S. (2017). Transactional pathways of transgender identity development in transgender and gender nonconforming youth and caregiver perspectives from the Trans Youth Family Study. *International Journal of Transgenderism*, 18, 243-263.
51. Nienhuis, J. B., Owen, J., Valentine, J. C., Black, S. W., Halford, T. C., Parazak, S. E., **Budge, S.**, & Hilsenroth, M. J. (2018). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*, 28, 593-605.
52. **Budge, S.L.**, Israel, T., Merrill, C. (2017). Improving the lives of sexual

- and gender minorities: The promise of psychotherapy research. *Journal of Counseling Psychology*, 64, 376-384.
53. **Budge, S.L., Chin, M.Y., & Minero, L.P.** (2017). Trans individuals' facilitative coping: An analysis of internal and external processes. *Journal of Counseling Psychology*, 64, 12-25.
 54. ° Imel, Z.E., **Budge, S.L.**, & Owen, J. (2017). Introduction to special section on advanced methodology: Counseling the dog to wag its methodological tail. *Journal of Counseling Psychology*, 64, 601-603.
 55. Katz-Wise, S. L., Williams, D. N., Keo-Meier, C. L., **Budge, S. L.**, Pardo, S., & Sharp, C. (2017). Longitudinal associations of sexual fluidity and health in transgender men and cisgender women and men. *Psychology of sexual orientation and gender diversity*, 4, 460-471
 56. ° Matsuno, E. & **Budge, S.L.** (2017). Non-binary/genderqueer identities: A critical review of the literature. *Current Sexual Health Reports*, 9, 116-120.
 57. Katz-Wise, S.L., Reisner, S.L., White, J.M., & **Budge, S.L.** (2017). Self-reported changes in attractions and social determinants of mental health in transgender adults. *Archives of Sexual Behavior*, 46, 1425-1439.
 58. **Budge, S.L.** & dickey, l.m. (2017). Barriers, challenges, and decision-making in the letter writing process for gender transition. *Psychiatric Clinics*, 40, 65-78.
 59. Katz-Wise, S.L., **Budge, S. B.**, Orovecz, J.O. , Nguyen, B., & Thompson, K. (2017). Imagining the Future: Qualitative findings of future orientation from the Trans Youth Family Study. *Journal of Counseling Psychology*, 64, 26-40.
 60. **Budge, S.L.** (2016). To err is human: An introduction to the special issue on clinical errors. *Psychotherapy*, 53, 255-256.
 61. Sinnard, M., Raines, C. , & **Budge, S.L.** (2016). The association between geographic location and anxiety and depression in transgender individuals: An exploratory study of an online sample. *Transgender Health*, 1, 181-186.
 62. **Budge, S.L.** & Pankey, T.L. (2016). Ethnic differences in gender dysphoria. *Current Psychiatry Reviews*, 12, 175-180.
 63. dickey, l.m., **Budge, S.L.**, Katz-Wise, S.L., & Garza, M.V. (2016). Health disparities in the transgender community: Exploring differences in insurance coverage. *Psychology of Sexual Orientation and Gender Diversity*, 3, 275-282.
 64. Barr, S.M. , **Budge, S.L.**, & Adelson, J.L. (2016) Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63, 87-97.
 65. **Budge, S.L.**, Thai, J.L., Tebbe, E., & Howard, K.H. (2016) The intersection of socioeconomic status, race, sexual orientation, transgender identity, and mental health outcomes. *The Counseling Psychologist*, 44, 1025-1049.
 66. Tebbe, E.A. & **Budge, S.L.** (2016) Research with transgender communities: Applying a process-oriented approach to methodological considerations and research recommendations. *The Counseling Psychologist*, 44, 996-1024.
 67. Moradi, B., Tebbe, E., Brewster, M., **Budge, S.L.**, Lenzen, A., Enge, E...Painter, J. (2016). A content analysis of trans people and issues: 2002-2012. *The Counseling Psychologist*, 44, 960-995.
 68. Tebbe, E.A., Moradi, B., & **Budge, S.L.** (2016). Enhancing scholarship focused on trans people and issues. *The Counseling Psychologist*, 44, 950-959.

69. **Budge, S.L.** (2015). Psychotherapists as gatekeepers: An evidence-based case-study highlighting the role and process of letter-writing for transgender clients. *Psychotherapy*, 52, 287-297.
70. Kopta, M., Owen, J.J., & **Budge, S.L.** (2015). Measuring psychotherapy outcomes with the Behavioral Health Measure-20: Efficient and comprehensive. *Psychotherapy*, 52, 442-448.
71. Watkins, C.E., **Budge, S.L.**, & Callahan, J.L. (2015). Common and specific factors converging in psychotherapy supervision: A supervisory extrapolation of the Wampold/Budge psychotherapy relationship model. *Journal of Psychotherapy Integration*, 25, 214-235.
72. Owen, J.J., Adelson, J.L., **Budge, S.L.**, Wampold, B.E., Kopta, M., Minami, T., & Miller, S.D., (2015). Trajectories of change in short-term psychotherapy. *Journal of Clinical Psychology*, 71, 817-827.
73. **Budge, S.L.** (2015). The effectiveness of psychotherapeutic treatments for personality disorders: A review and critique of current research practices. *Canadian Psychology*, 56, 191-196.
74. Owen, J.J., Adelson, J.L., **Budge, S.L.**, Reese, R.J., & Kopta, M.M. (2015). Good-Enough Level and Dose-Effect models: Variation among outcomes and therapists. *Psychotherapy Research*, 26, 22-30.
75. Katz-Wise, S.L. & **Budge, S.L.** (2015). Cognitive and interpersonal identity processes related to mid-life gender transitioning in transgender women. *Counselling Psychology Quarterly*, 28, 150-174.
76. **Budge, S.L.**, Orovecz, J., & Thai, J.L. (2015). Trans men's positive emotions: The interaction of gender identity and emotion labels. *The Counseling Psychologist*, 43, 404-434.
77. **Budge, S. L.**, Keller, B.L., & Sherry, A. (2015) A qualitative investigation of lesbian, gay, bisexual, and queer women's experiences of sexual pressure. *Archives of Sexual Behavior*, 44, 813-824.
78. **Budge, S.L.** (2014). Navigating the balance between positivity and minority stress for LGBTQ clients who are coming out. *Psychology of Sexual Orientation and Gender Diversity*, 1, 350-352.
79. **Budge, S.L.**, Rossmann, H.K., & Howard, K.H. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling*, 8, 95-117.
80. **Budge, S.L.**, Moore, J.T., Del Re, A.C., Wampold, B.E., Baardseth, T.P., & Nienhuis, J.B. (2013). The effectiveness of evidence-based treatments for personality disorders when comparing treatment-as-usual and bona fide treatments. *Clinical Psychology Review*, 33, 1057-1066.
81. **Budge, S.L.** (2013). Interpersonal psychotherapy with transgender clients. *Psychotherapy*, 50, 356-359.
82. Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2013). Individuation or identification? Self-objectification and the mother-adolescent relationship. *Psychology of Women Quarterly*, 37, 366-380.
83. **Budge, S.L.**, Adelson, J.L., & Howard, K.H. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, 81, 545-557.

84. **Budge, S.L.**, Owen, J.J., Kopta, S.M., Minami, T., Hanson, M.R., & Hirsch, G (2013). Differences among trainees in client outcomes associated with the Phase Model of Change. *Psychotherapy*, 50, 150-157.
85. **Budge, S. L.**, Katz-Wise, S. L., Tebbe, E., Howard, K.A.S., Schneider, C. L., & Rodriguez, A. (2013). Transgender emotional and coping processes: Use of facilitative and avoidant coping throughout the gender transition. *The Counseling Psychologist*, 41, 601-647.
86. Valdez, C. R. & **Budge, S.L.** (2012). Addressing adolescent depression in schools: Effectiveness and acceptability of an in-service training for school staff in the United States. *International Journal of Educational Psychology*, 1, 228-25.
87. Wampold, B.E., & **Budge, S.L.** (2012). The relationship—and its relationship to the common and specific factors of psychotherapy. *The Counseling Psychologist*, 40, 601-623.
88. Wampold, B.E., **Budge, S.L.**, Laska, K. M., Del Re, A.C., Baardseth, T.P., Fluckiger, C., Minami, T., Kivlighan, M., & Gunn, W. (2011). Evidence-based treatments for depression and anxiety versus treatment-as-usual: A meta-analysis of direct comparisons. *Clinical Psychology Review*, 31, 1304-1315.
89. Valdez, C. R., Dvorscek, M., **Budge, S.L.**, & Esmond, S.L. (2011). Provider perspectives of Latino patients: Determinants of care and implications of treatment. *The Counseling Psychologist*, 39, 497-526.
90. Wampold, B.E., Benish, S.G., Imel, Z.E., Miller, S.D., Laska, K., Del Re, A.C., Baardseth, T.P., & **Budge, S.L.** (2010). What works in the treatment of PTSD? A response to Ehlers et al. *Clinical Psychology Review*, 30, 269-276.
91. **Budge, S. L.**, Tebbe, E. N. & Howard, K. A. S. (2010). The work experiences of transgender individuals: Negotiating the transition and coping with barriers. *Journal of Counseling Psychology*, 57, 377-393.
92. Howard, K. A. S., **Budge, S. L.**, Gutierrez, B., Lemke, N. T., & Owen, A. D. (2010) Future plans of urban youth: Influences, perceived barriers, and coping strategies. *Journal of Career Development*, 37, 655-676.
93. **Budge, S. L.**, Baardseth, T. P., Wampold, B. H., & Fluckiger, C. (2010). Researcher allegiance and supportive therapy: Pernicious affects on results of randomized clinical trials. *European Journal of Counselling and Psychotherapy*, 12, 23-39.
94. Howard, K. A. S., **Budge, S. L.**, & McKay, K. M. (2010). Youth exposed to violence: The role of protective factors. *Journal of Community Psychology*, 38, 63-79.
95. **Budge, S. L.** (2006) Peer mentoring in post-secondary education: Implications for research and practice. *Journal of College Reading and Learning*, 37, 71-85.

BOOK CHAPTERS

1. **Budge, S.L.** (2022). Genderqueer. In A. Goldberg (Ed.) *The SAGE Encyclopedia of LGBTQ Studies*, 2nd Edition (pp. xx-xx). Thousand Oaks, CA: SAGE.
2. Dominguez, S. & **Budge, S.L.** (2020). Gender Nonconformity. In A. Goldberg (Ed.) *The SAGE Encyclopedia of Trans Studies* (pp. xx-xx). Thousand Oaks, CA: SAGE.
3. **Budge, S.L.** & Moradi, B. (2019). *Gender Identity*. In J. Norcross and B. Wampold (Eds.) *Psychotherapy Relationships That Work*, Volume 2. London, England: Oxford University Press.

4. Moradi, B. & **Budge, S.L.** (2019). *Sexual Orientation*. In J. Norcross and B. Wampold (Eds.) *Psychotherapy Relationships That Work*, Volume 2. London, England: Oxford University Press.
5. **Budge, S.L.** & Orovecz, J.J. (2017). Gender fluidity. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 660-662). Thousand Oaks, CA: SAGE.
6. **Budge, S.L.** & Pankey, T. L. (2017). Interpersonal therapies and gender. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 961-964). Thousand Oaks, CA: SAGE.
7. **Budge, S.L.** & salkas, s. (2017). Experiences of transgender people within the LGBT community. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1073-1075). Thousand Oaks, CA: SAGE.
8. **Budge, S.L.** & Thai, J.L. (2017). Coming out processes for transgender people. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 357-360). Thousand Oaks, CA: SAGE.
9. **Budge, S.L.** & Sinnard, M. (2017). Trans. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1685-1685). Thousand Oaks, CA: SAGE.
10. Akinniyi, D. & **Budge, S.L.** (2017). Biological sex and mental health outcomes. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 161-165). Thousand Oaks, CA: SAGE.
11. Lam, J. & **Budge, S.L.** (2017). Help-seeking behaviors and men. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 832-834). Thousand Oaks, CA: SAGE.
12. Jones, T., Chin, M.Y., & Budge, S.L. (2017). Sororities. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1611). Thousand Oaks, CA: SAGE.
13. Sun, S. & **Budge, S.L.** Women's group therapy. (2017). In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1829-1830). Thousand Oaks, CA: SAGE.
14. Sun, S., Minero, L., & Budge, S.L. (2017). Multiracial people and gender. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1208-1212). Thousand Oaks, CA: SAGE.
15. Alexander, D., Hunter, C., & Budge, S.L. (2017). Experiences of women in religious leadership. In K. Nadal (Ed.) *The SAGE Encyclopedia of Psychology and Gender* (pp. 1813-1815). Thousand Oaks, CA: SAGE.
16. **Budge, S.L.** (2017). Genderqueer. In A. Goldberg (Ed.) *The SAGE Encyclopedia of LGBTQ Studies* (pp. 460-463). Thousand Oaks, CA: SAGE.
17. **Budge, S.L.** & Snyder, K.E. (2016). Sex-related differences research. In A. Goldberg (Ed.) *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies* (pp. 2125-2129). Thousand Oaks, CA: SAGE.
18. °**Budge, S. L.**, & Wampold, B. E. (2015). The relationship: How it works. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcomes* (pp. 213-228). Dordrecht: Springer.

GRAPHIC NOVEL

Budge, S.L. & Funk, H. (2019). *Longitudinal effects of psychotherapy with transgender clients: A randomized controlled pilot trial*. JKXComics. Available at:
<https://www.jkxcomics.com/psychotherapy>

RESEARCH REPORTS

Botsford, J.C., Allen, B.J., Andert, B.D., **Budge, S.L.**, & Rehm, J.L. (2018). *Meeting the healthcare needs of transgender, nonbinary, and gender expansive/ nonconforming youth in Wisconsin: A report of the 2017 Wisconsin Transgender Youth Community Needs Assessment*. Available at: <https://www.med.wisc.edu/media/medwiscedu/documents/about-us/CH-174891-18-TNG-Youth-Report-Full.pdf>

PRACTICE REPORTS

Veldhuis, C.B., Cascalheira, C.J., Delucio, K., **Budge, S.L.**, Matsuno, E., Velez, B.L., Huynh, K., Balsam, K.F., & Galupo, P.M., (2024). Sexual orientation and gender diversity research manuscript writing guide: A resource for researchers. <https://www.apa.org/pubs/highlights/spotlight/issue-297>

Matsuno, E., Webb, A., Hashtpari, H., **Budge, S.L.**, Krishnan, M., & Balsam, K. (2021). Nonbinary fact sheet. A publication for the Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues: Available at: <https://www.apadivisions.org/division-44/resources/advocacy/non-binary-facts.pdf>

Webb, A. Matsuno, E., **Budge, S.L.**, Krishnan, M., & Balsam, K. (2017). Nonbinary gender identities fact sheet. A publication for the Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues: Available at: <https://www.apadivisions.org/division-44/resources/advocacy/non-binary-facts.pdf>

Budge, S.L. (2015). Critical considerations in writing letters for trans clients. Available at: <https://societyforpsychotherapy.org/critical-considerations-in-writing-letters-for-trans-clients/>

CURRICULUM GUIDE

McGinley, M., Christie, M. B., Clements, Z., Goldbach, C. M., Kraus, E., Woznicki, N. W., Breslow, A. S., **Budge, S. L.**, & Matsuno, E. (2020). A resource for incorporating trans and gender diverse issues into counseling psychology curricula. APA Division 17 Special Task Group, Making Room at the Table: Trans/Nonbinary Pipeline to Counseling Psychology. Available at: <http://www.pendelldot.org/wp-content/uploads/2021/07/Incorporating-Trans-and-Gender-Diverse-Issues-into-Counseling-Psychology-Curricula.pdf>

SUBMITTED RESEARCH SUPPORT

National Institute on Child Health and Human Development, R01

3/2025-3/2030

National Institute of Health, \$3,500,000 (resubmitted)

This grant focuses on testing the efficacy of the Trans Teens and Family Narratives toolkit in family therapy and in social support groups.

Role: Co-Investigator (PI Sabra Katz-Wise)

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FUNDED RESEARCH SUPPORT**Institute for Diversity Science Grant****09/2024-08/2025**University of Wisconsin-Madison, \$44,000—**funded**

Seed grant to fund a graduate student (L. Lindley) test an online intervention providing coping skills to transgender and nonbinary people; the first phase is a feasibility analysis and the second phase is an RCT.

Role: PI (dual PI with L. Lindley)

National Institute on Minority Health and Health Disparities, R01**8/2024-2/2029**National Institute of Health, \$3,500,000—**funded**

This grant focuses on developing and measuring a social support instrument for transgender and nonbinary people with the intent of creating community toolkits for LGBTQ+ community organizations.

Role: Principal Investigator (dual-PI with E. Tebbe)

Mental Research Institute Grant**5/2024-8/2025**Mental Research Institute, \$25,000—**funded**

This grant focuses on coding psychotherapy sessions with trans people of color to assess the impact of radical healing techniques in psychotherapy.

Role: PI

Institute for Diversity Science Grant**09/2023-06/2024**University of Wisconsin-Madison, \$44,666—**funded**

Analyzing qualitative data to determine previous therapy experiences for trans people of color and to determine mechanisms of change for a psychotherapy study for trans people of color; observational coding of therapy sessions regarding therapeutic alliance for trans people of color.

Role: PI

Reilly-Baldwin Project Grant**07/2023-07/2024**University of Wisconsin-Madison, \$120,000—**funded**

Mentoring a student (L. Lindley) on a grant focused on designing and testing a web app focusing on providing coping skills to transgender and nonbinary people.

Role: PI (dual PI with L. Lindley)

Baldwin Seed Grant**07/2023-07/2024**University of Wisconsin-Madison, \$4,000—**funded**

Mentoring a student (J. Lee) on a grant focused on family attachment processes and PTSD for transgender and nonbinary people.

Role: PI (dual PI with J.Lee)

National Center for Advancing Translational Science, U01**7/2022-06/2027**National Institute of Health, \$8,745,944—**funded**

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This Clinical and Translational Sciences Award (CTSA) at University of Wisconsin-Madison (UW) supports innovation, training and development of evidence-based approaches to speed effective interventions into health and health care. Project number: 2UL1TR002373-06
Role: Collaborator (PI: Brasier)

National Institute on Minority Health and Health Disparities, U01 **9/2022-5/2027**

National Institute of Health, \$1,063,616—**funded**

This administrative grant focuses on Northern Arizona University's (NAU's) Southwest Health Equity Research Collaborative (SHERC) to establish community-engaged priorities and strategic plans for addressing a wide range of health disparities; provide the institutional infrastructure for SHERC targeted research projects. Project number: 5U54MD012388

Role: Consultant (PI: Baldwin)

School Mental Health Collaborative IES Grant **9/2022-9/2024**
Institute of Education Training Grant, funded

This grant focuses on training postdoctoral trainees in innovative research methods that will impact communities experiencing marginalization

Role: Collaborator

Young Investigator Grant **9/2022-9/2024**

American Foundation for Suicide Prevention, \$90,000—**funded**

This grant focuses on using EMA methods to assist therapists with intervening for transgender adult clients experiencing suicidal ideation.

Role: Co-Investigator

Diverse & Resilient Community Grant **9/2021-9/2022**

Diverse & Resilient, \$20,000—**funded**

Community grant focusing on a program evaluation regarding a training for mental health providers to infuse radical healing into their practice and to reduce internalized stigma.

Role: PI

Understanding and Reducing Inequities Initiative **7/2021-7/2023**

University of Wisconsin-Madison, \$250,000—**funded**

Study focusing on creating a psychotherapy intervention for trans and nonbinary people that includes radical healing and skills to reduce internalized transnegativity.

Role: PI

Baldwin Seed Grant **07/2021-07/2022**

University of Wisconsin-Madison, \$4,000—**funded**

Mentoring student (L. Lindley) on a grant focused on coping mechanisms for transgender and nonbinary people.

Role: PI (dual PI with L.Lindley)

2030 Faculty Fellowship Funds **8/2020-8/2025**

University of Wisconsin-Madison, \$100,000—**funded**

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Funds to support community-based research focused on improving mental health and wellness for transgender and nonbinary people.

Role: PI

Baldwin Seed Grant

06/2019-06/2020

University of Wisconsin-Madison, \$4,000—**funded**

Mentoring student (M. Sinnard) on a grant focused on objectified body consciousness for trans, nonbinary, and gender nonconforming individuals.

Role: PI (dual PI with M.Sinnard)

Online Course Development Grant

01/2019-9/2020

University of Wisconsin-Madison, \$15,000—**funded**

This grant funds university faculty to design new and innovative courses at UW-Madison. The funding will cover the creation of a course called “Gender and Queer Issues In Psychology” set to begin in Summer 2020.

Role: Instructor

Fall Research Competition

6/2018 – 6/2019

University of Wisconsin-Madison, \$34,000 - **funded**

Research project determining the effectiveness of psychotherapy interventions focused on minority stressors for transgender clients.

Role: PI

UW Institute for Clinical Research (ICTR)

6/2017 – 6/2018

Health Equity and Diversity (AHEAD) research pilot award, \$10,000 - **funded**

Research project determining the effectiveness of psychotherapy interventions focused on minority stressors for transgender clients.

Role: PI

National Institute of Health

1/2017 – 1/2019

NICHHD, R21, \$206,028—**funded**

Structured pubertal suppression readiness assessment for gender dysphoric youth.

Role: Collaborator

Gaining STEAM

5/2018 – 5/2019

JKX Comics, \$4800, **awarded**

Grant awarded to scientists to pair with a comic book artist to create visual representation of scientific content.

Role: Collaborator

Fall Research Competition

5/2017 - 9/2018

University of Wisconsin-Madison, \$60,000 - **funded**

Supplemental research project for the NIH grant (listed below) focusing on pubertal suppression for transgender youth.

Role: PI

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Wisconsin Partnership Program**6/2016 – 6/2018**Community Opportunity Grant, \$50,000 - **funded**

A grant that assists with opportunities focused on transgender health and equity in health care.

Role: Collaborator

UW Institute for Clinical Research (ICTR)**6/2016 – 6/2018****Health Equity and Diversity (AHEAD) research pilot award, \$10,000 - funded**

Research project advancing the Wisconsin Survey of Trans Youth: An Assessment of Resources and Needs.

Role: Co-investigator

Faculty Research Development Grant**10/2012 - 10/2013**University of Louisville, \$2,200 - **funded**

Research project testing psychotherapy process and outcomes for transgender individuals.

Role: PI

Faculty Research Development Grant**9/2011- 9/2012**University of Louisville, \$2,200 - **funded**

Research project regarding positive experiences of transgender identity and intersectionality of identities with genderqueer individuals.

Role: PI

Charles J. Gelso Research Grant**6/2010 – 6/2012**American Psychological Association (Division 29), \$2,000 - **funded**

Meta-analysis project focusing on personality disorders and treatment effectiveness.

Role: PI

INTERNATIONAL PRESENTATIONS°Invited; Underlining denotes student;

1. **Budge, S.L. & Lee, J.** (2022, July). *Understanding and Incorporating Trans-Affirmative Therapies When Working With Two Spirit, Trans, and Nonbinary Clients*. Korean Counseling Association/ Korean Counseling Psychology Association Conference. Presented virtually to an audience in Seoul, Korea.
2. **Budge, S.L.** (2021, June;). *Attending to Power, Privilege, and Oppression in Psychotherapy Research*. Panel moderator for a plenary session at the Society for Psychotherapy Research, Heidelberg, Germany (hybrid model online due to COVID-19).
3. **Budge, S.L.** (2020, October). *Mental Health Care for Trans Youth: What Helps Youth Thrive and What Resources are Requested?* World Professional Association for Transgender Health (WPATH) Conference, originally scheduled to be in Hong Kong, online due to COVID-19.
4. **Budge, S.L. & Sinnard, M.T.** (2020, October). *Acceptability and Feasibility of a Randomized Controlled Trial with Transgender and Nonbinary Clients*. World Professional Association for Transgender Health (WPATH) Conference, originally scheduled to be in Hong Kong, online due to COVID-19.

5. Sinnard, M.T & **Budge, S.L.** (2020, October). *Development of the Objectified Body Consciousness Scale for Transgender and Nonbinary Adults*. World Professional Association for Transgender Health (WPATH) Conference, originally scheduled to be in Hong Kong, online due to COVID-19.
6. Allen, B., Rehm, J., **Budge, S.L.**, Botsford, J., & Andert, B. (2018, May). *School Safety and Support for Transgender Youth with Non-binary vs. Binary Gender Identities*. Pediatric Academic Societies (PAS) Conference, Toronto, Canada.
7. Rehm, J., Allen, B., **Budge, S.L.**, Botsford, J., & Andert, B. (2018, May). *Transgender youth who receive gender related care from a specialized provider differ from other transgender youth*. Pediatric Academic Societies (PAS) Conference, Toronto, Canada.
8. Rehm, J., Allen, B., **Budge, S.L.**, Botsford, J., & Andert, B. (2018, May). *Increased awareness of healthcare needs of youth with nonbinary gender identities is needed*. Pediatric Academic Societies (PAS) Conference, Toronto, Canada.
9. **Budge, S.L.** & Katz-Wise, S.L. (2016, July). *Emotional expression of trans youth and their families: A cross-comparison of familial cultures for gender and emotions*. Paper presented at the International Congress of Psychology Conference, Yokohama, Japan.
10. Chin, M.Y., Minero, L., & **Budge, S.L.** (2016, July). *"This is me, and I am happy. I love it": Understanding Internal Coping Processes of Trans-identified Individuals using Grounded Theory*. Paper presented at the International Congress of Psychology Conference, Yokohama, Japan.
11. **Budge, S.L.**, Katz-Wise, S.L., Conniff, J., Belcourt, S., & Parks, R. (2016, July). *Developmental processes of coping for trans youth: Results from the Trans Youth and Family Study (TYFS)*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
12. Sinnard, M., Raines, C., & **Budge, S.L.** (2016, July). *Effects of location and transition status on anxiety and depression in trans individuals*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
13. **Budge, S.L.** & salkas, s. (2016, July). *An overview of non-binary gender identities in the National Transgender Discrimination Survey*, Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
14. Orovecz, J., salkas, s., & **Budge, S.L.** (2016, July). *External identity processes for individuals with non-binary identities*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
15. Rossmann, K., Sinnard, M., & **Budge, S.L.** (2016, July). *The externalization of affect for individuals with non-binary gender identities*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Amsterdam, The Netherlands.
16. Hase, C.N., Reiland, M.T., **Budge, S.L.** (2015, August). *"Omitting none:" Experience of people of color in a primarily white meditation community*. Poster presented at American Psychological Association. Toronto, ON.
17. Akinniyi, D.A. & **Budge, S.L.** (2015, August). *Genderqueer individuals' conceptualizations of multiple identities: A qualitative investigation using identity maps*. Paper presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.

18. Sinnard, M. & **Budge, S.L.** (2015, August). *Effects of location and transition status on anxiety and depression in trans individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.
19. Watkins, C.E., **Budge, S.L.**, & Wampold, B.E. (2015, August). *Extrapolating the Wampold/Budge psychotherapy relationship model to psychotherapy supervision*. Paper presented at the Annual Meeting for the American Psychological Association, Toronto, Canada.
20. **Budge, S.L.** (2014, February). *Developmental processes of positive emotions for trans individuals: The interplay of interpersonal emotions and transition appraisal*. Paper presented at the World Professional Association for Transgender Health Biannual Conference, Bangkok, Thailand.
21. **Budge, S.L.**, Adelson, J.L., & Howard, K.A.S. (2014, February). *Transgender and Genderqueer individuals' mental health concerns: A moderated mediation analysis of social support and coping*. Paper presented the World Professional Association for Transgender Health Biannual Conference, Bangkok, Thailand.

NATIONAL PRESENTATIONS

°Invited; Underlining denotes student;

1. Kim, H., Rainboth, K, Lee, J., & **Budge, S.L.** (2024, September). The Companionship Model for Gender Affirming Care: A Guide for Clinicians. Paper to be presented at the Gay and Lesbian Medical Association (GLMA), Charlotte, North Carolina.
2. **Budge, S.L.** (August, 2024). *Conversations with LGBTQ+ Psychologists: Promoting PRIDE in Advocacy for Graduate Training*. Panel presentation provided at the annual meeting of the American Psychological Association. Seattle, WA.
3. McGuirk, A., Lindley, L., Pulice-Farrow, L., & Budge, S.L. (August, 2024). Clinical Implications of a Qualitative Analysis focused on Gender Dysphoria. Poster presented at the annual meeting of the American Psychological Association. Seattle, WA.
4. Dyer, R. & **Budge, S.L.** (August, 2024). Are We On the Same Page?: Psychologists' and Gestational Carriers' Perceptions of Evaluations. Poster presented at the annual meeting of the American Psychological Association. Seattle, WA.
5. Lindley, L. & **Budge, S.L.** (August, 2024). *Feasibility and Acceptability of an Online Intervention for Gender Dysphoria*. Symposium presented at the annual meeting of the American Psychological Association. Seattle, WA.
6. Gao, S., Wachter, E., Barburoğlu, Y., Lynn, S., Dvorak, D., Gilchrist, S., Elliott, G., **Budge, S.L.**, & Katz-Wise, S.L. (2024, August). *A Qualitative Longitudinal Analysis of Family Agreement on Trans and Nonbinary Youth Identity* Poster presented at the American Psychological Association Convention, Seattle, WA
7. Norton, M., Accardo, M., Gao, S., Day, E., McNeill, J. N., Tebbe, E., & **Budge, S.L.** (2024, August). *Previous therapy experiences of Two-Spirit, transgender, and nonbinary people of color*. Symposium presentation at the Annual Convention of the American Psychological Association: Seattle, WA.
8. Lee, J., Mize, G., Pili, A., Tebbe, E., & **Budge, S.L.** (2024, August). *Trans/nonbinary POC clients' perceptions of change specific to therapy goals*. Symposium presentation at the Annual Convention of the American Psychological Association: Seattle, WA.

Stephanie Budge CV 2024

9. Domínguez, S., **Budge, S.L.**, Tebbe, E., Lindley, L., Lee, J., & Matsuno, E. (2024, August). *Clinical trial 6-month follow-up analyses with Two-Spirit, trans, and nonbinary clients of color*. Symposium presentation at the Annual Convention of the American Psychological Association: Seattle, WA.
10. Estevez, B., Flinn, R.E., Boot-Haury, J., Terepka, A., Skerven, K., Abreu, R.L., Barr, S., **Budge, S.L.** (2024, August). *Until everyone is free: Centering personal and collective well-being in TGD advocacy*. Panel for a critical conversation at the Annual Convention of the American Psychological Association: Seattle, WA.
11. Domínguez, S., **Budge, S.L.**, Gloria, A.M., Johnson, A.L., & Lotta, C. (2024, August). A Discourse Analysis of Multiply Marginalized Trans People's Stories of Gender Euphoria. Paper presentation to be presented at the Annual Convention of the American Psychological Association: Seattle, WA.
12. McGuirk, A., Lindley, L., Lee, J., Norton, M., & **Budge, S.L.** (2024, August). How Messages About Gender Dysphoria (Dis)Align with Lived Experiences of Trans and Nonbinary People. Paper presentation to be presented at the Annual Convention of the American Psychological Association: Seattle, WA.
13. Kim, H., Lee, J., **Budge, S.L.**, Dominguez, S., & Tebbe, E. (November, 2023). *Informed Consent & the Companionship Model: An Alternative to Gatekeeping*. Paper presented at the American Psychiatric Association Mental Health Services Conference, Washington, DC.
14. Domínguez, S. Jr., **Budge, S. L.**, Tebbe, E., Norton, M., Lee, J., Lindley, L., & mcneill, j. n. (2023, May). *Longitudinal analyses from an open psychotherapy clinical trial with Two-Spirit, trans, and nonbinary clients of color*. Paper presented at the National Transgender Health Summit. San Francisco, California.
15. Lee, J., **Budge, S.L.**, Dominguez, S. Jr., Tebbe, E. (2023, May). *From gatekeeping to a companionship model: How to write referral letters for trans and nonbinary individuals*. Paper presented at the National Transgender Health Summit. San Francisco, California.
16. Lindley, L. & Budge, S.L. (2023, May). *For us, by us: Trans centered development and psychometric validation of measures of gender minority stress*. Paper to be presented at the National Transgender Health Summit. San Francisco, California.
17. Lee, J., Gao, S., Dominguez, S. Jr., Norton, M., **Budge, S.L.**, Tebbe, E. (2023, May). *Understanding the Psychotherapy Goals of Two-Spirit, Transgender, and Nonbinary People of Color from the First Psychotherapy Trial Study for TPOC*. Paper presented at the National Transgender Health Summit. San Francisco, California.
18. Domínguez, S. Jr., Norton, M., mcneill, j. n., Lee, J., Tebbe, E., & **Budge, S. L.** (2023, May). *Cultivating trust and communicating effectively: Building a community advisory board for community-based participatory research*. Workshop presented at the National Transgender Health Summit. San Francisco, California.
19. Gao, S., Wachter, E., Barburoğlu, Y., Lynn, S., Dvorak, D., Gilchrist, S., Elliott, G., **Budge, S.L.**, & Katz-Wise, S.L. (2023, May). *How Do Families Understand Transgender and Nonbinary Youths' Identity Processes? A Longitudinal Qualitative Investigation of Pairwise Agreement*. Paper presented at the National Transgender Health Summit. San Francisco, California.
20. Barburoğlu, Y., Gao, S., Elliott, G., Wachter, E., Gilchrist, S., Dvorak, D., Lynn, S., **Budge, S.L.**, & Katz-Wise, S.L. (2023, May). *A Longitudinal Investigation of Gender*

Stephanie Budge CV 2024

- Identity Fluctuations among Transgender and Nonbinary Youth*. Paper presented at the National Transgender Health Summit. San Francisco, California
21. Klessig, C., Dyer, R. L., Teasdale, T., Weber, I. J., & Budge, S. L. (2022). *"In most cases, abortion is understandable": A qualitative investigation of psychotherapists' abortion attitudes*. Poster presented at the 2022 American Psychological Association Annual Convention, Minneapolis, MN.
 22. Teasdale, T., Dyer, R. L., Weber, I. J., Klessig, C., & Budge, S. L. (2022). *Exploring the impact of benevolent sexism on mental health clinicians' abortion attitudes*. Poster presented at the 2022 American Psychological Association Annual Convention, Minneapolis, MN.
 23. Weber, I. J., Dyer, R. L., Klessig, C., Teasdale, T., & Budge, S. L. (2022). *Mental health clinicians' attitudes about classism and client pregnancy decisions*. Poster presented at the 2022 American Psychological Association Annual Convention, Minneapolis, MN.
 24. Smith, C. L., Zubizarreta, D., Budge, S. L., Watson, R. J., Gordon, A. R., Austin, S. B., & Katz-Wise, S. L. (2022, August). *Risk and protective factors related to body image and disordered eating in a longitudinal study of Transgender and Nonbinary adolescents*. Poster presented at the American Psychological Association Convention, Minneapolis, Minnesota.
 25. Guan, T., Pham, C., & Budge, S.L. (2022, August). *Disrupting white supremacy in psychology training: Recommendations to support trainees of color*. Poster presented at the American Psychological Association Convention, Minneapolis, Minnesota
 26. Lee, J. & Budge, S.L. (2022, August). *Moving From Gatekeeping to a Companionship Model in Letter Writing for TNB Individuals*. Poster presented at the American Psychological Association Convention, Minneapolis, Minnesota.
 27. Dominguez, Jr. S., & Budge, S.L. (2022, August). *Using CBPR in Psychotherapy Research to Undermine Gatekeeping Practices*. Paper presented at the American Psychological Association Convention, Minneapolis, Minnesota.
 28. Lee, J., Dominguez Jr., S., Matsuno, E., Norton, M., Lindley, L., Tebbe, E., & Budge, S.L. (2022, August). *Mixed-Methods Results from Gender, Resilience and Resistance, Empowerment, and Affirmation Training*. Paper presented at the American Psychological Association Convention, Minneapolis, Minnesota
 29. Dominguez Jr., S. Budge, S.L., Tebbe, E.A., Norton, M., Lee, J., Lindley, L., & mcneill, j. (2022, August). *Baseline data from an open psychotherapy trial with Two-Spirit, Trans, & Nonbinary Clients of Color*. Paper presented at the American Psychological Association Convention, Minneapolis, Minnesota.
 30. **Budge, S.L.** (2022, August). *Changing Cisnormative Spaces: Improving Access to Psychotherapy and Educational Spaces for Trans and Nonbinary People*. Fellows talk provided at the American Psychological Association Convention, Minneapolis, Minnesota.
 31. Smith, C. L., Zubizarreta, D., Budge, S. L., Watson, R. J., Gordon, A. R., Austin, S. B., & Katz-Wise, S. L. (2022, June). *Longitudinal associations of risk and protective factors on body image and disordered eating among Transgender and Nonbinary youth*. Paper presented at the International Conference of Eating Disorders, Virtual Conference.
 32. °**Budge, S.L.** (2021, August). *Gab with the greats*. An invited panelist for Division 29 Society for the Advancement of Psychotherapy at the annual America Psychological Association National Convention, Virtual Conference.

Stephanie Budge CV 2024

33. **Budge, S.L.** (2021, August). *Attending to Power, Oppression, and Healing with Trans, Nonbinary, and Queer Populations*. Chair of symposium presented at a mini symposium at the annual American Psychological Association National Convention, Virtual Conference.
34. Elliott, G., Domínguez, S. Jr., & **Budge, S. L.** (2021, August). *A Case Study Approach to Using a Strong Intersectional Lens in Therapy with Trans and Nonbinary Clients*. Paper presented at a mini symposium at the annual American Psychological Association National Convention, Virtual Conference.
35. Norton, M., Domínguez, S. Jr., Elliot, G., & **Budge, S. L.** (2021, August). *Dismantling, Decolonizing, and Deconstructing: Engaging the Possibilities within a Critical Lab Praxes*. Paper presented at a mini symposium at the annual American Psychological Association National Convention, Virtual Conference.
36. McNeill, J. & **Budge, S.L.** (2021, August). *Theory and Practice of Radical Healing for Queer and Trans Black and Indigenous People of Color*. Paper presented at a mini symposium at the annual American Psychological Association National Convention, Virtual Conference.
37. Lee, J., Hoyt, W.T., **Budge, S.L.**, & Lee, B. (2021, August). *Parental attachment and internalized transnegativity among Korean TNB populations: Role of Self-shame, Rejection Sensitivity, and self-concept clarity*. Poster presented at the American Psychological Association Convention. Virtual Conference due to COVID-19.
38. Lindley, L. & **Budge, S.L.** (2021, August). *Development of the Transgender/Nonbinary Coping Measure*. Poster presented at the American Psychological Association Convention. Virtual Conference due to COVID-19.
39. Veldhuis, C.B., **Budge, S.L.**, Velez, B., Galupo, M.P., Cascalheira, C., Renteria, R., & Delucio, K. (2021, August). *Thought-Provoking Conversations about LGBTQIA+ Research*. Panelist at the American Psychological Association Convention. Virtual Conference due to COVID-19.
40. Katz-Wise, S., Vishnudas, S., Smith, C., Marchwinski, B., **Budge, S.L.**, Godwin, E., Moore, L., Ehrensaft, D., Rosal, M.C., Thomson, K. (2021, May). *Family Functioning and Mental Health: A Two-Year Longitudinal Study of Families with Transgender and/or Nonbinary Youth*. Paper presented at the LGBTQ Health Conference. Virtual Conference due to COVID-19.
41. Dyer, R.L. & **Budge, S.L.** (2021, March). *Psychotherapist attitudes about client pregnancy decision-making: Developing a scale*. Paper presented at the Association for Women in Psychology. Virtual Conference due to COVID-19.
42. **Budge, S.L.**, Velez, B., Mohr, J., Moradi, B., Puckett, J., & Matsuno, E. (2020, August). *Taking the mystery out of publishing LGBTQ research: Lessons learned*. Symposium accepted at the 2020 American Psychological Association Convention, Washington, D.C.
43. **Budge, S.L.**, Sinnard, M.T., & Hoyt, W.T. (2020, August). *Minority stress outcomes during and post psychotherapy: 6-month follow-up results for trans clients*. Paper accepted at the 2020 American Psychological Association Convention, Washington, D.C.
44. Tao, K., Paquin, J., & **Budge, S.L.** (2020, April). *Using a counseling psychology lens to propose and implement a social justice framework for ethical psychotherapy research*. Symposium accepted at the 2020 Counseling Psychology Conference, New Orleans, Louisiana. Conference cancelled due to COVID-19.

45. Dyer, R.L. & **Budge, S.L.** (2020, April). *Qualitative examination of transgender clients' reflections on discussing minority stress with psychotherapists*. Poster to be presented at the 2020 Counseling Psychology Conference, New Orleans, Louisiana. Conference cancelled due to COVID-19.
46. Domínguez, S. Jr., **Budge, S. L.** (2020, April). *The Social and Internal Aspects of Gender Dysphoria Scale (SIAGD): A community-engaged measure for gender dysphoria*. Poster to be presented at the 2020 Counseling Psychology Conference, New Orleans, Louisiana. Conference cancelled due to COVID-19.
47. Domínguez, S. Jr., **Budge, S. L.**, & Goldberg, A. E. (2019, August). *Minority stress in nonbinary college students: The impact of campus climate and belongingness*. Poster presented at the 2019 American Psychological Association National Convention, Chicago, IL.
48. Dyer, R. L., Sinnard, M.T., & **Budge, S. L.** (2019, August). *Working alliance and gender minority stress: Implications for psychotherapy with trans, nonbinary, and gender expansive/nonconforming clients*. Poster presented at the 2019 American Psychological Association Convention, Chicago, Illinois.
49. Sinnard, M.T., Dyer, R. L., & **Budge, S. L.** (2019, August). *Effects of identity concealment on substance use and suicidality among Midwest trans, nonbinary, and gender expansive/nonconforming individuals*. Poster presented at the 2019 American Psychological Association Convention, Chicago, Illinois.
50. Schoenike, D., Wachter, E., & **Budge, S.L.** (2019, August). *The Interaction of Transgender Identity, Race, and Mental Health: A Nationwide Sample*. Poster presented at the 2019 American Psychological Association Convention, Chicago, Illinois.
51. Barcelos, C., **Budge, S.L.**, & Botsford, J. (2019, April). *Uneven Access: The Health of Trans and Gender Nonconforming People in Wisconsin and the Upper Midwest*. Paper to be presented at the Annual National Transgender Health Summit, San Francisco, CA.
52. Bhattacharya, N., **Budge, S.L.**, Pantalone, D., & Katz-Wise, S.L. (2018, November). *Conceptualizing relationships among transgender and gender nonconforming youth and their caregivers*. Paper presented at the American Public Health Association Conference, San Diego, California.
53. **Budge, S.L.**, Sinnard, M.T., & Hoyt, W.T. (2018, September). *Longitudinal Effects of Psychotherapy with Transgender Clients: A 6-month Follow-up*. Paper presented at the Biennial North American Society for Psychotherapy Research Conference, Snowbird, Utah.
54. Sinnard, M.T. & **Budge, S.L.** (2018, September). *"I Want to Correct Past Harmful Counseling Experiences": Goal Attainment in Psychotherapy with Transgender Clients*. Paper presented at the Biennial North American Society for Psychotherapy Research Conference, Snowbird, Utah.
55. **Budge, S.L.** (2018, August). *The feasibility of a clinical trial focusing on trans individuals' minority stress*. Paper presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
56. **Budge, S.L.**, Allen, B., Andert, B., Botsford, J., & Rehm, J. (2018, August). *Resources contributing to psychological well-being for trans youth: A CBPR Approach*. Paper presented at the Annual Meeting for the American Psychological Association, San Francisco, California.

Stephanie Budge CV 2024

57. Sweetnam, M.R., Mauk, E., & Budge, S.L. (2018, August). *A qualitative analysis of nonbinary and genderqueer individuals' experiences of proximal and distal minority stress*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
58. Dillard, S., Sinnard, M.T., Budge, S.L., & Katz-Wise, S.L. (2018, August). *Triadic analysis of concordance and discordance in families of trans youth*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
59. Mauk, E., Guo, E., Stock, C., Eck, M., & Budge, S.L. (2018, August). *Minority stress interventions in a psychotherapy pilot trial for transgender clients*. Paper presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
60. Orzechowski, M., Budge, S.L., Lavendar, A., Onsgard, K., Schamms, S., Liebowitz, S., & Katz-Wise, S.L. (2018, August). *Emotions of transgender youth*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
61. Raines, C.R. & Budge, S.L. (2018, August). *Measuring masculine sexual entitlement: Subscales of a new instrument*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
62. Sinnard, M.T., Orzechowski, M., Budge, S.L., Belcourt, S., Conniff, J., Orovecz, J., Parks, R., Sun, S., & Sutton, J. (2018, August). *Depression and anxiety among transgender compared to cisgender Individuals: A meta-analysis*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
63. Sinnard, M.T., Budge, S.L., & Hoyt, W.T. (2018, August). *The effectiveness of psychotherapy for transgender clients: A randomized controlled trial*. Paper presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
64. Sun, S., Hoyt, W.T., & Budge, S.L. (2018, August). *Minority stress, HIV risk behaviors, and mental health among Chinese men who have sex with men (MSM): A qualitative analysis*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
65. Thomas, K.A., Andert, B., Ibarra, N., Budge, S.L., & dickey, I. (2018, August). *Non-suicidal self-injury in transgender individuals*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
66. Dyer, R., Budge, S.L., Rehm, J., Botsford, J., Andert, B., & Allen, B. (2018, August). *Rural-urban differences in perceived safety at school for Wisconsin trans youth*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
67. Raines, C.R. & Budge, S.L. (2018, August). *Understanding the relationships between masculine sexual entitlement, masculinity, and violence*. Poster presented at the Annual Meeting for the American Psychological Association, San Francisco, California.
68. Rehm, J., Botsford, J., Budge, S.L., Andert, B., & Allen, B. (2017, September). *Initial results of needs assessment for trans and gender expansive youth in Wisconsin*. Poster presented at the International Joint Meeting of Pediatric Endocrinology, Washington, D.C.
69. Rossman, H. K., Sinnard, M. T., & Budge, S. L. (August, 2017). *Bisexuality and Consensual Non-Monogamy for Trans Individuals and Their Romantic Partners*. Paper

- presented at the Bisexuality Issues Committee Intersectionality Symposium at the Annual Meeting for the American Psychological Association in Washington, D.C.
70. Minero, L.M. & **Budge, S.L.** (2017, February). *Experiences of exclusion and discrimination among undocumented and transgender individuals in the united states and implications for mental health professionals*. Paper presented at the meeting for the United States Professional Association for Transgender Health, Los Angeles, California.
 71. Thai, J.L., Orovecz, J., **Budge, S.L.** (2017, February) “*I was pretty sure I was doing the wrongest thing a wrong thing could be done*”: A qualitative examination of trans men’s experiences of negative emotions. Presentation in a symposium at the US Professional Association of Transgender Health, Los Angeles, CA.
 72. **Budge, S.L.** (2017, February). *Evaluating the effectiveness of psychotherapy with trans clients: using the working alliance inventory*. Paper presented at the meeting for the United States Professional Association for Transgender Health, Los Angeles, California.
 73. **Budge, S.L.** (2016, August). *Psychotherapy interventions, process, and outcome with transgender and gender non-conforming clients*. Chair of invited symposium for Division 29 at the Annual Meeting for the American Psychological Association, Denver, Colorado.
 74. **Budge, S.L.** (2016, August). *The impact of minority stress interventions on psychotherapy outcomes with a trans client*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
 75. Minero, L.M., Chin, M.Y., & **Budge, S.L.** (2016, August). *Transgender clients’ reports of characteristics of effective and trans-competent therapists*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
 76. **Budge, S.L.** (2016, August). *The state and future of psychotherapy research with transgender clients*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
 77. Orovecz, J., Moon, J., & **Budge, S.L.** (2016, August) *Using transgender emotion labels to expand on emotion models*. Presentation in a symposium at the American Psychological Association Annual Convention, Denver, CO.
 78. Minero, L.M., Chin, M.Y., & **Budge, S.L.** (2016, August). *Understanding external coping processes of trans-identified individuals using grounded theory*. Poster presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
 79. Salkas, S. & **Budge, S.L.** (2016, August). *An overview of US population-based data on individuals with non-binary gender identities*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
 80. Alexander, D., Orovecz, J., Salkas, S., Stahl, A., & **Budge, S. L.** (2016, August). *Internal identity processes for individuals with non-binary identities*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
 81. Rossman, K., Sinnard, M., & **Budge, S.L.**, (2016, August). *The "queering" of emotions--using non-binary gender identity to label emotional processes*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
 82. Barr, S. M. & **Budge, S.L.** (2016, August). *Experiences of self esteem and well-being for individuals with non-binary gender identities*. Paper presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.

83. Chase, A., Lam, J., & **Budge, S.L.** (2016, August). *Culture and masculine ideology: measuring masculinity among japanese american men*. Poster presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
84. Akinniyi, D. & **Budge, S.L.** (2016, August). *The student-athlete experience: Multiple minority statuses and discrimination*. Poster presented at the Annual Meeting for the American Psychological Association, Denver, Colorado.
85. **Budge, S.L.** (2016, August). *Identity processes, well-being, and emotional processes for individuals with non-binary identities*. Chair of symposium at the Annual Meeting for the American Psychological Association, Denver, Colorado.
86. Hase, C.N., Meadows, J.D., Budge, S.L. (2016, June). *Inclusion and exclusion in the white space: An investigation of the experiences of people of color in a primarily white american meditation community*. Poster presented at Mind & Life Summer Research Institute. Garrison, NY.
87. **Budge, S.L.** (2015, June). *The effectiveness of psychotherapeutic treatments for personality disorders: A review and critique of current research practices*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.
88. Kring, M. & **Budge, S.L.** (2015, June). *Re-evaluating outcomes in psychotherapy: Considerations beyond self-report*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.
89. Owen, J. J., Wampold, B.E., Miller, S.D., **Budge, S.L.**, & Minami, T. (2015, June). *Trajectories of change in short-term psychotherapy: Lessons from growth curve mixture modeling*. Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Philadelphia, PA.
90. Katz-Wise, S.L. & **Budge, S.L.** (2015, April). *Imaging the future: qualitative findings of future orientation from trans youth and parents/caregivers in the Trans Youth Family Study*. Paper presented at the Annual Transgender Health Summit, Oakland, CA.
96. **Budge, S.L.** (2014, August). *The other side of the story: trans individuals' experiences of positivity and resilience*. Symposium chair for the Annual Meeting for the American Psychological Association, Washington, DC.
97. **Budge, S.L.** (2014, August). *Lessons learned from NIH-grant submission for LGBTQ research*. Invited panelist for the Annual Meeting for the American Psychological Association, Washington, DC.
91. **Budge, S.L.** & Katz-Wise, S.L. (2014, August). *Emotional and interpersonal experiences of trans youth and their caregivers*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
92. Eleazer, J.L., Nguyen, Y., **Budge, S.L.** (2014, August). *"I'm afraid of my therapist": Military policy and access-to-care for transgender US service members*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
93. Thai, J.L. & **Budge, S.L.** (2014, August). *Mental health outcomes for trans Asian American, Asian, and Pacific Islander populations*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
94. Alexander, D. & **Budge, S.L.** (2014, August). *The impact of partner support on symptoms of anxiety for trans women, trans men, and genderqueer individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.

95. Barr, S.M. & **Budge, S.L.** (2014, August). *Trans identity salience as a predictor for well-being and body control beliefs for trans individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.
96. Keller, B.L., Barr, S.M., & **Budge, S.L.** (2014, August). *Trans women's emotional resilience: Reactions to the intersection of sexism and transphobia*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
97. Rossmann, H.K., Sinnard, M., **Budge, S.L.** (2014, August). *Adapting a three-tiered model of emotions to genderqueer individuals' identity processes*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
98. Thai, J.L., Orovecz, J., **Budge, S.L.** (2014, August). *Trans men's experiences of positive emotions: An examination of gender identity and emotion labels*. Paper presented at the Annual Meeting for the American Psychological Association, Washington, DC.
99. Tebbe, E.N., Brewster, M., **Budge, S.L.** (2014, August). *A content analysis of transgender psychological literature*. Poster presented at the Annual Meeting for the American Psychological Association, Washington, DC.
100. Thai, J.L. & **Budge, S.L.** (2014, March). *Family relationships and outness for transgender Asian Pacific Islander individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
101. Hunter, C. & **Budge, S.L.** (2014, March). *The moderating effect of race related to discrimination for transgender individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
102. Alexander, D. & **Budge, S.L.** (2014, March). *The impact of partner support on symptoms of anxiety for trans women, trans men, and genderqueer individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
103. Barr, S.M. & **Budge, S.L.** (2014, March). *Validation of the Objectified Body Consciousness Scale for transgender individuals*. Paper presented at the Society of Counseling Psychology Conference, Atlanta, GA.
104. **Budge, S.L.** (2013, October). *Addressing grief and role transitions for transgender clients experiencing gender identity incongruence*. Paper presented at the Biennial North American Society for Psychotherapy Research Conference, Nashville, TN.
105. **Budge, S.L.**, Barr, S.M., Katz-Wise, S.L., Keller, B.L., & Manthos, M. (2013, June). *Incorporating positivity into psychotherapy with trans clients*. Workshop presented at the Annual Philadelphia Transgender Health Conference, Philadelphia, PA.
106. **Budge, S.L.** & Barr, S.M. (2013, April). *Emotional and identity processes of trans youth: A developmental approach*. Paper presented at the Biennial Society for Research on Child Development Conference, Seattle, WA.
107. **Budge, S.L.**, Thai, J., Rossmann, H.K. (2012, August) *Intersecting identities and mental health outcomes for transsexual, cross-dressing, and genderqueer individuals*. Poster presented at the Annual Meeting for the American Psychological Association, Orlando, Florida.
108. **Budge, S.L.** & Keller, B.L. (2012, August). *"She felt pressured, I felt neglected": LGBTQ individuals' experiences of sexual pressure in relationships*. Poster presented at the Annual Meeting for the American Psychological Association, Orlando, Florida.
109. **Budge, S.L.**, Moore, J., Neinhuis, J., Baardseth, T., & Wampold, B.E. (2012, June). *The relative efficacy of bona-fide psychological treatments for personality*

- disorders: A meta-analysis of direct comparisons.* Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Virginia Beach, Virginia.
110. **Budge, S.L.** & Katz-Wise, S.L. (2012, February). *Trans-affirmative therapy: Focusing on emotional and coping processes throughout gender transitioning.* Workshop presented at the Transgender Spectrum Symposium, Annual Meeting of the Gay and Lesbian Affirmative Psychotherapy Association, New York, New York.
 111. **Budge, S.L.** & Katz-Wise, S.L. (2011, November). *Transgender emotional and coping processes: Facilitative and avoidant coping throughout the gender transition.* Paper presented at the Annual Meeting for the Society for the Scientific Study of Sexuality, Houston, Texas.
 112. **Budge, S.L.** & Howard, K.H. (2011, August). *Gender socialization and genderqueer individuals: The impact of assigned sex on coping and mental health concerns.* Paper presented at the Annual Meeting for the American Psychological Association, Washington, D.C.
 113. Tebbe, E.L., **Budge, S.L.**, & Fischer, A. (2011, March). *Transforming the research Goliath: Reflections on research with transgender communities.* Roundtable presented at the Bi-Annual Meeting of the Association for Women in Psychology, Philadelphia, Pennsylvania.
 114. **Budge, S.L.** & Howard, K.A.S. (2010, August). *Coping, social support, and well-being in the transition process for transgender individuals.* Paper presented at the Annual Meeting for the American Psychological Association, San Diego, California.
 115. Baardseth, T.P., **Budge, S.L.**, & Wampold, B.E. (2010, August). *Allegiance and psychotherapy research: The effectiveness of supportive therapy as a control.* Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.
 116. Solberg, V.S., Gresham, S.L., **Budge, S.L.**, & Phelps, A.L. (2010, August). *Impact of learning experiences on students with disabilities career development.* Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.
 117. Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2010, August). *Individuation or identification? Objectified body consciousness.* Poster presented at the Annual Meeting for the American Psychological Association, San Diego, California.
 118. Solberg, V.S., Gresham, S.L., **Budge, S.L.**, & Phelps, A.L. (2010, August). *Impact of exposure to quality learning experiences on career development.* Paper presented at the Annual Meeting for the American Psychological Association, San Diego, California.
 119. **Budge, S.L.** & Fluckiger, C. (2010, June). *Comparison of evidence-based-treatments versus treatment as usual: A meta-analysis.* Paper presented at the Annual Meeting for the Society for Psychotherapy Research, Asilomar, California.
 120. **Budge, S.L.** & Howard, K.A.S. (2010, April). *Career decision-making in the transgender population: The role of barriers and discrimination.* Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.
 121. **Budge, S.L.**, Solberg, V.S., Phelps, L.A., Haakenson, K., & Durham, J. (2010, April). *Promising practices for implementing Individualized Learning Plans: Perspectives of teachers, parents, and students.* Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.

122. Solberg, V.S., Gresham, S.L., Phelps, L.A., & **Budge, S.L.** (2010, April). *Identifying decision-making patterns and its impact on career development and workforce readiness*. Paper presented at the Annual Meeting for the American Educational Research Association, Denver, Colorado.
123. Katz-Wise, S.L., **Budge, S.L.**, & Hyde, J.S. (2010, March). *Objectified body consciousness and the mother-adolescent relationship*. Poster presented at the Biennial Meeting for the Society for Research on Adolescence, Philadelphia, Pennsylvania.
124. **Budge, S. L.**, Tebbe, E. N., Katz-Wise, S. L., Schneider, C. L., & Howard, K. A. (2009, August). *Workplace transitions: Work experiences and the impact of transgender identity*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
125. Katz-Wise, S. L., **Budge, S. L.**, & Schneider, C. L. (2009, August). *Navigating the gender binary: A qualitative study of transgender identity development*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
126. Nelson, M. L., Thompson, M. N., Huffman, K. L., & **Budge, S. L.** (2009, August). *Development and further validation of the social class identity dissonance scale*. Paper presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
127. Dvorscek, M., **Budge, S. L.**, Bluemner, J. L., & Valdez, C. R. (2009, August). *Health care provider perspectives on Latino patients with depression*. Poster presented at the Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada.
128. Neumaier, E. R., **Budge, S. L.**, Bohlig, A. J., Doolin, E. M., & Nelson, M. L. (2009, August). *I feel masculine but they think I'm feminine: Toward measuring experienced gender role*. Poster presented at the Annual Meeting of the American Psychological Association during the Division 17 Social Hour, Toronto, Ontario, Canada.
129. Doolin, E. M., Graham, S. R., Hoyt, W. T., **Budge, S. L.**, & Bohlig, A. J. (2009, January). *Out and about in the South: Defining lesbian communities*. Poster presented at the National Multicultural Conference and Summit, New Orleans, LA.
130. **Budge, S. L.**, Tebbe, E. N. & Howard, K. A. S. (2009, January) *Transgender individuals' work experiences: Perceived barriers, discrimination, and self-efficacy*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
131. Howard, K. A. S., **Budge, S. L.**, Jones, J., & Higgins, K. (2009, January). *Future plans of urban youth: A qualitative analysis of influences, barriers, & coping strategies*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
132. **Budge, S.**, Schneider, C., Rodriguez, A., Katz-Wise, S., Tebbe, E., & Valdez, C. (2008, August). *The emotional roller coaster: Transgender experiences of positive and negative emotions*. Poster presented at the Annual Meeting of the American Psychological Association, Boston, MA.
133. Nelson, M. L., Huffman, K. & **Budge, S. L.**, (2008, August). *Initial validation of the Social Class Identity Dissonance Scale*. Poster presented at the Annual Meeting of the American Psychological Association, Boston, MA.

134. **Budge, S. L.**, Schneider, C., Rodriguez, A., & Howard, K. A. S. (2008, January) *What about the "T"?: Career counseling with transgender populations*. Paper presented at the Annual Meeting of the Career Conference, Madison, WI.
135. Howard, K. A. S., McKay, K. M., & **Budge, S. L.** (2007, August) *Adolescents' use of SOC strategies: The interaction with low-income and high violence contexts*. Poster presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.
136. **Budge, S. L.** & Sherry, A. (2007, August) *The influence of gender role on sexual compliance: A preliminary investigation of LGB relationships*. Poster presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.
137. Howard, K. A. S., Solberg, V. S., & **Budge, S. L.** (2007, August). *Designing culturally responsive school counseling career development programming for youth*. Paper presented at the Annual Meeting of the American Psychological Association, San Francisco, CA.
138. Howard, K. A. S., Jones, J. E., **Budge, S.**, Gutierrez, B., Lemke, N., Owen, A., & Higgins, K. (2007, April). *Academic and career goals of high school youth: processes and challenges*. Paper presented at the Annual Meeting of the American Educational Research Association, Chicago, IL.

REGIONAL PRESENTATIONS

°Invited; Underlining denotes student;

1. **Budge, S.L.** & Tebbe, E. (June, 2023). *Transgender and nonbinary healthcare for behavioral health providers*. Midwest AIDS Training + Education Center—Wisconsin, University of Wisconsin-Madison.
2. Dominguez, S. Jr., Matsuno, E., **Budge, S. L.**, & Tebbe, E. (2021, September). *Gender, Resilience and Resistance, Empowerment, and Affirmation Training*. Training provided at the University of Wisconsin-Madison via Zoom.
3. Dominguez, S. Jr., & **Budge, S. L.** (2021, May). *Microaggressions, communication, and power dynamics*. Workshop presented at the Madison Inclusive Leadership Conference, Madison, Wisconsin.
4. Tebbe, E.A. & **Budge, S.L.** (2021, April). *Transforming healing spaces: Tips and considerations in creating trans affirming spaces*. Workshop provided at the Wisconsin LGBTQ Health Summit, Madison, Wisconsin.
5. **Budge, S.L.**, Lindley, L., & Dominguez, S. (2021, February). Supporting mental health care for TNB clients. School of Social Work, University of Wisconsin-Madison, Madison, Wisconsin.
6. **Budge, S.L.** (2020, September). *Recruiting LGBTQ populations*. Symposium for Research Administrators. Madison, Wisconsin.
7. **Budge, S.L.** (2020, September). *Best practices for conducting research with LGBTQ populations*. Institute for Clinical and Translational Research training for researchers at the University of Wisconsin-Madison. Madison, Wisconsin.
8. **Budge, S.L.** (2019, April). *Trans affirmative therapy: Therapy for trans and nonbinary clients beyond the "101."* Workshop provided at the Wisconsin LGBTQ Health Summit, Madison, Wisconsin.

9. Guo, E., Mauk, E., & Budge, S.L. (2018, November). *Minority stress interventions in a psychotherapy pilot trial for transgender clients*. Paper presented at the Annual Meeting for the Wisconsin Counseling Association, Madison, Wisconsin.
10. **Budge, S.L.** (2018, November). *Mental Health and Wellbeing: Trans, Nonbinary, and Gender Nonconforming People*. Paper presented at the Annual Midwest Family Medicine Conference, Madison, Wisconsin.
11. Dyer, R. L., Budge, S. L., Botsford, J., Andert, B., Rehm, J., & Allen, B. (April 2018). *Supporting trans youth in rural Wisconsin*. Symposium presented at the 2018 Wisqueer Conference, Madison, Wisconsin.
12. Dyer, R. L., Budge, S. L., Botsford, J., Andert, B., Rehm, J., & Allen, B. (April 2018). *Trans youth needs assessment survey results: Nonmetropolitan-metropolitan differences in perceived safety at school for Wisconsin trans and nonbinary youth*. Poster presented at the 2018 Wisconsin Psychological Association Convention, Appleton, Wisconsin.
13. **Budge, S.L. & Bostford, J.** (February, 2018). *Trans experiences in Mental Health*. Symposium presented at the 2018 Wisconsin LGBTQ Summit, Milwaukee, Wisconsin.
14. Dyer, R. L., Budge, S. L., Botsford, J., Andert, B., Rehm, J., & Allen, B. (February 2018). *Supporting trans youth in rural Wisconsin*. Symposium presented at the 2018 Wisconsin LGBTQ Summit, Milwaukee, Wisconsin.
15. **°Budge, S.L.** (2017, September). *Transgender individuals and minority stress: The past, present, and future*. Research talk presented for the UW Department of Psychology Diversity series.
16. **°Budge, S.L.** and Karcher, O. (2017, May). *Supporting trans youth and their mental health needs, Part 2*. Paper presented at the Supporting Trans and Gender Expansive Youth conference, Madison, Wisconsin.
17. **°Budge, S.L.** (2016, October). *Supporting trans youth and their mental health needs*. Paper presented at the Supporting Trans and Gender Expansive Youth conference, Madison, Wisconsin.
18. **Budge, S.L.** (2013, November). *Incorporating an IPT approach with transgender clients*. Paper presented at the Annual Kentucky Psychological Association Conference, Lexington, Kentucky.
19. **Budge, S.L.** (2013, April). *Using interpersonal therapy with transgender clients*. Workshop provided at the Annual University of Florida Interdisciplinary Conference on LGBT Issues.
20. Barr, S. M. & Budge, S. L. (2013, April). *The role of identity integration in the emotional well-being of post-transition individuals*. Poster presentation at the Kentucky Psychological Association Student Research Conference, Louisville, Kentucky.
21. Orovecz, J., Thai, J.L., & Budge, S.L. (2013, April). *"I'm stoked about life": The emotional processes of trans men through a qualitative lens*. Poster presented at the Spring Research Conference, Lexington, Kentucky.
22. Rossmann, K. & Budge, S.L. (2013, April). *Genderqueer individuals' mental health concerns: The relationship between social support and coping*. Paper presented at the Spring Research Conference, Lexington, Kentucky.
23. Barr, S. M. & Budge, S. L. (2013, April). *The role of identity integration in the emotional well-being of post-transition individuals*. Poster presented at the Spring Research Conference, Lexington, Kentucky.

24. Rossman, K. & **Budge, S.L.** (2013, June). *Just the fact that I commanded that respect - I got the privilege: Qualitative examination of privilege in the trans community*. Paper presented at the Spring Research Conference, Lexington, Kentucky.
25. Keller, B.L., Barr, S.M., & Budge, S. L. (2013, April). “*For every bad, there’s 40 good things that happen*”: A qualitative approach to understanding the positive emotional experiences of trans women. Poster presentation at the Spring Research Conference, Lexington, Kentucky.
26. Orovecz, J., Thai, J.L., & Budge, S.L. (2013, April). “*I’m stoked about life*”: The emotional processes of trans men through a qualitative lens. Presented at the Spring Research Conference, Lexington, Kentucky.
27. Orovecz, J., Thai, J.L., & Budge, S.L. (2013, March). “*I’m me, and I’m proud to be me*”: A grounded theory analysis of trans men’s emotional processes. Presented at the Kentucky Psychological Association Foundation Spring Academic Conference, Louisville, Kentucky.
28. Eleazer, J. R. & Budge, S. L. (2013, March). “*It would be better for them to have a dead hero for a father than a freak*.” *Suicidality and trans military service*. Poster presented at the Kentucky Psychological Association Spring Academic Conference, Louisville, Kentucky.
29. Sinnard, M., Rossman, K., & Budge, S. L. (2013, March). *Positive emotional experiences of gender non-binary identified individuals*. Poster presentation at the Kentucky Psychological Association Student Research Conference, Louisville, Kentucky.
30. Barr, S.M., Stahl, A., Manthos, M., & Budge, S.L. (2012, November). “*It means there aren’t rules and you don’t have to ascribe to a specific binary*”: A qualitative examination of genderqueer identity. Paper presented at the Chicago LGBTQ Health and Wellness Conference, Chicago, Illinois.
31. Thai, J.L., Orovecz, J., & Budge, S.L. (2012, November). *Trans men and positivity: Emotional processes related to identity*. Paper presented at the Chicago LGBTQ Health and Wellness Conference, Chicago, Illinois.
32. **Budge, S.L., Barr, S.M., Orovecz, J., & Rossman, H.K.** (2012, November). *Clinical work with LGBT youth*. Workshop provided at the Annual Kentucky Psychological Association Conference, Louisville, Kentucky.
33. **Budge, S.L., Lee, S., & Monahan-Rial, V.** (2011, February). *Bridging institutional gaps: Utilizing transgender-affirmative therapy with college students*. Workshop presented at the Annual Meeting for the Big 10 College Counseling Center Conference, Minneapolis, Minnesota.
34. Lee, J., **Budge, S.L.,** Wilson, J.L., & Roper, J.M. (2011, February). *The Korean Conundrum: Managing stigma in the recruitment of group counseling members*. Workshop presented at the Annual Meeting for the Big 10 College Counseling Center Conference, Minneapolis, Minnesota.
35. **Budge, S.L. & Katz-Wise, S.L.** (2010, February). *Transition to adulthood: Developmental steps for transgender individuals*. Workshop presented at the Conference on Transgender and Gender Variant Youth, Madison, Wisconsin.
36. **Budge, S.L.** (2009, October). *Individualized Learning Plans: Parent, student, and educator focus groups*. Paper presented at the Fall Institute for the National Collaborative on Workforce and Disability/Youth, Charleston, South Carolina.

KEYNOTE AND INVITED PRESENTATIONS

1. **Budge, S.L. & Tebbe, E.** (April, 2023). *Transformative Justice and Healing in Mental Health Care for Transgender and Nonbinary People*. University of Louisville, Louisville, Kentucky.
2. **Budge, S.L. & Hamer, J.** (2022, December). Diversity Management Strategies to Improve Cross-Cultural and Intercultural Communication in Research Teams. Invited training to the Center for Innovations in Quality, Effectiveness, and Safety at the Houston Veterans Affairs, Houston, Texas.
3. **Budge, S.L.** (2022, November). Community-Based Research: A Step-By-Step Guide to Starting and Implementing Research Team and Community Feedback. University of Arkansas Department of Psychiatry and Behavioral Sciences and South Central MIRECC for Veterans Affairs, Little Rock, Arkansas.
4. **Budge, S.L.** (2022, October). Community-centered mental health. Workshop provided to LGBTQ+ Health Fellows in the School of Medicine and Public Health, University of Wisconsin-Madison, Madison, WI.
5. **Budge, S.L.** (2022, October). Barriers and Successful Outcomes in Recruiting Participants for Clinical Trial Research. Invited talk to the Center for Innovations in Quality, Effectiveness, and Safety at the Houston Veterans Affairs, Houston, Texas.
6. **Budge, S.L.** (2022, October). Lessons learned from being an expert witness in discrimination trials. Invited talk University of Wisconsin-Madison Law School, University of Wisconsin-Madison, Madison, Wisconsin.
7. **Budge, S.L.** (2022, October). LGBTQ+ Advocacy and Activism in Psychology. Invited talk at Clark University, Worcester, Massachusetts.
8. **Budge, S.L.** (2022, October). Reducing barriers to accessing mental health care for Two Spirit, trans, and nonbinary people of color: An open clinical trial. Invited talk at Arizona State University, Tempe, Arizona.
9. **Budge, S.L. & Tebbe, E.A.** (2022, July). Attending to internalized stigma in psychotherapy with Two Spirit, Transgender, and Nonbinary Clients. Workshop provided to Sondermind Therapy. Virtual workshop.
10. **Budge, S.L.** (2022, July). Best practices in supporting trans and nonbinary youth. School of Education Early Career Institute, University of Wisconsin-Madison, Madison, Wisconsin.
11. **Budge, S.L.,** (2022, April). Reducing barriers to accessing mental health care for Two Spirit, trans, and nonbinary people of color: An open clinical trial building upon lessons learned. Invited talk to the Center for Innovations in Quality, Effectiveness, and Safety at the Houston Veterans Affairs, Houston, Texas.
12. **Budge, S.L.,** (2022, April). Conducting psychotherapy research with transgender and nonbinary populations: CBPR Methods and Lessons Learned. University of Arkansas Department of Psychiatry and Behavioral Sciences and South Central MIRECC for Veterans Affairs, Little Rock, Arkansas.
13. **Budge, S.L.** (2022, April). Queering networking. Workshop provided by the APA Division 44 Science Committee. Virtual workshop.
14. **Budge, S.L.** (2022, April). Queering research. Workshop provided by the APA Division 44 Science Committee. Virtual.

15. **Budge, S.L.** (2022, April). Providing evidence-based psychotherapy to transgender and nonbinary clients: Beyond the basics. Keynote presented at the Kentucky Psychological Association conference in Louisville, KY.
16. **Budge, S.L.**, Dominguez, Jr., S., & Lee, J. (2022, March). Providing trans affirming care to youth. Intern seminar at the Wisconsin Psychiatric Institute and Clinics, University of Wisconsin-Madison.
17. **Budge, S.L.**, Dominguez Jr., S., & Norton, M. (2022, February). Incorporating radical healing and addressing internalized transnegativity in psychotherapy for transgender, Two Spirit, and nonbinary people of color: A community-based participatory research approach. Workshop provided to the School Psychology Department, University of Wisconsin-Madison.
18. Tebbe, E.A. & **Budge, S.L.** (2022, January). LGBTQ identity development in young people. Training provided to the Central Wisconsin Health Partnership, Appleton, Wisconsin.
19. **Budge, S.L.** & Tebbe, E.A. (2021, December). Providing Trans-Affirming Therapy to Two-Spirit, Transgender, and Nonbinary Clients: The Basics. Workshop provided to Sondermind Therapy.
20. **Budge, S.L.** (2021, October). Psychotherapy with Two-Spirit, Transgender, and Nonbinary Patients. Grand Rounds provided at Westchester Medical Center/New York Medical College, Westchester, NY.
21. Dominguez, S. Jr., & **Budge, S. L.** (2021, October). Healthcare Discrimination Toward LGBTQ+ People & Discrimination-Related Ruptures, Department of Health Services Learning Community Conference, Madison, Wisconsin
22. **Budge, S. L.** (2021, October). Supporting LGBTQ+ community members, Department of Health Services Learning Community Conference, Madison, Wisconsin
23. **Budge, S.L.** & Tebbe, E.A. (2021, July). Beyond the basics: Recommendations for practitioners writing letters of support. Workshop provided to American Psychological Association Division 17 Members.
24. **Budge, S.L.** (2021, February). Conducting psychotherapy research with trans and nonbinary populations. Presented to the Counseling Psychology department at the University of British Columbia, Vancouver, Canada.
25. **Budge, S.L.** & Dominguez, S. Jr. (2019, November). *Mental health care for transgender, nonbinary, and gender nonconforming clients*. Presented to practitioners at Group Health Cooperative Insurance, Madison, Wisconsin.
26. **Budge, S.L.**, Dominguez, S.Jr., Mauk, E., & Sweetnam, M. (2018, October). *School of Education: At the forefront of transgender studies*. Presented to the Board of Visitors at the School of Education—University of Wisconsin-Madison.
27. **Budge, S.L.** & Mauk, E. (2017, May). *Health and well-being of LGBTQ students: Lessons learned and recommendations for educators*. Invited presentation at the CESA Conference, Madison, Wisconsin.
28. **Budge, S.L.** (2016, March). *The construction of gender identity as “disordered”: A critical examination of mental health using trans narratives*. Invited presentation at the Women’s and Gender Studies Forum at the University of Florida, Gainesville, Florida.
29. **Budge, S.L.** (2016, March). *Understanding, acknowledging, and responding to LGBTQ microaggressions in health care settings*. Keynote provided at the Florida Area Health Education Center, Gainesville, Florida.

Stephanie Budge CV 2024

30. °Budge, S.L. (2014, September). *Positivity in trans populations: Implications for vocational psychology*. Boston University, Boston, Massachusetts.
31. °Budge, S.L. (2013, April). *Future directions for research and therapy with trans and gender diverse individuals*. Keynote provided at the Annual University of Florida Interdisciplinary Conference on LGBT Issues.
32. °Budge, S.L. (2013, March). *The psychology of sexual orientation and gender identity: future directions and implications*. Keynote provided at the East Texas Psi Chi Student Research Conference, Tyler, Texas.

NATIONAL RESEARCH BRIEFINGS

1. °Budge, S.L., & Solberg, V.S., (2010, March) *Career exploration and the use of career narrative data for high school students' career exploration processes: A United States sample*. Research briefing presented at the Department of Labor, Washington, D.C.
2. °Budge, S.L., Solberg, V.S., & Phelps, A.L. (2010, March) *Individualized Learning Plans within a community-oriented approach: The usefulness of focus group data with parents, teachers, and students*. Research briefing presented at the Department of Labor, Washington, D.C.

INTERNATIONAL RESEARCH BRIEFINGS

1. °Budge, S.L., & Solberg, V.S., (2010, February) *A three-tiered approach to analyze the career decision making processes using focus group data with Singaporean parents, students, and staff*. Research briefing presented at the Ministry of Education, Singapore.
2. °Budge, S.L., & Solberg, V.S., (2010, February) *Use of narrative analysis for high school students' career exploration processes: A Singapore Sample*. Research briefing presented at the Ministry of Education, Singapore.

BLOGS

Paquin, J., Tao, K., & Budge, S.L. (2020). *Is psychotherapy effective for everyone?*.
<https://www.apa.org/pubs/highlights/spotlight/issue-192>

Budge, S.L. (2015). *Critical considerations in writing letters for trans clients*.
<https://societyforpsychotherapy.org/critical-considerations-in-writing-letters-for-trans-clients/>

SERVICE ACTIVITIES

PUBLIC SERVICE (From 2014- current)

Wisconsin Transgender Health Coalition (WTHC)

5/2015-current

I have been involved in the organization since its inception. I have mainly been involved in the “data and dissemination” team, where I provide my expertise as researcher helping community members establish their own research projects and write grants to support personnel within the

Stephanie Budge CV 2024

coalition. As a part of this team, I have given presentations to community members about population-based data within Wisconsin that can influence access to more medical and mental health care. I have also assisted team members with creating surveys and recruiting individuals to be a part of a Wisconsin needs assessment of transgender youth. We meet once per month to focus on the larger data team and have smaller meetings throughout the month to focus on community outreach and training to disseminate research in a fashion that is most helpful for individuals who are not involved in academia.

**Co-Coordinator and Co-Chair for the Transgender
and Gender Expansive Youth Conference**

2/2016-current

Attend meetings for an ongoing planning committee to coordinate semi-annual conferences about the concerns of transgender youth. Helped develop an agenda for the conferences, planned speakers, coordinated a budget, and decided on special topics for the conference. Introduce the keynote speaker at the conference and provide project management during the day of the conference. Provided three one-hour long sessions to educate teachers, school staff, mental health professionals, and community members.

Pro-Bono Psychotherapy

8/2015 - current

Provided 1.5 hours of pro-bono weekly group psychotherapy to transgender and gender expansive youth at the Counseling Psychology Training Clinic from 2015-2016. Provided group therapy training to a doctoral student to conduct co-therapy with me as part of the group. Provided individual therapy to clients at the CPTC from Spring 2021-2022. Conducts assessments for referral letters at the CPTC (ongoing).

Community Presentations and Trainings

UW Health Behavioral Health Youth and Family Clinic	5/2021
CORE Lab—UW-Madison	4/2021
University of Utah	3/2021
Counseling Psychology Training Clinic, UW-Madison	2/2021
University of British Columbia	2/2021
Pauquette Center for Psychological Services	1/2021
Nehemiah--Center for Urban Leadership	12/2020
University of Utah	11/2020
Gender and Sexuality Campus Center	11/2020

Stephanie Budge CV 2024

Alamo Area Resource Center	7/2020
Brown University	1/2020
Group Health Cooperative Insurance	11/2019
Group Health Cooperative Insurance	12/2017
Goodman Community Center and UW Health	9/2017
Marquette University	8/2017
Madison Metropolitan School District	5/2017
Wisconsin Department of Public Safety	4/2017
Psychiatric Services	2/2017
FORGE	1/2017
Wisconsin Department of Public Instruction	12/2016
Madison Metropolitan School District	10/2016
Marquette University	5/2016

PROFESSIONAL SERVICE**Associate Editor***Psychotherapy*

1/2014 – 1/2022

Psychology of Sexual Orientation and Gender Diversity

8/2020 -- current

Guest Editor of Special Sections*Psychotherapy*

5/2019

Journal of Counseling Psychology

12/2017

Psychology of Sexual Orientation and Gender Diversity

12/2017

Psychotherapy

9/2016

Editorial Board*Psychotherapy*

1/2011 – 12/2013

Archives of Sexual Behavior

1/2014 – 12/2016

Psychology of Sexual Orientation and Gender Diversity

1/2016 – 8/2020

International Journal of Transgender Health

1/2016 – current

LGBTQ+ Family: An Interdisciplinary Journal

9/2022 - current

Stephanie Budge CV 2024

Ad Hoc Reviewer: Journal of Consulting and Clinical Psychology, Clinical Psychology Review, Journal of Counseling Psychology, The Counseling Psychologist, Feminism and Psychology, Psychology of Religion and Spirituality, Psychology of Women Quarterly, Journal of GLBT Family Issues, BioMed Central Journal, The Cognitive Behavior Therapist, Psychotherapy Research, Routledge Publishers, Harvard University Press, Family Process

Leadership in Professional Organizations

Co-Chair of Division 17 Special Task Group 8/2019 – 8/2020

"Building a Trans and Nonbinary Pipeline into Counseling Psychology." This special task group included giving a free webinar about increasing access for trans and nonbinary students into doctoral psych programs, creating a curriculum guide for psychology courses, and supporting a research project that focused on trans and nonbinary students' experiences in counseling psychology programs

Co-Chair of Division 44 Science Committee 8/2011 - current

Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (Division 44)

Membership in Professional Organizations

American Psychological Association (APA)

- Society of Counseling Psychology (Division 17)
- Division of Psychotherapy (Division 29)
- Society for the Psychology of Women (Division 35)
- Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (Division 44)
- Society of Clinical Child and Adolescent Psychology (Division 53)

World Professional Association for Transgender Health (WPATH)

Society for Psychotherapy Research (SPR)

UNIVERSITY SERVICE

University Committee

Faculty Senate (alternate)

5/2016 – current

LGBTQ University Committee

5/2017 - current

School of Education Committee

Information Technology Policy Advisory Committee

8/2014 – 8/2019

Department Committee

Doctoral Training Committee(chair)

8/2015 – current

Doctoral Admissions Chair

8/2017 - current

Social Justice Committee (chair)

8/2016 – 8/2019

Salary and Promotion Committee

8/2016 - current

Masters Training Committee

8/2014 – 8/2015

EXHIBIT B

Bibliography

BIBLIOGRAPHY

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev). Arlington, VA: American Psychiatric Publishing.

Ashley, B., & Harley, V. (2023). Genetic Association Studies in Transgender Cohorts: A Systematic Review and Meta-Analysis. *bioRxiv*, 2023-02.

Austin, A., Craig, S. L., D'Souza, S., & McInroy, L. B. (2022). Suicidality among transgender youth: elucidating the role of interpersonal risk factors. *Journal of interpersonal violence*, 37(5-6), NP2696-NP2718.

Barr, S. M., Snyder, K. E., Adelson, J. L., & Budge, S. L. (2021). Posttraumatic stress in the trans community: The roles of anti-transgender bias, non-affirmation, and internalized transphobia. *Psychology of Sexual Orientation and Gender Diversity*. Advanced Online Print.

Chodzen, G., Hidalgo, M. A., Chen, D., & Garofalo, R. (2019). Minority stress factors associated with depression and anxiety among transgender and gender-nonconforming youth. *Journal of Adolescent Health*, 64(4), 467-471.

Christensen, J. A., Oh, J., Linder, K., Imhof, R. L., Croarkin, P. E., Bostwick, J. M., & McKean, A. J. (2023). Systematic review of interventions to reduce suicide risk in transgender and gender diverse youth. *Child Psychiatry & Human Development*, 1-13.

Coleman, E., Radix, A. E., Bouman, W. P., et al. (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, *International Journal of Transgender Health*, 23:sup1, S1-S259.

Colson, A. E., Matsuno, E., Barr, S. M., & Randall, A. K. (2024). Associations between misgendering, invalidation, pride, community connectedness, and trauma among nonbinary adults. *Journal of Counseling Psychology*.

Crissman, H. P., Czuhajewski, C., Moniz, M. H., Plegue, M., & Chang, T. (2020). Youth perspectives regarding the regulating of bathroom use by transgender individuals. *Journal of Homosexuality*, 67(14), 2034-2049.

Daigle, L. E., Felix, S. N., Muñoz, R. B., Hancock, K. P., Oesterle, D. W., & Gilmore, A. K. (2024). Examining the risks of multiple types of interpersonal victimization for transgender and gender non-conforming college students. *Journal of Interpersonal Violence*, 08862605241254139.

Day, J. K., Perez-Brumer, A., & Russell, S. T. (2018). Safe schools? Transgender youth's school experiences and perceptions of school climate. *Journal of youth and adolescence*, 47(8), 1731-1742.

- DeChants, J. P., Price, M. N., Nath, R., Hobaica, S., & Green, A. E. (2024). Transgender and nonbinary young people's bathroom avoidance and mental health. *International Journal of Transgender Health*, 1-9.
- De Pedro, K. T., & Gorse, M. M. (2023). Substance use among transgender youth: associations with school-based victimization and school protective factors. *Journal of LGBT Youth*, 20(2), 390-406.
- da Silva, F. V. D., Jales, R. D., Pereira, I. L., Almeida, L. R. D., Nogueira, J. D. A., & Almeida, S. A. D. (2021). Childhood transgenderity under the perspective of elementary school teachers. *Revista latino-americana de enfermagem*, 29, e3459.
- Deutsch, M. B. (2016). Making it count: improving estimates of the size of transgender and gender nonconforming populations. *LGBT health*, 3(3), 181-185.
- Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(2), 116-123.
- Ehrensaft, D., Giammattei, S. V., Storck, K., Tishelman, A. C., & St. Amand, C. (2018). Prepubertal social gender transitions: What we know; what we can learn—A view from a gender affirmative lens. *International Journal of Transgenderism*, 19(2), 251-268.
- Fox, K. R., Choukas-Bradley, S., Salk, R. H., Marshal, M. P., & Thoma, B. C. (2020). Mental health among sexual and gender minority adolescents: Examining interactions with race and ethnicity. *Journal of consulting and clinical psychology*, 88(5), 402.
- Galupo, M. P., Pulice-Farrow, L., & Lindley, L. (2020). "Every time I get gendered male, I feel a pain in my chest": Understanding the social context for gender dysphoria. *Stigma and Health*, 5(2), 199-208.
- Gottfried, M. A. (2019). Chronic absenteeism in the classroom context: Effects on achievement. *Urban Education*, 54(1), 3-34.
- GLSEN (2021). *Improving School Climate for Transgender and Nonbinary Youth* (Research Brief). New York: GLSEN.
- Grimstad, F., Boskey, E. R., Taghinia, A., & Ganor, O. (2021). Gender-affirming surgeries in transgender and gender diverse adolescent and young adults: a pediatric and adolescent gynecology primer. *Journal of Pediatric and Adolescent Gynecology*, 34(4), 442-448.
- Herman, J. L. (2013). Gendered restrooms and minority stress: The public regulation of gender and its impact on transgender people's lives. *Journal of Public Management & Social Policy*, 19(1), 65-80.

- Herman, J.L., Flores, A.R., O'Neill, K.K. (2022). *How Many Adults and Youth Identify as Transgender in the United States?* The Williams Institute, UCLA School of Law.
- Hogg, M.A. (2016). *Social Identity Theory*. In: McKeown, S., Haji, R., Ferguson, N. (eds) *Understanding Peace and Conflict Through Social Identity Theory*. Peace Psychology Book Series. Springer, Cham.
- Horne, S. G., McGinley, M., Yel, N., & Maroney, M. R. (2022). The stench of bathroom bills and anti-transgender legislation: Anxiety and depression among transgender, nonbinary, and cisgender LGBTQ people during a state referendum. *Journal of Counseling Psychology*, 69(1), 1-13.
- Horton, C. (2022). "I Was Losing That Sense of Her Being Happy"—Trans Children and Delaying Social Transition. *LGBTQ+ Family: An Interdisciplinary Journal*, 1-17.
- Jacobsen, K., Davis, C. E., Burchell, D., Rutherford, L., Lachowsky, N., Bauer, G., & Scheim, A. (2023). Misgendering and the health and wellbeing of nonbinary people in Canada. *International Journal of Transgender Health*, 1-15.
- Jackman, K. B., Caceres, B. A., Kreuze, E. J., & Bockting, W. O. (2021). Suicidality among gender minority youth: Analysis of 2017 Youth Risk Behavior Survey data. *Archives of suicide research*, 25(2), 208-223.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. Retrieved from: <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>
- James, S.E., Herman, J.L., Durso, L.E., & Heng-Lehtinen, R. (2024). Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC. Retrieved from: https://transequality.org/sites/default/files/202402/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf
- Kosciw, J. G., Clark, C. M., & Menard, L. (2022). The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools. New York: GLSEN.
- Lindley, L., Lee, J., Norton, M., & Budge, S. L. (2024). Sociocultural Messages about Gender Dysphoria (Dis) Align with the Lived Experiences of Trans and Nonbinary Individuals: A Qualitative Study. *Sex Roles*, 90(4), 508-526.
- Lindley, L., Pulice-Farrow, L., & Budge, S. (2023). The antecedents of gender dysphoria and the associated thoughts, emotions, and ways of coping: A qualitative analysis and clinical implications. *Counselling Psychology Quarterly*, 36(4), 592-614.

- Martín-Castillo, D., Jiménez-Barbero, J. A., del Mar Pastor-Bravo, M., Sánchez-Muñoz, M., Fernández-Espín, M. E., & García-Arenas, J. J. (2020). School victimization in transgender people: A systematic review. *Children and Youth Services Review*, 119, 105480.
- McCann, E., & Brown, M. (2017). Discrimination and resilience and the needs of people who identify as transgender: a narrative review of quantitative research studies. *Journal of Clinical Nursing*, 26(23-24), 4080-4093.
- McKay, T. R., & Watson, R. J. (2020). Gender expansive youth disclosure and mental health: Clinical implications of gender identity disclosure. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 66-75.
- McGuire, J. K., Okrey Anderson, S., & Michaels, C. (2022). "I don't think you belong in here:" The impact of gender segregated bathrooms on the safety, health, and equality of transgender people. *Journal of Gay & Lesbian Social Services*, 34(1), 40-62.
- McLemore, K. A. (2015). Experiences with misgendering: Identity misclassification of transgender spectrum individuals. *Self and Identity*, 14(1), 51-74.
- McLemore, K. A. (2018). A minority stress perspective on transgender individuals' experiences with misgendering. *Stigma and Health*, 3(1), 53-64.
- Meerwijk, E. L., & Sevelius, J. M. (2017). Transgender population size in the United States: a meta-regression of population-based probability samples. *American Journal of Public health*, 107(2), e1-e8.
- Murchison, G. R., Agénor, M., Reisner, S. L., & Watson, R. J. (2019). School restroom and locker room restrictions and sexual assault risk among transgender youth. *Pediatrics*, 143(6).
- Olson, K. R., Key, A. C., & Eaton, N. R. (2015). Gender cognition in transgender children. *Psychological Science*, 26(4), 467-474.
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3).
- Pampati, S., Andrzejewski, J., Sheremenko, G., Johns, M., Lesesne, C. A., & Rasberry, C. N. (2020). School climate among transgender high school students: An exploration of school connectedness, perceived safety, bullying, and absenteeism. *The Journal of School Nursing*, 36(4), 293-303.
- Pease, M., Le, T. P., & Iwamoto, D. K. (2022). Minority stress, pandemic stress, and mental health among gender diverse young adults: Gender dysphoria and emotion dysregulation as mediators. *Psychology of Sexual Orientation and Gender Diversity*. Advanced Online Print.

Poteat, V. P., Watson, R. J., & Fish, J. N. (2021). Teacher support moderates associations among sexual orientation identity outness, victimization, and academic performance among LGBTQ+ youth. *Journal of Youth and Adolescence*, 50(8), 1634-1648.

Price-Feeney, M., Green, A. E., & Dorison, S. (2020). Understanding the mental health of transgender and nonbinary youth. *Journal of Adolescent Health*, 66(6), 684-690.

Price-Feeney, M., Green, A. E., & Dorison, S. H. (2021). Impact of bathroom discrimination on mental health among transgender and nonbinary youth. *Journal of Adolescent Health*, 68(6), 1142-1147.

Puckett, J. A., Maroney, M. R., Wadsworth, L. P., Mustanski, B., & Newcomb, M. E. (2020). Coping with discrimination: The insidious effects of gender minority stigma on depression and anxiety in transgender individuals. *Journal of Clinical Psychology*,

Rafferty, J., Yogman, M., Baum, R., Gambon, T. B., Lavin, A., Mattson, G., ... & Committee on Psychosocial Aspects of Child and Family Health. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, 142(4).

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

Rouse Jr, M., & Hamilton, E. (2021). Rethinking Sex and the Brain: How to Create an Inclusive Discourse in Neuroscience. *Mind, Brain, and Education*, 15(2), 163-167.

Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of adolescent Health*, 63(4), 503-505.

Sadr, M., Khorashad, B. S., Talaei, A., Fazeli, N., & Hönekopp, J. (2020). 2D: 4D suggests a role of prenatal testosterone in gender dysphoria. *Archives of Sexual Behavior*, 49, 421-432.

Sanchez, F.J. & Pankey, T. (2017). *Essentialist views on sexual orientation and gender identity*. In DeBord, Kurt A. (Ed); Fischer, Ann R. (Ed); Bieschke, Kathleen J. (Ed); Perez, Ruperto M. (Ed). *Handbook of sexual orientation and gender diversity in counseling and psychotherapy* , (pp. 51-74). Washington, DC, US: American Psychological Association.

Spizzirri, G., Duran, F. L. S., Chaim-Avancini, T. M., Serpa, M. H., Cavallet, M., Pereira, C. M. A., ... & Abdo, C. H. N. (2018). Grey and white matter volumes either in treatment-naïve or hormone-treated transgender women: a voxel-based morphometry study. *Scientific Reports*, 8(1), 736.

Suarez, N. A., McKinnon, I. I., Krause, K. H., Rasberry, C. N., Pampati, S., & Underwood, J. M. (2024). Disparities in Behaviors and Experiences Among Transgender and Cisgender High School Students—18 US States, 2021. *Annals of epidemiology*.

Taylor, A.B., Chan, A., Hall, S.L., Saewyc, E. M., & the Canadian Trans & Non-binary Youth Health Survey Research Group (2020). *Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey*. Vancouver, Canada: Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia.

Turban, J. L., King, D., Li, J. J., & Keuroghlian, A. S. (2021). Timing of social transition for transgender and gender diverse youth, K-12 harassment, and adult mental health outcomes. *Journal of Adolescent Health*, 69(6), 991-998.

Veale, J. F., Watson, R. J., Peter, T., & Saewyc, E. M. (2017). Mental health disparities among Canadian transgender youth. *Journal of Adolescent Health*, 60(1), 44-49.

Wagner, S., Panagiotakopoulos, L., Nash, R., Bradlyn, A., Getahun, D., Lash, T. L., ... & Goodman, M. (2021). Progression of gender dysphoria in children and adolescents: a longitudinal study. *Pediatrics*, 148(1).

Wang, Y. C., Hoatson, T., Stamoulis, C., Herman, J., Reisner, S. L., Meyer, I. H., & Katz-Wise, S. L. (2024). Psychological distress and suicidality among transgender young adults in the United States. *Journal of Adolescent Health*, 74(6), 1095-1105.

Wilkinson, L., Shifrer, D., & Pearson, J. (2021). Educational outcomes of gender-diverse youth: A national population-based study. *Gender & Society*, 35(5), 806-837.

Wilson, E. C., Chen, Y. H., Arayasirikul, S., Raymond, H. F., & McFarland, W. (2016). The impact of discrimination on the mental health of trans* female youth and the protective effect of parental support. *AIDS and Behavior*, 20(10), 2203-2211.

Wilson, L. C., Newins, A. R., Kassing, F., & Casanova, T. (2024). Gender minority stress and resilience measure: A meta-analysis of the associations with mental health in transgender and gender diverse individuals. *Trauma, Violence, & Abuse*, 25(3), 2552-2564.

Zell, H., & Kerr, D. C. (2024). Risk and protective factors for suicidal ideation and attempt: comparing gender diverse and cisgender youth. *Journal of LGBT Youth*, 1-17.

2024.11.08 Budge Declaration - Final with Exhibits

Final Audit Report

2024-11-09

Created:	2024-11-08
By:	Joseph Wardenski (joe@wardenskilaw.com)
Status:	Signed
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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and
next friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

DECLARATION OF DR. LISA JOHNSON

I, Dr. Lisa Johnson, declare and state as follows:

1. I am the parent of a transgender child. I submit this declaration in support of Plaintiff's Motion for a Preliminary Injunction. I have personal knowledge of the facts stated below.
2. I live with my eight-year-old son, who I will call "Timmy," in Spartanburg, South Carolina.
3. Timmy is in second grade. He is also transgender.
4. Timmy has known he was a boy since he was in preschool, at the latest.
5. Timmy is currently enrolled in a private school. One of my major reasons for sending Timmy to private school is that I have worried that he would face more anti-transgender discrimination in public school.
6. I am a single parent and sending Timmy to private school is a huge financial burden. I would like to send him to public school, and have considered doing so multiple times.
7. However, this year I knew Timmy could not go to public school because of Proviso 1.120.

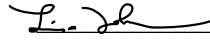
8. One of the reasons I know I cannot send Timmy back to public school now is because Proviso 1.120 would effectively “out” him as transgender to all his new classmates by requiring him to use the girls’ restroom or a gender-neutral restroom. That could expose him to an increased risk of anti-transgender harassment, among other harms.

9. I know some other parents of transgender students in South Carolina, and they are also keeping their kids out of South Carolina public schools because of their concerns that their children will not be able to use school restrooms consistent with their gender identities. One family is moving out of state. Another is homeschooling their child.

10. As much of a financial burden as private school is, I feel lucky that I am able to protect Timmy. I worry about all the other families with transgender children who are not as fortunate.

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

Executed this 3 day of November, 2024.



Dr. Lisa Johnson

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and
next friends, JIM DOE and JANE DOE,
et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

DECLARATION OF [REDACTED] (“JOHN DOE”)

I, [REDACTED], declare and state as follows:

1. My name is [REDACTED]. I am going by “John Doe” in this lawsuit.¹ I am a plaintiff in this lawsuit, which my parents filed on my behalf. I submit this declaration in support of Plaintiff’s Motion for a Preliminary Injunction. I have personal knowledge of the facts stated below and would testify completely to those facts if called to do so.

2. I am thirteen years old and live with my parents and siblings in Berkeley County, South Carolina.

3. I am transgender. Although I was assigned “female” at birth, I am a boy and my gender identity is male.

4. I have always known I am a boy.

¹ John Doe is a pseudonym. My family is proceeding under pseudonym to protect our right to privacy and ourselves from discrimination, harassment, and violence, as well as retaliation for seeking to protect our rights.

5. I first started attending Berkeley County School District (“the School District”) as a kindergartener. Since then, I have been a student in the School District for all but two years when I went to private school. I enrolled in the School District’s Cane Bay Middle School (“Cane Bay”) as a sixth grader in 2022.

6. I started telling trusted teachers that I was transgender in sixth grade. I have been open at school about my identity since last year, when I was in seventh grade.

7. In August 2024, I started eighth grade at Cane Bay.

8. At the beginning of the school year, I used the boys’ restrooms at Cane Bay. No students ever raised any concerns about me using the restroom.

9. However, teachers—who do not use student restrooms—reported to the school’s administrators that I was using the boys’ restrooms.

10. On or around August 27, 2024, Kamelio Johnson, an assistant principal at Cane Bay, told me that I would need to use the girls’ restrooms. He told me that, alternatively, I could use the single occupancy restroom in the nurse’s office.

11. In response, I explained to Assistant Principal Johnson that it would be very upsetting for me to use girls’ restrooms, which would be inconsistent with my gender identity, and other students would likely feel uncomfortable as well, since I present as a boy. I also explained that using the nurse’s restroom would single me out and put a target on my back for harassment.

12. The nurse’s restroom was also farther away from my classrooms than the boys’ restrooms. So, if I had used that restroom, I would have missed time in class.

13. I also knew that when I had previously used girls’ restrooms, I confused my female classmates because I have looked like a boy for a long

time, even before I told others that I am transgender. For example, in fifth grade—before I came out as transgender, and while I was attending another school within the School District—female classmates were so confused by my presence in the girls’ restroom, given my masculine appearance, that the school principal had to intervene and tell the girls that I was allowed to use the girls’ facility.

14. After speaking with Assistant Principal Johnson in August, I continued to use the boys’ restrooms.

15. Later in August or in early September, my dad, Assistant Principal Johnson, and I met at Cane Bay. Assistant Principal Johnson announced that he was going to suspend me for a day because I had used boys’ restrooms.

16. I asked what rule in the school handbook I was violating, and Assistant Principal Johnson told me he was punishing me for refusing to obey his direction to not use the boys’ restrooms. Assistant Principal Johnson said that Cane Bay had no written policy prohibiting me from using the boys’ restrooms but that “people at the district office” had “communicated to” him that transgender students cannot use restrooms that correspond to their gender identities.

17. Assistant Principal Johnson also said that no students had complained about my use of the boys’ restrooms, and neither had anyone else who uses the boys’ restrooms.

18. Cane Bay’s principal, Carol Beckmann-Bartlett, then joined the meeting. She explained that the school was “dealing with . . . a state law,” which she also referred to as “a proviso.” She also explained that, over the summer, the School District had adopted a policy that had the effect of forbidding me from using the boys’ restrooms, though I have never seen that policy.

19. Principal Beckmann-Bartlett repeatedly told me that she did not have any personal objection to me using the boys’ restrooms and was not angry at me. But she explained the school could not change the law and was expected to follow it. She repeatedly said that she and Assistant Principal Johnson were

merely following a directive from the School District, which was in turn following the directive of state law.

20. Principal Beckmann-Bartlett told me that if I continued to use the boys' restrooms after I returned from my suspension, my punishment would escalate, and I would risk expulsion.

21. The next day, I served my suspension.

22. I believe that, after my suspension, the School District instructed teachers to closely monitor my use of the restrooms. Teachers began, for the first time, leading their classes of middle school students to the restrooms in lines to monitor who was using which restroom. More than once, a teacher yelled at me for trying to use a boys' restroom and prevented me from relieving myself. As a result, in those instances, I spent the rest of the school day feeling physically uncomfortable from a full bladder and having trouble focusing on my classes.

23. The School District's monitoring of my bathroom usage fueled harassment by my peers. I had previously experienced some anti-transgender harassment by classmates. But the School District's monitoring of my restroom use emboldened the harassers. One student, for example, taunted me because I was "supposed to use the girls' restrooms," and threatened to physically fight me.

24. I was so upset by the harassment and invasive monitoring of my restroom use at school that, sometimes, I could not even go to school.

25. In September 2024, my parents withdrew me from Cane Bay.

26. I am now enrolled in an online education program run by the School District. I do not like the program. The technology is hard to use, and most of the time I am just supposed to study on my own, without any live instruction from teachers. Because I am studying from home, I do not get to spend time with friends and classmates like I did at Cane Bay.


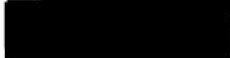
27. If Cane Bay would permit me to use the boys'

restrooms, I would really like to return to in-person school.

28. I chose to file this lawsuit through my parents because I believe Proviso 1.120 is harmful and unfair to me and other transgender students across the state. I understand that if the court allows my case to go forward as a “class action,” my parents and I would represent the other transgender students in South Carolina public schools. I am prepared to do this. I am committed to fighting for transgender students’ rights to be free from discrimination.

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

Executed this 2 day of November, 2024.


 (“John Doe”)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

DECLARATION OF [REDACTED] (“JIM DOE”)

I, [REDACTED], declare and state as follows:

1. My name is [REDACTED]. I am going by “Jim Doe” in this case. My wife [REDACTED], who is going by “Jane Doe,” and I have brought this lawsuit as the “next friends” of my son, [REDACTED], who is going by “John Doe.”¹ I submit this declaration in support of Plaintiff’s Motion for a Preliminary Injunction. I have personal knowledge of the facts stated below and would testify completely to those facts if called to do so.

2. Jane, John, and I live with our other children in Berkeley County, South Carolina.

3. John is transgender. He has dressed and presented as a boy since he was a child. Even before he told us he was a boy, many people just assumed he was one because of his appearance. When John was around nine or ten years old, John asked my wife and me to stop

¹ John Doe, Jim Doe, and Jane Doe are pseudonyms. My family is proceeding under pseudonym to protect our right to privacy and ourselves from discrimination, harassment, and violence, as well as retaliation for seeking to protect our rights.

correcting people when they assumed that he was a boy. So, we were not surprised when, a couple years later, John told us he was transgender.

4. John first enrolled in Berkeley County School District (“the School District”) as a kindergartener. Since then, he has been a student in the School District for all but two years of elementary school, during which John attended private school. John enrolled in the School District’s Cane Bay Middle School (“Cane Bay”) as a sixth grader in 2022.

5. John started this academic year as an eighth-grade student at Cane Bay.

6. On or around August 27, 2024, I spoke with Cane Bay’s assistant principal, Kamelio Johnson, on the phone. Assistant Principal Johnson told me that John would need to use the girls’ restrooms “for everyone’s protection.” I told Assistant Principal Johnson that John is a boy and I support him using the boys’ restrooms, since those correspond to his gender identity. I also told Assistant Principal Johnson that I hoped that Cane Bay administrators would be my and John’s allies.

7. Later in August or in early September, I met with Assistant Principal Johnson at Cane Bay. John also attended our meeting. Citing John’s use of the boys’ restrooms, Assistant Principal Johnson announced that he was going to suspend John for a day.

8. When John asked what rule in the school handbook he was violating, Assistant Principal Johnson said he was being punished for refusing to obey his direction to not use the boys’ restrooms. Assistant Principal Johnson acknowledged that the school had no written policy prohibiting John from using the boys’ restrooms. He said only, when pressed, that “people at the district office” had “communicated to” him that transgender students cannot use restrooms that correspond to their gender identities.

9. Assistant Principal Johnson also acknowledged that no students had complained about John's use of the boys' restrooms, nor had anyone else who uses the boys' restrooms.

10. Cane Bay's principal, Carol Beckmann-Bartlett, then joined the meeting. She explained that the school was "dealing with . . . a state law," which she also referred to as "a proviso." She also explained that, over the summer, the School District had adopted a policy that had the effect of forbidding John from using the boys' restroom, though my family has not seen such a policy.

11. In that meeting, Principal Beckmann-Bartlett repeatedly told John that she did not have any personal objection to him using the boys' restrooms and was not angry at him. But she explained the school could not change the law and was expected to follow it. She repeatedly expressed that she and Assistant Principal Johnson were merely following a directive from the School District, which was in turn following the directive of state law.

12. Principal Beckmann-Bartlett told John that if he continued to use the boys' restrooms after he returned from his suspension, his punishment would escalate, and he would risk expulsion.

13. The next day, John served his suspension.

14. Because of Cane Bay's monitoring of his restroom use, and the peer harassment that it fueled, John was sometimes too upset to attend school and missed additional days of school.

15. In September 2024, my wife and I decided to withdraw John from Cane Bay. We did so because of Cane Bay's refusal to permit John to use the boys' restroom, combined with the anti-transgender harassment he faced from his classmates.

16. Since October 14, 2024, John has been attending an online program run by the School District. That is going very poorly. The program offers limited live instruction and John


struggles with the online platform's technology. He is socially isolated and academically disengaged. I am afraid that John, who is very smart and has been a strong student, may fail his online classes.

17. John has told us that, if Cane Bay would permit him to use the boys' restrooms, he would like to return to in-person school. Jane and I would support his decision to do so.

18. I chose to file this lawsuit on John's behalf because I want to fight for his rights and the rights of all transgender students in South Carolina. I think John is facing a severe injustice, and I feel for all the students who are suffering the same discrimination, including those who do not have parents who can advocate for them and bring a lawsuit. I understand that, if this case is permitted to go forward as a class action, John would, through me, represent other transgender students in South Carolina public schools. I am prepared, and would be proud, to serve that role.

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

Executed this 12 day of November, 2024.


[Redacted]
[Redacted] Jim Doe

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

SUPPLEMENTAL DECLARATION OF [REDACTED] (“JIM DOE”)

I, [REDACTED], declare and state as follows:

1. My name is [REDACTED]. I am going by “Jim Doe” in this case. My wife and I have brought this lawsuit as the “next friends” of my son, [REDACTED], who is going by “John Doe.” I submit this supplemental declaration in support of Plaintiff’s Motion for a Preliminary Injunction. I have personal knowledge of the facts stated below and would testify completely to those facts if called to do so.

2. After we withdrew John from Cane Bay Middle School due to the school’s restroom policy, as well as the harassment John faced, John enrolled in an online virtual charter school, South Carolina Connections Academy. As I described in my last declaration, that program offered a far worse experience than in-person education. The online school offers limited live instruction and the technology was difficult for John to use. As a result, my wife and I could see that John was not engaged with his classes. And because he was not going to school in-person, John was socially

isolated, without opportunities to spend time with other kids his age. That isolation took a clear toll on John's mental health.

3. As a result of this isolation and lack of engagement, John stopped going to school altogether.

4. On January 23, 2025, the online school's assistant principal sent my wife an email, which my wife then shared with me. That email explained that the school was "withdrawing [John] effective today" because John "has had more than 10+ consecutive unexcused absences."

5. Given this development, I am more desperate than ever for Proviso 1.120 to be struck down so John can re-enroll in Cane Bay Middle School. I need to protect my child and make sure that he is getting the education he deserves without having to face discrimination because of his gender identity.

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

Executed this ____ day of January, 2025.

("Jim Doe")

isolated, without opportunities to spend time with other kids his age. That isolation took a clear toll on John's mental health.

3. As a result of this isolation and lack of engagement, John stopped going to school altogether.

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5. Given this development, I am more desperate than ever for Proviso 1.120 to be struck down so John can re-enroll in Cane Bay Middle School. I need to protect my child and make sure that he is getting the education he deserves without having to face discrimination because of his gender identity.

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

Executed this ____ day of January, 2025.


("Jim Doe")

1-29-2025

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

SUPPLEMENTAL DECLARATION OF PATRICK ARCHER

I, Patrick Archer, declare under penalty of perjury that the following is true and correct, and state:

1. I am a law fellow at Public Justice, a nonprofit legal advocacy organization that represents the Plaintiffs in this case. The following is true of my own personal knowledge, and, if called as a witness, I would and could testify competently thereto.

2. Attached hereto as Exhibit A is a true and correct copy of excerpts from a transcript of the January 17, 2025, deposition testimony of Dr. Geeta Nangia. This transcript was created by the court reporting company Veritext.

3. Attached hereto as Exhibit B are excerpts from a transcript of an audio recorded conversation between Jim Doe and Cane Bay Middle School Assistant Principal Kamelio Johnson. To the best of my knowledge and belief, this recorded conversation occurred in August 2024. The transcript was created by the company Planet Depos. The only alteration that I have made to this transcript is to redact John Doe's name and replace it with the words "John Doe."

4. Attached hereto as Exhibit C are excerpts from a transcript of an audio recorded conversation between Plaintiff John Doe, Jim Doe, Assistant Principal Kamelio Johnson, Cane Bay Middle School Principal Carol Beckmann-Bartlett, and other Cane Bay Middle School staff. To the best of my knowledge and belief, this recorded conversation occurred on or around August 27, 2024. The transcript was created by the company Planet Depos. The only alteration that I have made to this transcript is to redact John Doe's name and replace it the words "John Doe."

5. Attached hereto as Exhibit D is a document, produced by the State Defendants on January 13, 2025, reflecting a statement released by the South Carolina School Boards Association.

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

Executed on this 30th day of January, 2025.

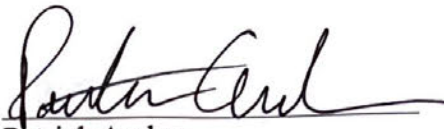

Patrick Archer

EXHIBIT A

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION

JOHN DOE et al.,

Plaintiffs,

vs. CASE NO. 2:24-cv-06420-RMG

STATE OF SOUTH CAROLINA, et al.,

Defendants.

VIDEOTAPED VTC

DEPOSITION OF: GEETA NANGIA, MD
(Appearing by VTC)

DATE: January 17, 2025

TIME: 9:45 a.m.

LOCATION: Zoom Videoconference

TAKEN BY: Counsel for the Plaintiff

REPORTED BY: Susan M. Valsecchi, Registered
Professional Reporter, CRR
(Appearing by VTC)

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 25

1 Q. Is the basis for your inactive status
2 that you don't practice in Pennsylvania right now?

3 A. That is correct.

4 Q. When did you go inactive?

5 A. I believe that was in 2015. I would
6 need to verify that.

7 Q. And, again, no complaints or
8 disciplinary actions in Pennsylvania, correct?

9 A. No, sir.

10 Q. Are you a member of any professional
11 organizations?

12 A. I'm a member of the APA.

13 Q. And is that the American Psychiatric
14 Association?

15 A. That is correct.

16 Q. Okay. Are you a member of any other
17 professional organizations?

18 A. No. I had been at one point a member
19 of the American Academy of Child and Adolescent
20 Psychiatry, but that has since lapsed.

21 Q. Okay. Anything else?

22 A. No. I'm board-certified through the
23 AP -- ABPN, but I'm not a member of any other
24 organization specifically.

25 Q. Okay.

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 45

1 transphobic.

2 Q. Do you reject those labels for
3 yourself?

4 A. Absolutely.

5 Q. So in your clinical practice, if I'm
6 understanding correctly, your career has involved
7 treating patients in inpatient settings, outpatient
8 settings, and sort of ongoing treatment and therapy
9 for individual patients. Is that an accurate
10 summary of the range of your clinical experience?

11 A. I would say so.

12 Q. And then I note on your resume that you
13 describe yourself in various places as having --
14 as having been an evaluator or conducted
15 evaluations.

16 What -- you know, for the record, what
17 does that mean, you know, in the context of your --
18 your job as a psychiatrist?

19 A. As a psychiatrist, I provide evaluation
20 and treatment of psychiatric disorders. I also
21 provide evaluation and treatment of family function
22 and how children are doing from a mental health and
23 wellness standpoint, and so I evaluate and treat
24 those issues.

25 Q. And does -- evaluation, does that imply

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 46

1 that it's not an ongoing relationship with a
2 patient, or can it be part of a -- a longer-term
3 treatment relationship with a patient?

4 A. It differs according to the setting.
5 So if I'm seeing someone on an inpatient unit, that
6 would be very short-term care with a very thorough
7 biopsychosocial assessment in the beginning and
8 then short-term care; but in outpatient treatment,
9 that would be a longer pattern of care.

10 I have worked alone, I have worked with
11 multidisciplinary teams, and I've worked with other
12 colleagues who are in my field.

13 Q. For the patients that you have seen
14 sort of on a short-term basis, or, you know,
15 one-time basis, inpatient settings or otherwise,
16 were most of them in the inpatient setting?

17 A. I'm sorry, may -- may I ask you to
18 repeat that?

19 Q. Yes.

20 For the patients in your -- that you've
21 had on a short-term or one-time basis, were those
22 primarily in inpatient settings?

23 A. Yes.

24 Q. And, you know, to your knowledge, if
25 you know, what proportion of those patients had

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 47

1 significant past trauma in their lives before you
2 saw them?

3 A. A significant number.

4 Q. Did any of those inpatient clients
5 or patients specifically ask you to evaluate them
6 for gender dysphoria or gender incongruence in
7 connection with the inpatient care?

8 A. They did not ask me specifically for
9 evaluation of gender dysphoria.

10 Q. Did you assess or have you assessed
11 inpatient patients for gender dysphoria?

12 A. Yes.

13 Q. And what would be the reason for doing
14 that in an inpatient setting?

15 A. Because I think that it's incredibly
16 important with every patient, regardless of where
17 they present, to take a thorough developmental
18 history. I think it has a lot to do with
19 presentation, even in an acute care setting.

20 Q. Now, I believe you wrote in your report
21 that you have never formally diagnosed any child or
22 adolescent with gender dysphoria; is that accurate?

23 A. By formally diagnose, what I'm meaning
24 is charting it.

25 Q. And -- well, tell me -- tell me why

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 48

1 that is. What's the distinction between sort of
2 undertaking the assessment and then writing it
3 down, I guess, on a patient's chart?

4 A. I provide verbal diagnoses. There are
5 two diagnoses in my field that I don't chart, one
6 is oppositional defiant disorder and the other one
7 has to do with gender dysphoria. Okay? The two of
8 those, I don't chart them. It doesn't mean I don't
9 provide a verbal diagnosis, but I don't formally
10 diagnose them. By that, I mean I don't chart them.

11 And the reasons for that is I view
12 these two diagnoses as being, in my clinical
13 experience, primarily ones that respond to
14 treatment so that the diagnoses are, one,
15 transient, and, two, they carry a lot of weight
16 down the line of care.

17 So, that, because I've experienced them
18 as being transient and responsive to treatment, my
19 great reluctance in ever documenting or charting
20 those diagnoses is that both of them carry weight
21 in other scenarios.

22 So with oppositional defiant disorder,
23 for instance, children, often -- their behavior
24 reflects underlying needs. And so where kids have
25 disruptive behavior or they're really struggling

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 49

1 with authority, they have a reputation for being
2 problemsome in school or in other community
3 environments, I find that, when we can explore
4 their underlying needs and what's going on in their
5 lives and address those things, we can see that
6 diagnosis of ODD -- is how it's labeled, right --
7 we can see that no longer be an issue.

8 So when it's no longer an issue, I take
9 that into consideration because ODD carries a lot
10 of stigma associated with it. It can set a child
11 up for negative things down the road pertaining to
12 how people view them, pertaining to care that they
13 might get or not get, academic help that they may
14 get or not get. And so for that reason, I don't
15 chart it. I see it as transient in the vast
16 majority of cases. It does respond to treatment
17 and go away.

18 So I find it to be something that's not
19 constructive or helpful to chart. If anything, it
20 can be detrimental.

21 I feel the same way about gender
22 dysphoria. The vast majority of adolescents that I
23 have seen desist. All of the children I have had
24 in my care have had gender dysphoria remit. And so
25 from my standpoint, to chart that can lead to some

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 50

1 negative ramifications, similarly to how it does in
2 oppositional defiant disorder. So it's not the
3 only diagnosis that I -- I would state that for.

4 Q. And when you say that gender dysphoria
5 remitted, does that mean it was cured?

6 MR. COLEMAN: Object to the form of the
7 question, but you can answer.

8 THE WITNESS: The symptoms -- the
9 symptom criteria were no longer met.

10 BY MR. WARDENSKI:

11 Q. Under the DSM criteria?

12 A. Correct.

13 Q. So is it your opinion that gender
14 dysphoria can be cured?

15 MR. COLEMAN: Object to the form of the
16 question.

17 THE WITNESS: It is my experience that
18 the symptom criteria for gender dysphoria
19 respond to treatment. And in the vast
20 majority of cases, adolescents specifically,
21 don't end up meeting those criteria
22 subsequent to treatment of other issues that
23 are going on in their lives.

24 And with children in particular, I have
25 had all of them no longer experience gender

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 51

1 dysphoria once treatment -- or just waiting
2 and allowing time and maturation to occur.

3 BY MR. WARDENSKI:

4 Q. And I understand that, you know, at
5 least -- at least with respect to pre-pubertal
6 children, that the literature supports, you know, a
7 larger number of kids potentially, you know, having
8 a childhood gender dysphoria diagnosis that does
9 not persist through adolescence.

10 But I guess your -- you know, your
11 reports of your own clients' desistance rates in
12 adolescents are somewhat in conflict with, you
13 know, most of the research out there, and I'm
14 wondering if you can explain why that is, or why
15 you think that might be?

16 A. I think if you look at the literature
17 that talks about adolescent persistence
18 specifically, there are a great deal of -- there
19 are a number of factors that were not considered in
20 that literature and still to this day are not
21 really considered, and I think that it's important
22 that persistence literature take those things into
23 consideration and that there's more research into
24 those issues.

25 Q. And what factors are you thinking of?

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 119

1 discomfort around people with disabilities,
2 whatever -- could that inform someone's feelings of
3 felt safety?

4 A. May -- may I ask you to -- to clarify
5 your question? Are you asking from a clinician
6 standpoint? I'm confused on the question.

7 Q. Yeah, so, you know, one way that
8 someone might feel unsafe in a, you know, otherwise
9 objectively safe situation, you know, is because
10 they have a history of, you know, specific trauma
11 that triggers that feeling of lack of safety.

12 My question is, could another factor
13 contributing to a lack of felt safety be an
14 individual's own bias towards another group?

15 MR. COLEMAN: Object to the form of the
16 question.

17 But you can answer.

18 THE WITNESS: I think it would depend
19 on the situation. I think, hypothetically,
20 the way you're presenting it, it's possible.

21 BY MR. WARDENSKI:

22 Q. Okay. So, you know, for example,
23 thinking back to the Jim Crow era, right I think
24 some people, maybe not all people, but some people
25 tried to justify Jim Crow restrictions on, you

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 120

1 know, segregated bathrooms based on, you know,
2 safety concerns for white girls, for example.

3 There are some, I would imagine -- tell
4 me if you disagree with this -- you know, white
5 girls or white women that did, you know,
6 internally, subjectively feel unsafe around people
7 of color in the same facilities.

8 How -- is that -- is that scenario --
9 is their -- their felt safety in that situation
10 something that should be given credence? Tell me
11 how you would -- you know, how you think about,
12 like, that particular situation in terms of the
13 felt safety model.

14 MR. COLEMAN: This is Mr. Coleman
15 again, object to the form of the question.

16 But you can answer.

17 THE WITNESS: Are you asking me in
18 reference to the Jim Crow laws? Like
19 what -- what is -- what specifically are you
20 asking me in reference to?

21 BY MR. WARDENSKI:

22 Q. Yeah, so if -- you know, and I'm sure
23 that in the -- you know, in the '50s that someone
24 might have, you know, said, you know, these
25 policies are justified because, you know, some

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 121

1 people don't feel safe using bathrooms with African
2 Americans.

3 Would you -- would you consider that to
4 be -- you know, that objection or, you know, that
5 sort of justification to be a -- you know, based or
6 rooted in a concept of felt safety?

7 MR. COLEMAN: Same objection.

8 But you can answer.

9 THE WITNESS: I -- I'd have to -- I
10 would have to think about that. I think
11 that what you're referring to is a very
12 different situation. You're asking -- your
13 first question was regarding felt safety and
14 if it can be, you know, a part of -- if bias
15 can or prejudice can be a part, if I'm -- if
16 I'm understanding you correctly, that -- can
17 bias or prejudice contribute to a person's
18 sense of self -- felt safety. And I would
19 say the way you're presenting it,
20 hypothetically, sure.

21 That said, what I'm referring to in my
22 report is when I'm talking about gender and
23 separation of -- I think this is where
24 you're going with multi-occupancy bathrooms
25 and -- and the two -- you know, is a -- is a

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 122

1 person who is gender congruent, are they --
2 are they going to have, you know, feelings
3 about felt safety and does that influence
4 the way that they feel around children or
5 minors who are gender incongruent? A much
6 more complicated situation because we're
7 talking about developmental literature that
8 goes back decades. And so we're not talking
9 about a sense of felt safety as in, well, I
10 feel uncomfortable because of the color of
11 someone's skin. We're talking about
12 developmental literature that has to do with
13 development and -- psychosocial development,
14 physical development, things that have been
15 in place for a very long time and are rooted
16 in a good bit of -- of science and
17 literature. So it's a different scenario.

18 BY MR. WARDENSKI:

19 Q. You did say, though, that, you know,
20 any one person's feeling of felt safety is
21 subjective, correct?

22 A. Felt -- felt safety is rooted in trauma
23 triggers. It's rooted in a number of things, but,
24 yes, it is a person's feeling or perception, yes,
25 and that is subjective.

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 123

1 Q. So, you know, I take that to mean that,
2 you know, in this context, in the bathroom context,
3 that some people may experience feelings of lack of
4 felt safety with transgender peers using the
5 bathroom, others may not; is that -- is that
6 correct?

7 MR. COLEMAN: Objection to the form of
8 the statement and/or question.

9 THE WITNESS: I think a lack of
10 familiarity with someone else if they're
11 different or if it feels different can most
12 certainly affect felt safety; however, I
13 think that's the case in any situation, and
14 I would say, too, that in my own patient
15 population, as I've commented in my report,
16 that the patients whom I've had who are
17 gender congruent have expressed discomfort
18 with sharing bathroom spaces, and it hasn't
19 been rooted in a sense of being unfamiliar.

20 These are their friends -- their
21 friends who are transgender, these are
22 people that they're around outside of the
23 bathroom and in the -- they're together in
24 class. They're together outside. So
25 there's not a lack of familiarity with them.

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 130

1 mental health. And so when I'm writing for
2 accommodations, and, you know, I'm looking
3 at kind of the best option, that then a
4 single occupancy bathroom is also what I,
5 you know, recommend for patients who are
6 vulnerable, period, who have been bullied,
7 period. And so for this reason, I think
8 it's very important to give them that same
9 and equal protection.

10 BY MR. WARDENSKI:

11 Q. So I was actually going to ask you
12 that. So if a student with, say, a physical
13 disability has been bullied a lot in -- in school
14 bathrooms, would your recommendation be that they
15 use a private gender-neutral or private
16 single-occupancy restroom?

17 A. Yes.

18 Q. What if there was a new immigrant
19 student who didn't know English very well and was
20 experiencing a lot of bullying or harassment in the
21 bathrooms and elsewhere. For that reason, would
22 your recommendation be that that student be given
23 the -- be assigned to a private single-occupancy
24 restroom?

25 A. I -- I would say that they deserve

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 131

1 access to a single-occupancy bathroom should they
2 choose to do that, absolutely. I think that's
3 fair, it's protective, and it's a kind
4 intervention. I say that, and I would also say to
5 you that, simultaneously, I would recommend that
6 teachers and school staff help -- help the
7 situation in other ways, by helping students to
8 learn to be kind.

9 Q. So if you're talking about the new
10 immigrant student -- I'm echoing back what you
11 said, tell me if I'm wrong -- that that student
12 should be given the option of a private restroom
13 but not necessarily required to use it; is that
14 correct?

15 A. It should be -- it should be an option
16 to use the multi-occupancy bathroom, that, you
17 know, that they would use that's consistent with
18 their -- I'm assuming we're talking about
19 gender-congruent children. So that, yes, that we
20 are talking about using a multi-occupancy bathroom
21 consistent with their natal sex or having the
22 option to use a single-occupancy gender-neutral
23 bathroom.

24 Q. And now your expectation, I take it,
25 would be that the school should also address the

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 132

1 bullying and harassment in the multi-occupancy
2 restroom that is happening to that student.

3 A. I think bullying and harassment is a --
4 is an issue that's global -- a global problem that
5 teachers need to be better at addressing. I should
6 say school faculty and administration included.

7 Q. And so going back up the list, so the
8 student with the disability, is your position the
9 same, that they should be given the option of using
10 a private restroom?

11 A. Yes.

12 Q. But not required to use it?

13 A. I think that they should be given
14 access to it, yes.

15 Q. And so when we get back up to the
16 transgender student, should they be given the
17 option or they should -- should they be required to
18 use a gender-neutral restroom?

19 A. Again, I think there are two options.
20 There's the option to use the multi-occupancy
21 bathroom consistent with natal sex, and then
22 there's the option to use a -- a single -- a
23 single-occupancy gender-neutral space.

24 Q. So your testimony was that, you know,
25 transgender, gender-nonconforming students -- tell

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 133

1 me if I'm mischaracterizing this, of course -- you
2 know, experience bullying and harassment from boys
3 and girls in, you know, both sets of bathrooms
4 potentially. Is that -- is that accurate?

5 A. Yes.

6 Q. So from the perspective of the felt
7 safety of a transgender student, how does the risk
8 of bullying and harassment in the bathroom aligning
9 with their assigned sex differ from the risk of
10 bullying and harassment related to using a bathroom
11 matching their gender identity?

12 MR. COLEMAN: Object to the form of the
13 question. You can go ahead.

14 THE WITNESS: Are -- are you speaking
15 of two -- you're asking me to compare the
16 two different multi-occupancy bathrooms for
17 the transgender student?

18 BY MR. WARDENSKI:

19 Q. Yes.

20 A. I would say to you, one, we don't have
21 the data to show us that utilizing, again, the
22 bathroom that's consistent with gender identity, we
23 don't have the data to show us whether transgender
24 youth in those environments suffer bullying and
25 harassment and to what degree in comparison to the

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 134

1 one that is consistent with their -- with their
2 natal sex.

3 So I think that research is -- is
4 necessary, and it -- and -- and we need that. But
5 for the time being, because we don't have that, I
6 refer to my clinical experience and I refer to the
7 fact, again, that my patients tell me that they're
8 bullied by both sexes.

9 And so I infer from my clinical
10 experience that this would be a -- this -- this is
11 a problem in any multi-occupancy bathroom. And so,
12 for that reason, the single-occupancy private
13 bathroom that's gender-neutral is protective.

14 Q. And I think we can probably all agree
15 that, you know, giving that as an option is fine
16 and -- and maybe desirable for many -- many
17 students. The question is, from the perspective of
18 the felt safety of the transgender student, if they
19 are reporting to you that they feel especially
20 unsafe in the restroom matching their assigned sex,
21 but, say, don't have that feeling about using a --
22 the -- the restroom -- the multi-occupancy restroom
23 matching their gender identity, what relevance does
24 that have to your assessment of what accommodation
25 is appropriate for them?

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 174

1 So --

2 MR. COLEMAN: This was a popular format
3 back in 2020 during the pandemic era, and
4 now we've forgotten all of our virtual
5 deposition skills.

6 MR. WARDENSKI: My -- my last year have
7 been in-person, and shuffling paper across
8 the table is a little bit easier, so...

9 BY MR. WARDENSKI:

10 Q. At any rate, in your report you --
11 there is a section, and we don't need to go into
12 all of the details, but where you disagree or
13 critique different aspects of Dr. Budge's
14 Declaration that was submitted for Plaintiffs in
15 this case, correct?

16 A. That is correct.

17 Q. And one thing in particular that you
18 criticize was her estimate of the likely size of
19 the population of transgender or public school
20 students in the state of South Carolina, correct?

21 A. Correct.

22 Q. So looking at some of your other
23 reports, including your report in the Skrmetti
24 case, you, yourself, cited the -- the Jody Herman,
25 Williams Institute study for the population

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 175

1 estimates of trans-identified youth in the United
2 States, correct?

3 A. That is correct.

4 Q. Including the different estimated
5 percentages in the different states, correct?

6 A. That is correct.

7 Q. Do you have any reason to believe that
8 those statistics -- those estimates in the Williams
9 Institute report are incorrect or off base?

10 A. I do. So it -- my use of the Herman
11 study in the previous reports was to illustrate
12 that the general number of students presenting --
13 or I -- let's just say young people. I keep going
14 back between those terms. Young people or minors
15 presenting with gender incongruence or being
16 transgender, that that number was on the rise,
17 according to the general data in the Herman study,
18 that people who were identifying on -- you know, on
19 that one-word -- that one question, right, that
20 that number was on the rise. And so I was
21 illustrating that in my other reports.

22 Where I find issue with what Dr. Budge
23 is saying is that if we really look at the Herman
24 study, though, at how the -- the BRFSS, how that
25 survey was done, the issue is, one, that it was one

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 176

1 question, okay? Two, that it was actually a survey
2 done in adults and data in young people was
3 extrapolated. Okay? And so -- and -- and it was
4 done in a limited number of states in 2014 and
5 2015, limited. So I think that we can draw from
6 the Herman study that there's -- there's something
7 that we need to pay attention to, that there seems
8 to be a rise in this answer to this one report
9 consistent with what I'm telling you, that I do see
10 this rise in the last several years in patients
11 with gender dysphoria that I personally see as
12 transient, and it remits in the vast majority,
13 again.

14 But I think it's -- it's a little --
15 it's not fair to take that data and then
16 extrapolate from that how many people are
17 actually -- how many individuals, minors, are
18 transgender in the state of South Carolina, and
19 then to utilize that to then make policy changes.

20 And the reason for that -- and I say
21 this as a doctor -- that when we're looking at a
22 condition -- again, going back to what I had said
23 earlier, that is transient, okay, in my opinion --
24 in my clinical experience, this is something that
25 remits in children; it has been on the rise in

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 177

1 adolescents, particularly in females, in recent
2 years, that I've seen that number increase, but at
3 any particular point in time, again, because it's a
4 condition that has been transient, for me
5 clinically, even, it's difficult for me to say to
6 you I have this many patients on a given day that
7 may have this diagnosis of being transgender
8 according to that one question.

9 Part of the other issue with the Herman
10 study is that when we evaluate gender incongruence,
11 and I would agree with Dr. Budge here, that we need
12 a really individualized comprehensive approach to
13 understanding it or diagnosing it in someone.

14 Even if I thought that it wasn't
15 transient, I would tell you we need to have a very
16 good understanding on an individual basis of a
17 young person to be able to evaluate them to make
18 sure that they meet -- meet that in a -- in a
19 consistent persistent way. And so I would agree
20 with Dr. Budge in that regard.

21 The problem with this Herman study is
22 that we've got one question, we're extrapolating
23 the data to minors, and so I don't feel like we
24 have the ability to draw accurate data on the
25 numbers that we have in South Carolina at any one

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 178

1 point in time, if that makes sense.

2 Q. I understand your -- your answer, yeah.

3 And are you aware of, you know, any
4 other data sources or studies that provide
5 population estimates for transgender people or
6 transgender youth other than this Herman study?

7 A. There are estimates provided -- I can't
8 cite the study. I can't cite -- cite the surveys.
9 There is a -- there are, yes, but I can't give you
10 the specific cites today, right now.

11 Q. Do you have an opinion or an
12 understanding of, you know, what percentage of the
13 under 18 population in the United States is
14 trans -- transgender as you have described it?

15 A. I don't, because, while websites can
16 talk about various surveys that had -- that would
17 estimate that it would be, between, you know, 1 and
18 2 and -- and I'm aware -- that they would estimate
19 these -- the population to be between 1 and
20 2 percent, or sometimes even lower than that,
21 depending on the particular subset of ages.

22 Again, my issue is that, even the
23 surveys that they are utilizing are not -- they're
24 not the individualized assessment that I think is
25 needed, again, agreeing with Dr. Budge on that,

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 179

1 that you really need an individualized assessment
2 to be able to assess a child or adolescent for like
3 persistent insistent consistent feelings that last
4 over a period of time. And I -- I don't think we
5 have that outside of surveys.

6 Q. So let's say for the sake of argument
7 that her estimate was an overestimate. I think her
8 estimate in the report was there may be
9 approximately 3,700 school-aged children who
10 identify as trans. Let's assume that that's an
11 overestimate.

12 Do you have your own estimate -- and if
13 you don't, say so -- but of how many trans kids
14 might be attending school in South Carolina, public
15 school?

16 A. I don't.

17 MR. COLEMAN: This is Miles. Object to
18 the form of the question.

19 But you can answer.

20 THE WITNESS: I don't, I'm sorry.

21 BY MR. WARDENSKI:

22 Q. Do you think the number is more than
23 zero?

24 MR. COLEMAN: Object to the form of the
25 question.

Geeta Nangia , MD
Doe, John v. State Of South Carolina, Et Al.

January 17, 2025

Page 180

1 But you can answer.

2 THE WITNESS: Yes, I would think the
3 number is more than zero.

4 BY MR. WARDENSKI:

5 Q. Do you think the number is more than
6 50?

7 MR. COLEMAN: Object to the form of the
8 question.

9 THE WITNESS: I honestly could not tell
10 you that. I cannot tell you that. Because,
11 again, from what I'm sharing with you, this
12 is something that comes and goes in the vast
13 majority of adolescents that I have
14 clinically seen. And I think I've seen a
15 fair number, considering.

16 But that said, I -- I couldn't
17 speculate as to that.

18 BY MR. WARDENSKI:

19 Q. So at least one, but beyond that, you
20 don't want to speculate. Is that -- is that a fair
21 characterization of your answer?

22 A. I mean, I can't accurately speculate.
23 I'm not -- number one, I'm not a statistician, if
24 that's how you say it. I'm not -- and I don't have
25 the research to support what I would conjecture, so

Geeta Nangia , MD

January 17, 2025

Doe, John v. State Of South Carolina, Et Al.

Page 181

1 I -- I wouldn't -- I'd prefer not to speak to that.

2 Q. Understood.

3 Do you know how many child and
4 adolescent psychiatrists, roughly, practice in the
5 state of South Carolina?

6 A. I don't.

7 Q. Okay.

8 A piece of the language that you read
9 from the Cass Review a few minutes ago talked about
10 students who are living -- the phrasing that you
11 use is -- is stealth. What's your understanding of
12 that term, and is that a term that you yourself
13 use?

14 A. It's not a term that I use, and I don't
15 know what is meant by, you know, the term
16 generally. Here, in this context, I -- let me look
17 back at what she says, "who may have fully" --

18 I would think that that means living
19 well in context.

20 MR. COLEMAN: What -- what was the
21 word? I -- I just couldn't hear.

22 MR. WARDENSKI: Stealth?

23 THE WITNESS: Stealth.

24 MR. COLEMAN: Sorry, I -- I just didn't
25 hear what it was.

EXHIBIT B

1 In re:

2 DOE V. SOUTH CAROLINA, ET AL.

3 NO. 2:24-CV-06420) (D.SC.)

4
5 RECORDED CONVERSATION

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15
16
17 Job No.: 569692

18 Pages: 1 - 16

19 Transcribed by: Lauren Bishop

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Transcript of Recorded Conversation 202408

2

1 MR. JOHNSON: (Inaudible).

2 MR. DOE: It cut out for a second.

3 MR. JOHNSON: Okay. Hold on. How about now?

4 MR. DOE: Yeah.

5 MR. JOHNSON: Better? Okay. So, like I
6 said, we had a conversation and then also --

7 MR. DOE: So you were here?

8 MR. JOHNSON: Huh? Yes.

9 MR. DOE: You were -- yeah. Okay.

10 MR. JOHNSON: Yeah. They just explained
11 what we have to use, the restroom we were born with.
12 Like, this is not a -- not like -- it's not about
13 anything else other than that for everybody's
14 protection.

15 MR. DOE: Right.

16 MR. JOHNSON: That's our statute -- stance.
17 Now, I am going to send you a letter from the
18 district.

19 MR. DOE: Okay.

20 MR. JOHNSON: Because in the conversation,
21 [John Doe] disclosed to me that -- how -- how he
22 identifies.

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Transcript of Recorded Conversation 202408

3

1 MR. DOE: Okay.

2 MR. JOHNSON: Doesn't mean anything other
3 than when we get that information, if a teacher gets
4 that information, they report it to us. We send -- we
5 make a call to say, hey this is what was communicated
6 and then we send a letter saying this was
7 communicated. Doesn't mean anything else other than
8 that.

9 MR. DOE: Okay.

10 MR. JOHNSON: Okay? So, I am going to email
11 that to you here in a second but I just wanted to
12 make you aware of what happened and the conversation
13 that we had and what I told you ^[John Doe] is that, that
14 is -- we can't do that. We are open to see if we can
15 work, you know, to problem-solve, if necessary. We're
16 open to that. But again, from a safe, like -- I don't
17 have to explain it to you. I think you understand.

18 MR. DOE: Yeah. I understand.

19 MR. JOHNSON: You know? Okay. So I just
20 wanted to communicate that, like I said, I am going
21 to send you an email. It'll just be a follow-up. The
22 letter will be attached and again, that letter is

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Transcript of Recorded Conversation 202408

4

1 just for to let you guys know what was communicated
2 to us. No more, no less.

3 MR. DOE: Okay.

4 MR. JOHNSON: Okay?

5 MR. DOE: So, I knew this was coming. I
6 told [John Doe] to go where he's comfortable so I was very
7 aware of what he did.

8 MR. JOHNSON: Okay.

9 MR. DOE: He also made me aware of what
10 happened and the conversation you guys.

11 MR. JOHNSON: Okay.

12 MR. DOE: And as I told Mr. Ragos today, I
13 am going to support [John Doe] in any way he needs. And so
14 if, you know, the resolution -- I mean he -- if he
15 doesn't want to do that, he won't, and I support
16 that. And basically, you guys got to do what you do.
17 And I got to do what I do. My job as a parent and
18 your job as a district. So we're prepared to handle
19 it, you know, however, we have to.

20 MR. JOHNSON: Okay.

21 MR. DOE: But if he's okay and open to
22 maybe using the nurses bathroom, I'm okay with that.

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Transcript of Recorded Conversation 202408

16

1 CERTIFICATE OF TRANSCRIBER

2 I, Lauren Bishop, do hereby certify that
3 the foregoing transcript is a true and correct record
4 of the recorded proceedings; that said proceedings
5 were transcribed to the best of my ability from the
6 audio recording and supporting information; and that
7 I am neither counsel for, related to, nor employed by
8 and of the parties to this case and have no interest,
9 financial or otherwise, in its outcome.

10

11

12



13

14 LAUREN BISHOP

15 PLANET DEPOS, LLC

16 JANUARY 28, 2025

17

18

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EXHIBIT C

1

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In re:

8

DOE V. SOUTH CAROLINA, ET AL.

9

NO. 2:24-CV-06420) (D.SC.)

10

11

RECORDED CONVERSATION

12

Tuesday, August 27, 2024

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19

20 Job No.: 569692

21 Pages: 1 - 38

22 Transcribed by: Lauren Bishop

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Transcript of Recorded Conversation 20240827-1516

22

1 procedures that we've been given by the district,
2 under the guidelines from the state.

3 JOHN DOE: It's not in the student
4 handbook.

5 CAROL BECKMANN-BARTLETT: It's in the
6 district handbook and it's in my procedural
7 guidelines.

8 JOHN DOE: Well, shouldn't it be in that
9 too?

10 CAROL BECKMANN-BARTLETT: We did change it
11 to same-sex restrooms just this summer. So the bottom
12 line is you've been told it's the rule. We notified
13 dad so that we could make sure that, you know, we
14 weren't trying to play games. We've been very
15 transparent. So you'll be out of school tomorrow. If
16 she comes on campus or you come on campus for --
17 during a suspension that is considered trespassing
18 under South Carolina law. So we would have to contact
19 our security and SRO and I don't want to do that.

20 MR. DOE: That's up to him. He uses the
21 bathroom. I don't know why he can't use the --

22 CAROL BECKMANN-BARTLETT: This is a public

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Transcript of Recorded Conversation 20240827-1516

23

1 school.

2 MR. DOE: Right.

3 CAROL BECKMANN-BARTLETT: And this is a
4 public place. So, it's not just about [John Doe] and what
5 [John Doe] needs. It's about the fact that 1,500 kids go
6 to school here and they're not of an age and
7 readiness to deal with this universally. It's not
8 like --

9 JOHN DOE: But teachers complaining don't
10 care.

11 CAROL BECKMANN-BARTLETT: It was not about
12 their complaining. They're just stating the fact you
13 went into a boy's restroom, that's not --

14 JOHN DOE: Well, I am male.

15 MR. DOE: I was going to say, where are the
16 boys supposed to go?

17 CAROL BECKMANN-BARTLETT: Sir, she has to
18 be biological -- biologically male according to state
19 guidelines.

20 JOHN DOE: I am.

21 MR. DOE: I was going to say, how do you
22 know?

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Transcript of Recorded Conversation 20240827-1516

24

1 CAROL BECKMANN-BARTLETT: Sir, she is
2 identified as a female --

3 JOHN DOE: He.

4 CAROL BECKMANN-BARTLETT: -- on her birth
5 certificate and that's what we go by.

6 MR. DOE: Right. That could not be a
7 correct birth certificate.

8 CAROL BECKMANN-BARTLETT: Then that's an
9 issue with the state.

10 MR. DOE: Okay.

11 CAROL BECKMANN-BARTLETT: Regarding her
12 health and -- and --

13 JOHN DOE: He.

14 CAROL BECKMANN-BARTLETT: And again, not
15 something I have control over. So we are going to
16 head out for tonight. I am going to call my
17 supervisor and let her know what your concerns are.

18 MR. DOE: Yeah. I understand.

19 CAROL BECKMANN-BARTLETT: And we've been
20 transparent with her as well. But I want to, you
21 know, I want to continue to tell you what will happen
22 as we go through this and I promise you, like, I

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Transcript of Recorded Conversation 20240827-1516

38

1 CERTIFICATE OF TRANSCRIBER

2 I, Lauren Bishop, do hereby certify that
3 the foregoing transcript is a true and correct record
4 of the recorded proceedings; that said proceedings
5 were transcribed to the best of my ability from the
6 audio recording and supporting information; and that
7 I am neither counsel for, related to, nor employed by
8 and of the parties to this case and have no interest,
9 financial or otherwise, in its outcome.

10

11

12

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14 LAUREN BISHOP

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16 JANUARY 28, 2025

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EXHIBIT D



The South Carolina School Boards Association

Monday, August 19, 2024

**South Carolina School Boards Association (SCSBA) Statement on
SCSBA Policy JBAB Student Gender and Orientation in the
SCSBA 2024 Policy and Legislative Update**

Following the end of each year's state legislative session, SCSBA develops and distributes its Annual Policy and Legislative Update to school boards. The legal update summarizes new state and federal laws, regulations, budget provisos and more, and offers policies to help school districts comply with all the new requirements. The annual legal publication is strictly presented to inform local boards. It is not to share viewpoints on issues.

New state proviso conflicts with federal law

This year, options for changes were presented in the SCSBA policy JBAB Student Gender and Orientation in response to a new state budget proviso (1.120 Student Physical Privacy). The proviso prohibits, among other things, students from using a restroom or locker room that does not correspond to his/her biological sex.

The new proviso language conflicts with a portion of the Student Gender and Orientation policy regarding the use of restrooms and locker rooms, which was based on federal case decision. This is why the update's "Drafter's Note" cites the existing legal landscape and strongly recommends that districts consult their legal counsel before taking any action on the policy.

Basis for the differences

The Student Gender and Orientation policy was created in 2020 after the *Grimm v. Gloucester County School Board* decision by the United States Fourth Circuit Court of Appeals. In that case, the court ruled that students should be permitted to use the restroom and/or locker room assigned to the gender which the student consistently asserts at school. This ruling applies to South Carolina because our state is in the U.S. Fourth Circuit. The ruling is, in effect, federal law, which prevails over state law.

While SCSBA drafted the Student Gender and Orientation policy following the ruling in 2020, it did not publish the policy until the 2021 update after the United States Supreme Court denied review of that case and allowed the Fourth Circuit decision to stand.

Proviso policy language offered

To comply with this year's new state budget proviso (1.120 Student Physical Privacy), SCSBA updated the Student Gender and Orientation policy to reflect all the requirements in the proviso. This included adding language prohibiting shared "sleeping quarters" between members of the opposite sex during field trips.

As additional reference, on page 104 of the update entitled "New Title IX Regulations," SCSBA provided links to three South Carolina Department of Education (SCDE) memos. In these

memos, SCDE offers school districts its guidance regarding implementation of the new Title IX Rules, which include, among other things, requirements regarding restrooms and locker rooms by gender. *UPDATE: The Supreme Court of the United States this past Friday (August 16, 2024), denied the federal government's request for a partial stay of the Title IX final rule injunctions, meaning that lower court injunctions in two cases (one of which includes South Carolina) are still in effect.*

SCSBA did not offer specific recommendations for selecting language for the policy's provisions related to restrooms and locker rooms

As is the case with any policy offered by SCSBA, local school boards have the option to revise as needed or reject in whole the Student Gender and Orientation policy.

In deference to local control, options are frequently included in policies as we recognize there is no "one size fits all" in policy governance. In fact, boards often make changes to the sample policies as they work through the policy development process to reach the best decisions for their district and community. However, we reiterate our strong recommendation that any action on this policy is made in consultation with legal counsel.

Presentation of legal facts

Ultimately, SCSBA has an obligation and a responsibility to provide its members with policy options that consider the law in its entirety. When there is a conflict of law or a complex legal issue requiring additional attention, we recommend that districts consult with their legal counsel to help them assess any risks before making final policy adoptions.

SCSBA is a non-partisan, membership-driven organization that provides a variety of services, including policy assistance, to local school boards. We value and appreciate the public servants who govern our state's 72 school districts, and we welcome your questions and input.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

**REBUTTAL EXPERT WITNESS DECLARATION
OF DR. STEPHANIE L. BUDGE**

I, Stephanie Budge, Ph.D., hereby declare as follows:

1. I submit this rebuttal expert report based on my personal knowledge.
2. I have been retained by counsel for the Plaintiffs as an expert in the above-captioned lawsuit (the “lawsuit”) to provide my expert opinions on certain issues relating to the lawsuit. This rebuttal declaration addresses the following issues raised in the declaration of Dr. Geeta Nangia, submitted by Defendants in opposition to Plaintiff John Doe’s motions for preliminary injunction and class certification: 1) my opinion on the qualifications of Dr. Nangia to offer an opinion on issues in this case; 2) how sex is comprised of multiple components and why gender identity is the most important of those components in determining someone’s sex; 3) the limitations of the Cass Review and strengths of the WPATH guidelines; 4) the state of the science on persistence/desistance of transgender identity in children and adolescents; 5) the importance of social transition in transgender minors, 6) single occupancy restrooms and transgender youth; 7) Dr. Nangia’s attempted justification of Proviso 1.120 as allegedly protective of transgender

students, 8) cisgender students' experiences of "felt safety" in regard to transgender youth; 9) transgender youth identification and reliability of the Williams Institute data; and 10) Dr. Nangia's allegations that I am "biased."

3. My opinions contained in this rebuttal declaration are based on: 1) my clinical experience as a licensed psychologist working with approximately 200 transgender patients since 2007 through the provision of individual therapy, group therapy, psychological evaluations, and supervision of others' clinical work; 2) my knowledge of the peer-reviewed research, including my own, regarding, among other things, the impact of discrimination on transgender people; and 3) my work training mental health providers to use evidence-based practice and up-to-date standards of care, specifically in working with transgender patients.

4. I reviewed the declarations of Dr. Nangia submitted in this lawsuit and read the transcript of her deposition. In this rebuttal declaration, I respond to several of the central points in her declaration as well as her deposition. I may not address all studies or citations directly but instead focus on the conclusions from her report. I may further supplement these opinions in response to additional information from state defendants' experts.¹

I. DR. NANGIA DOES NOT HAVE THE LEVEL OF EXPERTISE REQUIRED TO PROVIDE EXPERT OPINIONS REGARDING THE ISSUES RAISED IN MY INITIAL DECLARATION

5. Dr. Nangia's CV does not list any information that demonstrates her expertise for working with transgender youth or being able to evaluate the research and clinical recommendations for transgender youth. She does not provide any information that demonstrates involvement in research projects or information related to research training that lends to her ability

¹ The Plaintiffs' attorneys have informed me that all the portions of Dr. Nangia's deposition that I reference in this deposition will be made available to the Court in an exhibit to Patrick Archer's supplemental declaration.

to focus on the science related to discrimination, restroom use, and transgender youth. The lack of scholarship she uses to support her claims in her report is notable, and it demonstrates a lack of knowledge about the robust research available regarding the state of the science on transgender youth. As well, her CV does not demonstrate any specific clinical training that focuses on working with transgender youth.

6. When she was asked about her experience working with transgender youth in her deposition, she claims that she assesses for gender dysphoria but that she will not chart the diagnosis as a matter of personal practice, even if a patient meets criteria for the diagnosis, due to her incorrect belief that most patients do not continue to meet criteria without treatment and due to stigma from the diagnosis. It appears that she does not give patients the option of whether or not they would like the diagnosis in their chart when they meet criteria. This practice goes against the American Psychiatric Association Commentary on Ethics in Practice recommendations around diagnoses (see Topic 2.3.4, p. 8), which states: “Psychiatrists should recognize the importance of informed consent for assessment or treatment as an essential means to provide recognition of and respect for the patient’s autonomy and personhood. Informed consent is an ongoing process that involves disclosing information important to the patient and/or decision-maker, ensuring the patient/decision-maker has the capacity to make treatment decisions, and avoiding coercive influences. Typical elements of disclosure include an accurate description of the diagnosis and the proposed treatment, its potential risks and benefits, any relevant alternatives, including no treatment at all, and the relative risks and benefits of each option.” Nangia’s practice is concerning, given that patients are not allowed the informed consent to decide if they prefer to have their diagnostic codes charted, it leaves the decision-making fully up to a clinician, and that it is not based upon the scientific basis about the presence and treatment for gender dysphoria.

7. In addition, the American Psychiatric Association Commentary on Ethics in Practice states: “A psychiatrist may render a professional opinion about an individual after an appropriate clinical examination and accompanying waiver of confidentiality and should not do so unless the examination and waiver have occurred (see topic 3.4.6, p.16).” In her report, Dr. Nangia makes diagnostic conclusions without meeting with John Doe, which is not in accordance with her profession’s outlines for ethical clinical practice or with her own standard of practice (see Dr. Nangia’s deposition, starting on page 43).

II. DEFINITION OF SEX

8. In her report, Dr. Nangia does not dispute that major medical and psychological associations, relying on large bodies of literature and scientific consensus, have concluded that gender identity is a component of one’s sex. To support her contrary opinion, Dr. Nangia relies on a single postdoctoral scholar’s quote from an essay (Marinov, 2019) and a commentary (Cretella et al., 2019). Commentaries are typically not peer-reviewed and instead offer comment on another scholar’s work rather than being an independent article. Neither of these citations are peer-reviewed or representative of a general scientific consensus about the definition of sex. As noted above, major medical and psychological associations agree that sex is multifaceted, comprised of chromosomes, hormones, internal and external genitalia, secondary sex characteristics, and gender identity (e.g., American Academy of Pediatrics, 2018; American Psychological Association, 2014; American Psychological Association, 2021; American Psychiatric Association, 2017; American Medical Association, 2018). To be more specific, American Medical Association Board member Dr. William Kobler has explained: “Sex and gender are more complex than previously assumed. It is essential to acknowledge that an individual’s gender identity may not align with the sex assigned to them at birth. A narrow limit on the definition of sex would have public health consequences for the transgender population and individuals born with differences in sexual

differentiation, also known as intersex traits” (AMA, 2018).

9. Given the complexity of sex, it is the prevailing clinical consensus and my professional opinion that the most important determiner of sex is gender identity. As noted above, the data are clear that one’s gender identity cannot be changed and that it is a “deeply felt, inherent sense” (APA, 2015). As an example of this, when a cisgender man or woman experiences injuries or illness that impact their internal and external genitalia or secondary sex characteristics, their gender identity is considered central to considerations for reconstructive surgeries or treatments. The data are comprehensive and overwhelmingly indicate the importance of supporting transgender youth’s gender identity (e.g., Austin et al., 2022; Durwood et al., 2021; Johns et al., 2018). When transgender youth are not believed, not supported, or required to delay social transition, dire consequences follow—including but not limited to attempted and completed suicide, depression, anxiety, trauma, and non-suicidal self-injury (see my prior declaration, paragraphs 41, 48, 63, for the full scope of supporting data).

10. As well, there is irrefutable evidence that a person’s gender identity cannot be changed (either from transgender to cisgender or from cisgender to transgender). The evidence also indicates that not only can you not change transgender youth’s or adults’ gender identity, but that it is incredibly harmful to attempt to change their identity. There are numerous sources indicating the harmful and unethical nature of these types of treatments (usually called reparative therapies or conversion therapies). For example, the American Psychological Association’s statement on gender diversity and transgender identity in adolescents indicates: “attempts to force gender diverse and transgender youth to change their behavior to fit into social norms may traumatize the youth and stifle their development into healthy adults” (p. 2, Mizock et al., 2015). Data analyzed for over 27,000 transgender participants indicates that gender identity conversion

efforts were associated with increased odds of psychological distress and lifetime suicide attempts when compared with transgender participants who had not been exposed to gender identity conversion efforts (Heiden-Roots et al., 2022; Turban et al., 2020). Data from the Turban study indicate an increase in the lifetime odds of suicide attempts for participants who reported engaging in conversion therapies prior to age 10. These U.S. data are supported by analyses of international data indicating similar outcomes (see Lee et al., 2023; Veale et al., 2022).

III. CASS REVIEW AND WPATH STANDARDS OF CARE V.8

11. Dr. Nangia relies heavily on the Cass Review—a non-peer-reviewed report released by Dr. Hilary Cass, a medical provider in the UK, in 2024. As noted by Dr. Nangia, the Cass Review primarily focuses on conclusions related to *medical* transition and does not focus on social transition or address, in any way, restroom policy recommendations for transgender youth. In a search of the Cass Review, there is no mention of restrooms, bathrooms, or toilets in the entire review and thus the authors do not make any conclusions that are relevant to this particular case. As well, the Cass Review indicates that of individual approaches to treatment for adolescents are essential and that adolescents have agency through which they can engage in decision-making regarding social transition; the Cass Review recommendations for social transition are not in alignment with Dr. Nangia’s conclusions regarding social transitioning for adolescents.

12. However, even though this report is not particularly relevant in this case because of its focus on gender affirming medical care, there are journal articles (Grijseels, 2024; Horton, 2024) and an evidence-based critique (McNamara et al., 2024) that have been published recently that discuss the significant limitations of the Cass Review. As noted by these outlets, the Cass Review does not recommend a ban of gender affirming medical care. As well, the Cass Review notes the importance of evidence quality—that is, of ensuring that the quality of the evidence that underlies scientific conclusions is robust, well-conducted, and appropriate—but does not define

how they established evidence quality, nor does the review use this established system. The GRADE framework is the most accepted framework for determining evidence quality. Its developers note that several different considerations should be taken into account for determining medical decision-making, but the Cass Review does not take these considerations into account. The GRADE framework (see Guyatt et al., 2008) notes the importance of understanding: 1) evidence certainty and quality, 2) balancing benefits and harms, and 3) patient values and preferences. The Cass Review ignores the evidence of peer reviewed science that demonstrates positive outcomes of gender affirming medical care for transgender youth, does not consider the harms of not providing gender affirming medical care for transgender youth, and ignores the findings regarding patient values and preferences.

13. Dr. Nangia focuses a great deal on critiquing the WPATH Standards of Care v.8 and relies on the Cass Review critiques of the standards of care. Unlike the Cass Review, the WPATH standards of care were authored by 100+ researchers from around the globe who offer a wide range of perspectives and expertise; the Cass Review only has one author who was commissioned from one specific area of the world, the UK, for the specific purpose of providing recommendations to the UK's National Health Service on how to address the medical treatment needs of transgender young people. Also, the WPATH standards of care note: "The process for development of the SOC-8 [WPATH Standards of Care, version 8] incorporated recommendations on clinical practice guideline development from the National Academies of Medicine and The World Health Organization that addressed transparency, the conflict-of-interest policy, committee composition and group process" p.247. There was a guideline methodologist who assisted with the development of questions and an independent team who focused on systematic reviews that were used to inform the statements for recommendations. There was an extensive feedback period

where international scholars were invited to provide commentary and feedback was incorporated into the process and recommendations for the guidelines. Recommendations for the standards of care are based on evidence that supports interventions and focuses on the risks and harms, as well as the international context at hand with regard to recommendations. The WPATH SOC v8 notes: “Consensus of the final recommendations was attained using a Delphi process that included all members of the Standards of Care Revision committee and required that recommendation statements were approved by 75% of members” (p. 247).

14. Dr. Nangia’s primary critiques focus on “leaked” data, which include singular quotes from WPATH members/guideline writers that are cherry picked without providing context for the quotations that would allow a reader to understand what the quoted speaker was saying. She also hypothesizes that politics may have interfered with the guidelines, but she does not provide any information or evidence to support that political considerations influenced the guidelines. Moreover, she only focuses on US politics, even though the WPATH Guidelines are an international document. Dr. Nangia’s criticism of the Guideline’s omission of age limits for certain intervention is also off base. My understanding is that age limits were not included in the document because the age of majority and age-based limits on medical decision-making differ from country to country, and age recommendations can be provided using regional guidelines.

IV. PERSISTENCE AND DETRANSITIONING:

15. In paragraph 52 of her report, Dr. Nangia falsely claims that there is a “high rate of natural desistance of gender incongruence.” Dr. Nangia refers to a “review” of 11 clinical cohort studies that supposedly support her claim, but she does not cite or otherwise indicate what this review is. The studies she does cite (#35-45) are primarily 30-40+ years old and predate the contemporary clinical diagnosis of Gender Dysphoria, which was not recognized until the publication of the DSM-5 in 2013. Her statements regarding desistance rates are made largely

based on a body of research that has been demonstrated to be inapplicable to transgender youth and her own unverifiable claims that her own patients with gender dysphoria tend to desist.

16. The studies that are cited to promote the argument of desistance a) are often misunderstood, and b) have significant flaws in their design. In these studies, both children who did not have gender dysphoria and children who did not identify as transgender were included in the analyses because they exhibited behaviors that did not conform to gender norms (for example, a cisgender boy who wanted to wear skirts or play with dolls). Because the vast majority of these children did not have gender dysphoria to begin with, the studies do not support the concept that gender dysphoria may simply be “outgrown.” All of these studies used criteria for diagnosing “gender identity disorder” (“GID”) under pre-2013 versions of the DSM that focused mainly on behaviors more appropriately associated with gender expression (and not gender identity) and had less specific criteria for distinguishing those with the disorder from other children. For example, in the DSM-IV-TR (the version prior to the updated DSM-5 criteria in 2013), indicated that four out of five criteria needed to be met for Criteria A for the GID diagnosis could include four criteria that did not overlap with gender identity, for example: “a. strong preference for playmates of the other sex, b. strong and persistent preferences for cross-sex roles in make believe play or persistent fantasies of being the other sex, c. in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing, and d. intense desire to participate in the stereotypical games and pastimes of the other sex.” Criterion B indicated a discomfort with gender role, which could include “for boys...a rejection of rough and tumble play; in girls,...a marked aversion toward normative clothing.” In contrast, the prevailing clinical definition of gender dysphoria—a diagnosis that did not even exist when many of the studies Dr. Nangia cites were conducted—requires a persistent transgender identity as a component of the

diagnosis. Specifically, the current DSM-5-TR (American Psychiatric Association, 2022) gender dysphoria criteria require that children/adolescents identify with a gender that is different from their assigned gender for at least six months, which was not the case for any of the studies that are cited to indicate whether or not a youth will identify experience gender dysphoria in the future (see Temple Newhook et al., 2018 for a comprehensive review of the data).

17. Steensma & Cohen-Kettenis (2018) agree that their data have been cited incorrectly to support claims of purportedly low persistence rates and have stated that their “studies cannot be used to support” (p. 226) the persistence estimation, in that they never calculated or reported rates of persistence/desistence. They also note that the negative social climate for transgender children and adolescents should be taken into account when reading the data (p. 226). They further state that their data did not actually reflect gender dysphoria in children, and they “expect that future follow up studies using the new diagnostic criteria may find higher persistence rates” (p. 226). Finally, they indicate that the terms “desistence” and “persistence” have been misused; they state that when they were researching youth, there were many youth who may have been “hesitating, searching, fluctuating, or exploring” and that those youth have been misclassified as desisting” (p. 227).

18. Dr. Nangia also claims in her declaration that in her own clinical practice, “all children who have presented with gender incongruence and gender dysphoria have realigned with their natal sex with time and maturation as well as family support.” Even the most conservative estimates of what is claimed to be “desistance” do not match a 100% desistance rate, which casts serious doubt on the reliability of Dr. Nangia’s diagnostic abilities, her understanding of gender dysphoria, or her candor. For example, the only study that Dr. Nangia cites regarding desistance that is within the last two decades comes from Steensma et al. (2013), who noted that 63% of the

sample collected from 2000-2008 were placed in the “desisted” category, which means that Dr. Nangia’s own clinical practice would be out of alignment with the data she is citing (note: see above for Steensma et al.’s own commentary for how they say that their data from this study are misrepresented in the detransitioning literature).

19. Regarding detransition, there is a lack of consistency in how the terminology “detransition” is used throughout Dr. Nangia’s report. The term “detransition” is extraordinarily misunderstood, misused, and mischaracterized. Academically, the term refers to the cessation or reversing of some or all components of medical, legal, and/or social interventions related to gender identity. The data indicate that the rates of such cessation or reversal are low and often attributable to external factors, such as finances, family, or social stigma. For example, in a meta-analysis focused on the cessation of hormone therapy for transgender individuals (Feigerlova, 2024), there was a range of cessation of this medical treatment from 0.8%-7.4%, which was obtained from fifteen observational studies involving 3,804 children and adolescents and 3,270 adult participants. The authors acknowledge that there can be many reasons for the cessation of this specific treatment, which could span external factors such as financial barriers and stigma or could include retransition. In one of the largest studies focused on detransition in the US (Turban et al., 2021), 82.5% of individuals who had indicated a history of detransitioning noted at least one external driving factor that influenced the transitioning (e.g., family or social stigma). Given that external factors are largely influential for detransitioning, the majority of people who are detransitioning are likely suppressing their transgender identity, not changing or losing that core identity.

V. SOCIAL TRANSITION

20. Dr. Nangia specifically cites a systematic review on social transition by Ruth Hall and others (“the Hall Review”) for the point that “that there is little evidence of the benefits or harms of social transition for children and adolescents and that studies to date are of low quality,

emphasizing that more research is needed” (p. 33). The Hall Review in fact does note that studies found important impacts of social transition on mental health. For example, Hall Report noted the important impact that social transition has on reducing depression. It also notes that there were mixed impacts for suicidality and that anxiety did not decrease with social transition. As well, the systematic review indicated that gender dysphoria continued for many transgender youth after social transition. These findings are all in alignment with clinical trajectories for and researchers’ and clinicians’ understanding of mental health outcomes for transgender youth.

21. First, when transgender youth start to socially transition, this is often when they are coming out to others; their depression often decreases because they no longer need to solely internalize their gender dysphoria. However, when a social transition occurs, the person’s gender identity is often more visible, which can increase their anxiety around how others are treating them.

22. Also, while social transitioning is an important first step for most transgender youth, it is often not the only step in their transition process and gender dysphoria and related distress is often highly present without additional interventions. Therefore, there can be a positive clinical impact that occurs based on social transitioning, but the positive impacts can be masked by the distress that remains present by additional necessary interventions (such as gender affirming medical care).

23. The Hall Review does not go in depth for the studies that were included within their review, which limits readers’ ability to draw conclusions from the review. For example, the Olson et al, (2016) study found that transgender youth who were supported prior to the age 12 demonstrated average mental health. The study used parental report of their child’s anxiety and depression. Transgender youth’s depressive symptoms did not differ from the population average. Mean anxiety symptoms of transgender youth were marginally higher (54) than the population

average (50) but still substantially below the clinical (>63) or even preclinical (>60) range. Hall discusses this study in the systematic review and highlights it as a study demonstrating that there were no differences in comparator groups. However, the fact that there were no differences in this study is demonstrative of a positive outcome from social transitioning, given that transgender youth's mental health was similar to the comparator group (cisgender youth) post social transition.

24. Also, the data indicate that even when people are denied access to social and medical transition processes, they seek out these services once the barriers are decreased. Puckett et al.'s (2018) study notes there are many reasons why transition can be delayed, with financial barriers, availability of care, lack of knowledge of providers, and age being components of delays for gender transition. None of the participants in the Puckett et al (2018) study indicated that the delays were positive or appropriate, and other studies describe the harms associated with delays. For example, Horton's (2022) qualitative study describes parents' concerned comments about the harmful effects caused by delays in their children's social transition. outlines Indeed, in their scoping review, Osmetti et al., (2024) note that not being able to disclose one's transgender identity is associated with detrimental effects. The research does not support the claims made by Dr. Nangia that preventing transgender youth from socially transitioning will stop them from being transgender.

VI. SINGLE OCCUPANCY RESTROOMS AND TRANSGENDER YOUTH

25. In Dr. Nangia's report, she indicated, "Dr. Budge Acknowledges that Cited Literature in Her Report Recommends Gender Neutral Bathrooms, Yet She Objects to the Accommodation of Single Occupancy Gender Neutral Bathrooms" (p. 35). It is important to acknowledge that I am not opposed to accommodations that include single occupancy gender neutral restrooms for those students who desire this accommodation. Single occupancy restrooms can be a fantastic accommodation for students who request it (including both transgender and

cisgender students who seek additional privacy for any reason); however, my primary objection is that simultaneously forcing a student to use a gender-neutral option and denying them the ability to use facilities that match their gender is, in my professional opinion, harmful to those students.

26. In my previous declaration, I provided robust evidence that indicates the harm caused to transgender youth when they are denied access to restrooms aligned with their gender identity. For example, Price-Feeney et al.'s (2021) study indicates that transgender youth who were denied access to restrooms that corresponded to their gender identity reported high instances of depression and suicidality. In Seelman's (2016) study, the author statistically controlled for other variables that could account for mental health concerns, such as interpersonal discrimination outside of the denial of using restrooms aligned with a transgender person's gender identity, and even when controlling for these issues, the data indicate that being denied access to restrooms corresponding to one's gender identity was significantly associated with lifetime suicide attempts for young adults. As well, McGuire et al.'s (2022) qualitative study directly addresses the issue of attributing harm to the discrimination. Because this study is qualitative, the data directly provide quotes from research participants who connect the harms the denial of restroom use. Participants described being bullied and victimized in the restrooms of their assigned sex at birth, since their gender presentation usually does not match what would be expected for those using those restrooms. Participants also described the direct emotional harm caused by their experiences with discrimination linked to restrooms and others' expectations of which one they should be using.

27. Beyond the data, I can also speak to my clinical experience and conversations I have had with patients who described the impact of the harm caused by not being able to use the restrooms that aligned with their gender identity. I have the experience of processing the trauma of clients who have been beaten up in restrooms aligned with their sex assigned at birth. I have

also provided coping skills to youth who have panic attacks when they consider having to use the restrooms aligned with their sex assigned at birth. I have also problem-solved with youth who hold their urine all day so they do not have to use the restrooms at school or who are dehydrated because they refuse to drink liquids for fear of having to use the restroom at school aligned with their sex assigned at birth. These are just a few examples of experiences of harm that I have heard firsthand. Finally, there is additional stigma and harm that can come from transgender students being required to use a teacher/staff restroom or single-user restrooms at school. Although this is often labeled an “accommodation,” it is frequently considered and experienced by transgender students as stigmatizing and segregating. For example, Weihardt et al.’s (2017) mixed method study notes: “One difficulty [transgender students] encountered was being restricted from multiple-user bathrooms altogether. Another difficulty was that single-user bathrooms were locked or located in faculty/staff-only areas, potentially exposing students to unwanted attention from peers and adults and being seen as different from their peers” (p. 147). In addition to the social exclusion and being made to feel othered and different, the process of requiring transgender students to use a faculty/staff restrooms or other single-user restrooms instead of the restroom with their peers also has the potential to out them to others as transgender. Unintentional outing of transgender youth to their peers can subject them to bullying and harassment from others and also increase fears of safety on behalf of the transgender youth (Brumbaugh-Johnson & Hull, 2019).

28. In my personal experience discussing the experience of transgender youth being required to use restrooms other than those aligned with their gender identity, the youth have described intense feelings of shame, difference, embarrassment, being less than others, and dysphoria. Several youth have reported to me that they simply avoid using the restroom altogether if they are required to use restrooms other than those aligned with their gender identity.

VII. DR. NANGIA IS WRONG THAT PROVISIO 1.120 PROTECTS TRANSGENDER YOUTH

29. In her report, Dr. Nangia mentions that she thinks it is better for transgender students to be required to use single-occupancy restrooms because they often experience bullying and victimization in multiple occupancy restrooms. But restrictions on access to multiple occupancy restrooms are not a clinically appropriate solution to harassment.

30. Transgender youth experience harassment and discrimination in many contexts, including all spaces in school. For example, in a nationwide study focused on transgender youth's experiences in schools, 40.1% of transgender students reported being bullied at school and 13.4% of transgender students reported they were threatened or injured by a weapon at school (Suarez et al., 2024). The 2021 report from GLSEN indicates that LGBTQ students avoid many different spaces in addition to restrooms/locker rooms in schools due to harassment and/or feeling unsafe—including gym class, athletic fields, cafeteria, certain classrooms, school buses, hallways/stairwells, and other areas of school grounds, and transgender students report greater harassment at schools than cisgender LGBTQ students (Kosciw et al., 2022). When transgender youth are bullied in schools, they often avoid school (see Kosiw et al., 2022). Scholars have noted the detrimental impacts of missing school, including meta-analyses on absenteeism that note an association with self-harm and suicidality (Epstein et al., 2020). Meta-analyses also indicate the connection of school absenteeism with dropping out of school, which can have long term impacts such as economic deprivation and a diminishment of a multitude of quality of life factors (Kearney, 2008). Analyses also indicate the impact of short-term absences, such that even missing 10 classes in middle and high school reduces course grades by 17-18% of a standard deviation.

31. By Dr. Nangia's logic, however, because transgender students face high rates of harassment, they should be excluded from school entirely and even perhaps additional spaces

above and beyond school. This is not a clinically appropriate response to the harassment transgender youth experience. When youth are bullied and discriminated against, schools should address the discrimination and harassment, rather than excluding a class of people from a particular space because of the risk that unaddressed harassment might occur.. In my declaration, I note that transgender students are more likely to experience discrimination from cisgender students than the other way around—but this does not mean that they should not be able to have access to spaces where they must get their fundamental needs met. In fact, research indicates that when restroom and locker room restrictions are placed on transgender youth, this is associated with greater instances of sexual assault toward transgender youth (Murchison et al., 2019).

VIII. DR. NANGIA MISREPRESENTS THE THREAT OF TRANSGENDER STUDENTS TO CISGENDER STUDENTS’ “FELT SAFETY”

32. In her report and in her deposition, Dr. Nangia fails to provide any evidence that supports her contention that transgender youth are an actual or perceived threat to the safety of cisgender youth in restrooms. Dr. Nangia cites the use of Trust-Based Relational Interventions (TBRI) for cisgender youth who have a complex trauma history and are struggling with felt safety. Experts who discuss TBRI indicate that one major intervention of TBRI is to assist youth with a complex trauma history to use evidence to help them understand when they are safe versus not safe. For example, experts give the example that youth in foster care situations may not have had food in the past and are worried about having enough food, so foster care providers can show them evidence of having food in the house (see Purvis et al., 2013). TBRI experts also talk about the importance of helping children to learn grounding exercises, amongst other behavioral techniques, to help them to manage their emotions while understanding that situations they may worry about being unsafe are actually safe (Purvis et al. 2017). In using “felt safety” as an excuse to exclude transgender youth who pose no threat to their classmates, Dr. Nangia ignores an important central

principle of the TBRI framework: that sometimes young people fear people or things that do not actually pose a threat to them, and when that occurs, the solution is to help them understand they are safe, not to feed their anxieties. Moreover, in my review of the science focused on TBRI, I could not find any reference to cisgender youth being afraid to use restrooms with transgender youth due to concerns of felt safety. Accordingly, it is my opinion that Dr. Nangia is misrepresenting the implications of the TBRI research as it relates to transgender youth and restrooms. As well, she improperly extrapolates her argument to students without complex trauma history (for example, any cisgender girl) without research or evidentiary support as a way to exclude transgender youth from restrooms aligning with their gender identity.

33. As well, Dr. Nangia is unable to demonstrate that cisgender youth feel unsafe with transgender youth in restrooms for reasons that are not rooted in prejudice. At her deposition (p. 114), Dr. Nangia was asked why a cisgender youth's supposed fear of transgender peers in the restroom is a more legitimate basis for policy than a person's fear of using sharing restrooms with African Americans in the 1950s. She said (p. 114-15), vaguely, that cisgender students' alleged fears are based in "development, psychosocial development, physical development, things that have been in place very good time and are rooted a good bit in science and literature so it's a different scenario," but she is unable to point to any data that supports her assertions.

34. I have been unable to find any data that indicate that cisgender people's safety is generally at risk due to transgender people using multiple occupancy restrooms; specifically, there are no data that indicate that transgender people (compared to cisgender people) are proportionally more violent or harassing toward cisgender people in restroom spaces. Therefore, if cisgender people have a concern about felt safety in the restroom due to the presence of transgender people, by definition, this concern about felt safety is not rooted in evidence. I am in agreement with Dr.

Nangia that students should be welcome to request single-occupancy restrooms should that accommodation work best for them, and therefore this accommodation can be requested for any student within the school system. However, specifically excluding students from being able to use the restroom that aligns with their gender identity is particularly harmful (see DeChants et al., 2024; Horne et al., 2022; Herman, 2013; McGuire et al., 2022; Price-Feeney et al., 2021).

IX. TRANSGENDER YOUTH IDENTIFICATION AND GENDER DYSPHORIA DIAGNOSIS

35. The State of South Carolina has argued that I said that a psychologist must clinically diagnose (or at least individually assess) a person before they can be considered transgender; but the State is taking the quoted portion of my deposition out of context. Nowhere in my deposition did I make statements that support their claim. Instead, in my deposition (at 36), I noted: “Well, in our field we support the idea of taking an individualized approach to each person because everybody is different. We do have, you know, standardized criteria that we use for diagnosis. But yes, I do think that it's important to take each individual into account. While, also, taking into account kind of field-specific pieces related to diagnostic criteria. That's true of how all type of psychological evaluations work.” When answering the question posed by the state, I was affirming that psychologists should take an individualized approach to assessing patients, and I was providing information about how the assessment process works, which is true for any assessment with any client (cisgender or transgender). However, in my statement I did not indicate that it was a requirement for a psychologist (or any mental health provider) to diagnose someone with gender dysphoria as the only way to ensure that someone can be deemed transgender.

36. Given that gender identity is an internal experience and that transgender identity itself is not a diagnostic category (as opposed to a gender dysphoria diagnosis that a transgender person may also have), a psychologist or mental health provider's designation is not necessary to

determine that someone identifies as transgender. In my clinical experience, when a person identifies as transgender, they typically *are* transgender; that is, they have a persistent, insistent and consistent experience of their gender that is not congruent with their sex assigned at birth. It is true that a mental health provider or medical provider's assessment is required for a formal diagnosis of gender dysphoria (that is, the clinically significant distress associated with having a gender identity incongruent with one's assigned sex). There are many reasons, however, why a transgender youth might not have a formal diagnosis and still be recognized by formal systems as a transgender person, including: a lack of access to a medical provider, stigma-related anxiety, and families adjusting to a social transition prior to seeking mental health care or medical support. In a recent study, out of 5,637 transgender adolescents, 2/3 of the sample had not disclosed their gender identity to medical professionals, and younger transgender adolescents (ages 13-14) disclosed even less to medical professionals (McKay & Watson, 2020). Wagner et al. (2021) note that there are significant barriers to receiving a gender dysphoria diagnosis for transgender adolescents, with the data indicating that there were disparities for transgender girls to receive the diagnosis when compared to transgender boys. Youth who were ages 10-14 were also less likely to receive a gender dysphoria diagnosis. In addition, the rise in criminalizing gender affirming care for transgender youth across the United States will also likely make it more challenging for transgender youth to obtain formal gender dysphoria diagnoses (Abreu et al., 2022).

37. Given the reasons noted above, self-identification is the best method we currently have to estimate transgender populations in population-based studies. The Williams Institute report (Herman et al., 2022) is widely cited (a Google Scholar search indicates 500 citations as of January 27, 2025) and regarded as reliable for population based estimates. In 2022, the Williams Institute provided population estimates based on the 2017 and 2019 Youth Risk Behavior Survey and the

2017-2020 Behavioral Risk Factor Surveillance System. The YRBS is one of the most extensive nation-wide surveys of high school student health risk behaviors, and is considered one of the best ways to measure high school student health (Underwood et al., 2020). Alongside the YRBS, BRFSS is also considered one of the most extensive nation-wide surveys for youth and health, with particular reliability of data regarding mental health and quality of life (Pierannunzi et al., 2013). A Google Scholar search indicates that these surveys are mentioned in over 30,000 (YRBS) and 50,000 (BRFSS) academic publications each. Given that the Williams Institute published its estimates in 2022, they were using the most recent data available to them for both the YRBS and the BRFSS. These datasets are usually publicly available 1-2 years after the data have been collected. It can take a significant amount of time to analyze datasets, and therefore the data currently discussed in the Williams Institute report is up to date.

38. The State of Carolina critiques the estimates in my declaration by indicating that I did not take into account the number of transgender students who might not attend schools in person, and it uses the Gohil et al., (2021) study to bolster this claim. However, this study only follows parents of transgender youth who were part of the Riley Hospital for Children's gender health clinics in Indiana and does not apply to percentages of youth in South Carolina. Moreover, the comparator group did not explicitly exclude transgender youth. In any event, even if the same logic were to be applied to South Carolina students, the data in the Indiana study only indicate that there was a difference of 18% in the percentage of transgender youth and youth in the hospital's comparator clinic who attended a non-traditional schooling program. Even if my South Carolina estimate was reduced by 18% to correspond to the Indiana data, there would still be an estimated 2,718 transgender students in the state attending public schools, and certainly more than 40 transgender youth statewide who would be impacted by the restrictions in restroom use in public

K-12 schools. As well, in my clinical experience, transgender students prefer to use the restroom that aligns with their gender identity, and therefore there are more than 40 transgender students who would be impacted by the restroom restrictions outlined in this case.

X. DR. NANGIA AND THE DEFENDANTS' CLAIMS ABOUT MY "BIAS"

39. In her report, Dr. Nangia indicates: "Dr. Budge does not even consider the felt safety of students who are not transgender because she deems them prejudiced" and that this statement "demonstrates bias." As noted earlier in this report, I indicate that there are no data to support the fact that cisgender students' safety is threatened with the general presence of transgender students in restrooms; I have not been able to locate data, nor does Dr. Nangia cite data, to support the proposition that transgender people are more likely to be violent or harass people in restrooms in comparison to the cisgender people who use multiple occupancy restrooms. There is no evidence-based reason for cisgender students to feel unsafe in restrooms with transgender students. Therefore, my opinion that, to the extent cisgender students feel unsafe in restrooms with transgender students, they are basing their assessment on implicit or overt bias, rather than evidence, stands.

40. In her report, Dr. Nangia also indicates: "Dr. Budge states that she has advocated for social transition in all her patients as she believes it reduces gender dysphoria" (p. 33). In my deposition, I indicated that social transition was appropriate for the transgender adolescents I have seen in my clinical practice who had met criteria for gender dysphoria and that this aligns with the WPATH standards of care and clinical guidelines for working with transgender adolescents. Dr. Nangia fails to note the part of my deposition where I also noted that I have been in situations where I consulted with other mental health providers where I did not recommend social transition or medical transition as a course of treatment.

41. In addition, the State of South Carolina makes allegations that I am an activist as

a way to discredit my work. I have provided testimony that I describe myself as an advocate and that this is rooted in my ethical obligation as a psychologist to ensure that the practice of psychology with transgender people is rooted in an evidence-based practice. The APA (2015) guidelines for working with transgender people specifically stipulate: "In educational settings, psychologists may advocate for TGNC [transgender and gender nonconforming] youth on a number of levels..." (p. 839) and provide multiple examples of how psychologists may advocate for transgender youth. In an explanation of these guidelines, Singh & Dickey (2016) specifically note that psychological and counseling practice with transgender people includes issues: "that are culturally-relevant for TGNC clients and their multiple social identities, address the influence of social inequities on the lives of TGNC clients, enhance TGNC client resilience and coping, advocate to reduce systemic barriers to TGNC mental and physical health, and leverage TGNC client strengths." Therefore, in describing myself as an advocate in the work, I follow my own professional guidelines and recommendations.

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


Stephanie L. Budge, Ph.D.

Executed on January 29, 2025

EXHIBIT A

Bibliography

BIBLIOGRAPHY

Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G. M., Matsuno, E., & Mosley, D. V. (2022). Impact of gender-affirming care bans on transgender and gender diverse youth: Parental figures' perspective. *Journal of family psychology*, 36(5), 643.

American Academy of Pediatrics (2018) cited via Rafferty, J., Yogman, M., Baum, R., Gambon, T. B., Lavin, A., Mattson, G., ... & Committee on Psychosocial Aspects of Child and Family Health. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, 142(4).

American Medical Association (2018). *AMA Adopts New Policies at 2018 Meeting*. Retrieved from <https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policies-2018-interim-meeting>

American Psychiatric Association (2017). *Definitions of Gender, Sex, Sexual Orientation, and Pronoun Usage*. <https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/definitions-and-pronoun-usage>

American Psychological Association. (2014). *Answers to your questions about transgender people, gender identity, and gender expression*. Retrieved from <http://www.apa.org/topics/lgbt/transgender.aspx>

American Psychological Association (2021). *APA Resolution on Gender Identity Change Efforts*. Retrieved from <https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American psychologist*, 70(9), 832-864.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.).

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>

Austin, A., Craig, S. L., D'Souza, S., & McInroy, L. B. (2022). Suicidality among transgender youth: elucidating the role of interpersonal risk factors. *Journal of Interpersonal Violence*, 37(5-6), NP2696-NP2718.

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.

Cass, H. (2024). *The Cass Review*. <https://cass.independent-review.uk/home/publications/final-report/>

Coleman, E., Radix, A. E., Bouman, W. P., et al. (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, *International Journal of Transgender Health*, 23:sup1, S1-S259.

Cretella MA, Rosik CH, Howsepian AA. (2019). Sex and gender are distinct variables critical to health: Comment on Hyde, Bigler, Joel, Tate, and van Anders (2019). *American Psychologist*. Oct;74(7):842-844. doi: 10.1037/amp0000524. PMID: 31580112. 32.

DeChants, J. P., Price, M. N., Nath, R., Hobaica, S., & Green, A. E. (2024). Transgender and nonbinary young people's bathroom avoidance and mental health. *International Journal of Transgender Health*, 1-9.

Durwood, L., Eisner, L., Fladeboe, K., Ji, C. G., Barney, S., McLaughlin, K. A., & Olson, K. R. (2021). Social support and internalizing psychopathology in transgender youth. *Journal of Youth and Adolescence*, 50(5), 841-854.

Epstein, S., Roberts, E., Sedgwick, R., Polling, C., Finning, K., Ford, T., ... & Downs, J. (2020). School absenteeism as a risk factor for self-harm and suicidal ideation in children and adolescents: a systematic review and meta-analysis. *European Child & Adolescent Psychiatry*, 29, 1175-1194.

Feigerlova, E. (2024). Prevalence of detransition in persons seeking gender-affirming hormonal treatments: a systematic review. *The Journal of Sexual Medicine*, qdae186.

Gohil, A., Donahue, K. L., & Eugster, E. A. (2021). Nontraditional school enrollment in transgender and gender-diverse youth. *Journal of Adolescent Health*, 68(1), 207-209.

Grijseels, D. M. (2024). Biological and psychosocial evidence in the Cass Review: a critical commentary. *International Journal of Transgender Health*, 1-11.

Guyatt, G. H., Oxman, A. D., Kunz, R., Vist, G. E., Falck-Ytter, Y., & Schünemann, H. J. (2008). What is "quality of evidence" and why is it important to clinicians?. *British Medical Journal*, 336(7651), 995-998.

Hall, R., Taylor, J., Hewitt, C. E., Heathcote, C., Jarvis, S. W., Langton, T., & Fraser, L. (2024). Impact of social transition in relation to gender for children and adolescents: a systematic review. *Archives of Disease in Childhood*.

Heiden-Rootes, K., McGeorge, C. R., Salas, J., & Levine, S. (2022). The effects of gender identity change efforts on Black, Latinx, and White transgender and gender nonbinary adults: Implications for ethical clinical practice. *Journal of Marital and Family Therapy*, 48(3), 927-944.

Herman, J. L. (2013). Gendered restrooms and minority stress: The public regulation of gender and its impact on transgender people's lives. *Journal of Public Management & Social Policy*, 19(1), 65.

Herman, J.L., Flores, A.R., O'Neill, K.K. (2022). *How Many Adults and Youth Identify as Transgender in the United States?* The Williams Institute, UCLA School of Law.

Horne, S. G., McGinley, M., Yel, N., & Maroney, M. R. (2022). The stench of bathroom bills and anti-transgender legislation: Anxiety and depression among transgender, nonbinary, and cisgender LGBTQ people during a state referendum. *Journal of Counseling Psychology*, 69(1), 1-13.

Horton, C. (2022). "I Was Losing That Sense of Her Being Happy"—Trans Children and Delaying Social Transition. *LGBTQ+ Family: An Interdisciplinary Journal*, 1-17.

Horton, C. (2024). The Cass Review: Cis-supremacy in the UK's approach to healthcare for trans children. *International Journal of Transgender Health*, 1-25.

Johns, M. M., Beltran, O., Armstrong, H. L., Jayne, P. E., & Barrios, L. C. (2018). Protective factors among transgender and gender variant youth: A systematic review by socioecological level. *The Journal of Primary Prevention*, 39, 263-301.

Kearny, C. A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. *Clinical Psychology Review*, 28(3), 451-471.

Kosciw, J. G., Clark, C. M., & Menard, L. (2022). *The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools*. New York: GLSEN.

Lee, H., Operario, D., Restar, A. J., Choo, S., Kim, R., Eom, Y. J., ... & Kim, S. S. (2023). Gender identity change efforts are associated with depression, panic disorder, and suicide attempts in South Korean transgender adults. *Transgender health*, 8(3), 273-281.

Marinov, G. K. (2020). In Humans, Sex is Binary and Immutable. *Academic Questions*, 33(2).

McGuire, J. K., Okrey Anderson, S., & Michaels, C. (2022). "I don't think you belong in here:" The impact of gender segregated bathrooms on the safety, health, and equality of transgender people. *Journal of Gay & Lesbian Social Services*, 34(1), 40-62.

McKay, T. R., & Watson, R. J. (2020). Gender expansive youth disclosure and mental health: Clinical implications of gender identity disclosure. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 66.

McNamera, N., Baker, K., Connelly, K., et al. (2024) An Evidence-Based Critique of "The Cass Review" on Gender-affirming Care for Adolescent Gender Dysphoria.
https://law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf

Mizock, L., Mougianis, E., Meier, C., & Moundas, S. (2015). Gender Diversity and Transgender Identity in Youth. *Journal of Sexual Medicine*, 5, 1892-1897.

Murchison, G. R., Agénor, M., Reisner, S. L., & Watson, R. J. (2019). School restroom and locker room restrictions and sexual assault risk among transgender youth. *Pediatrics*, 143(6).

Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3).

Osmetti, L. A., Allen, K. R., & Kozlowski, D. (2024). Shortcomings of transgender identity concealment research: a scoping review of associations with mental health. *International journal of transgender health*, 1-25.

Pierannunzi, C., Hu, S. S., & Balluz, L. (2013). A systematic review of publications assessing reliability and validity of the Behavioral Risk Factor Surveillance System (BRFSS), 2004–2011. *BMC Medical Research Methodology*, 13, 1-14.

Price-Feeney, M., Green, A. E., & Dorison, S. H. (2021). Impact of bathroom discrimination on mental health among transgender and nonbinary youth. *Journal of Adolescent Health*, 68(6), 1142-1147.

Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2018). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research and Social Policy*, 15, 48-59.

Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-based relational intervention (TBRI): A systemic approach to complex developmental trauma. *Child & Youth Services*, 34(4), 360-386.

Purvis, K., Howard, A. R. H., & Call, C. (2017). Trust-based relational intervention. *Buckwalter KD & Reed D (Eds.), Attachment theory in action: Building connections between children and parents*, pp. 143-156.

Seelman, K. L. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. *Journal of Homosexuality*, 63(10), 1378-1399.

Singh, A. A. & dickey, I. (2016). Implementing the APA guidelines on psychological practice with transgender and gender nonconforming people: A call to action to the field of psychology. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 195.

Steensma, T. D., McGuire, J. K., Kreukels, B. P., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(6), 582-590.

Steensma, T. D., & Cohen-Kettenis, P. T. (2018). A critical commentary on follow-up studies and “desistance” theories about transgender and gender non-conforming children. *International Journal of Transgenderism*, 19, 225-230.

Suarez, N. A. , Trujillo, L., McKinnon II et al. (2024). Disparities in school connectedness, unstable housing, experiences of violence, mental health, and suicidal thoughts and behaviors among transgender and cisgender high school students—Youth Risk Behavior Survey, United States, 2023. *MMWR supplements*, 73.

Temple Newhook, J., Pyne, J., Winters, K., Feder, S., Holmes, C., Tosh, J., ... & Pickett, S. (2018). A critical commentary on follow-up studies and “desistance” theories about transgender and gender-nonconforming children. *International Journal of Transgenderism*, 19, 212-224.

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.

Turban, J. L., Loo, S. S., Almazan, A. N., & Keuroghlian, A. S. (2021). Factors leading to “detransition” among transgender and gender diverse people in the United States: A mixed-methods analysis. *LGBT health*, 8(4), 273-280.

Underwood JM, Brener N, Thornton J, et al. (2019). Overview and Methods for the Youth Risk Behavior Surveillance System — United States, *MMWR Supplements*, 1–10. DOI: <http://dx.doi.org/10.15585/mmwr.su6901a1>.

Veale, J. F., Tan, K. K., & Byrne, J. L. (2022). Gender identity change efforts faced by trans and nonbinary people in New Zealand: Associations with demographics, family rejection, internalized transphobia, and mental health. *Psychology of Sexual Orientation and Gender Diversity*, 9(4), 478.

Wagner, S., Panagiotakopoulos, L., Nash, R., Bradlyn, A., Getahun, D., Lash, T. L., ... & Goodman, M. (2021). Progression of gender dysphoria in children and adolescents: a longitudinal study. *Pediatrics*, 148(1).

Weinhardt, L. S., Stevens, P., Xie, H., Wesp, L. M., John, S. A., Apchemengich, I., ... & Lambrou, N. H. (2017). Transgender and gender nonconforming youths' public facilities use and psychological well-being: a mixed-method study. *Transgender Health*, 2(1), 140-150.

Exhibit C

Redline Comparison of Proviso 1.120 (FY 2024-2025) and Proviso 1.114 (FY 2025-2026)

Redline Comparison of Proviso 1.120 (FY 2024-2025) and Proviso 1.114 (FY 2025-2026)

1.120114. (SDE: Student Physical Privacy) (A) For the purposes of this provision:

(1) "Changing Facility" means a facility in which a person may be in a state of undress in the presence of others, including a locker room, changing room, or shower room.

(2) "Restroom" means a facility that includes one or more toilets or urinals.

(3) "Sex" means a person's biological sex, either male or female, as objectively determined by anatomy and genetics existing at the time of birth. Evidence of a person's biological sex includes, but is not limited to, any government-issued identification document that accurately reflects a person's sex as listed on the person's original birth certificate issued at or near the time of birth.

(4) "Sleeping Quarters" means a room with a bed in which more than one individual is housed overnight.

(B) A school district supported in part by funds appropriated by this act, shall not permit any public school within the district to use any funds to maintain or operate any restroom or changing facility on its premises that is not in compliance with this provision or facilitate any public-school authorized activity or event involving overnight lodging that is not in compliance with this provision. A school district that violates any portion of this provision shall be penalized twenty-five percent of the funds appropriated by this act that are used to support the school district's operations.

(C)(1) Multi-occupancy public school restrooms and changing facilities shall be designated for use only by members of one sex. Any public school restrooms and changing facilities that are designated for one sex shall be used only by members of that sex; no person shall enter a restroom or changing facility that is designated for one sex unless he or she is a member of that sex; and the public school with authority over that building shall take reasonable steps to ensure that all restrooms and changing facilities provide its users with privacy from members of the opposite sex. The provisions in this item do not apply: (a) to custodial or maintenance work when the restroom or changing facility is not being used or otherwise occupied by a member of the opposite sex; (b) to a person or people rendering medical assistance; and (c) during a natural disaster, emergency, or when use of the restroom or changing facility is necessary to prevent a serious threat to good order or student safety.

(2) During any public-school authorized activity or event where students share overnight lodging, no student shall share a sleeping quarter or multi-occupancy restroom with a member of the opposite sex, unless such persons are members of the same family, such as a parent, legal guardian, sibling, or grandparent.

(3) In any other public-school facility or setting where a person may be in a state of undress in the presence of others, school personnel shall provide separate, private areas designated for use by persons based on their sex, and no person shall enter these private areas unless he or she is a member of the designated sex.

(D) Nothing in this proviso may be construed to prohibit schools from adopting policies necessary to accommodate disabled persons or young children in need of physical assistance when using restrooms or changing facilities.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

SUPPLEMENTAL DECLARATION OF [REDACTED] ("JIM DOE")

I, [REDACTED], declare and state as follows:

1. My name is [REDACTED]. I am going by "Jim Doe" in this case. My wife and I have brought this lawsuit as the "next friends" of my son, [REDACTED], who is going by "John Doe." I submit this supplemental declaration in support of our ongoing efforts seeking a preliminary injunction. I have personal knowledge of the facts stated below and would testify completely to those facts if called to do so.

2. Because of Proviso 1.120, my son missed almost his entire eighth grade year.

3. After he was removed from his online virtual charter school, we enrolled in a homeschool association, which required an enrollment fee, and did our best to homeschool him using an online curriculum, which comes with a monthly charge.

4. Learning at home is no replacement for the educational and social opportunities of attending a public school in person. Proviso 1.120 stunted his academic and personal trajectory. It left him isolated.

5. My wife and I are desperate to send John back to his public school for his ninth grade year, which is set to begin August 13, 2025. We are desperate for him to have the educational and personal opportunity of an in-person school.

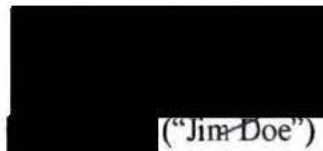
6. But, because South Carolina renewed the proviso, we are in an impossible bind. If John returns, he will face intolerable discrimination and student discipline for using the boys' restrooms. If he does not re-enroll, he will continue to miss out on all the benefits of live public education, including socialization and better, more engaging academics.

7. Right now, after many family discussions, we are planning to send John back to Berkeley County School District for ninth grade. But it's a heart-wrenching decision.

8. This is an excruciating position for a parent. I feel desperate for a solution, but do not see any so long as John is unable to use boys' restrooms at school.

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

Executed this 25 day of June, 2025.


("Jim Doe")

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

SUPPLEMENTAL DECLARATION OF PATRICK ARCHER

I, Patrick Archer, declare under penalty of perjury that the following is true and correct, and state:

1. I am a law fellow at Public Justice, a nonprofit legal advocacy organization that represents the Plaintiffs in this case. The following is true of my own personal knowledge, and, if called as a witness, I would and could testify competently thereto.

2. I have reviewed video recordings from April 24, 2024, of the South Carolina Senate's discussion of Proviso 1.120. According to my review and timing, the Senate debated the proviso for a total of 13 minutes and 46 seconds. A recording of the Senate's debate is accessible at <https://www.scstatehouse.gov/video/archives.php> by navigating to the link titled "Wednesday, April 24, 2024 10:00 am Senate – Senate." All relevant discussion of the proviso occurs at the following timestamps: 9:10:53-9:16:19; 11:33:30-11:41:51.

3. Attached hereto as Exhibit A is a true and correct copy of the South Carolina Legislature's webpage reflecting the progress of House Bill 4025, the 2025-2026 budget appropriations bill, as of July 1, 2025. The webpage is also currently accessible at:

<https://www.scstatehouse.gov/billsearch.php?billnumbers=4025&session=126&summary=B&PRINT=1> (last accessed July 1, 2025).

4. Attached hereto as Exhibit B is a true and correct copy of an article published by WIS News 10, a South Carolina television station, on or around June 4, 2025. An online version of the article is also currently accessible at: <https://www.wistv.com/2025/06/04/gov-mcmaster-discuss-budget-vetoes-press-conference/> (last accessed July 1, 2025).

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

Executed on this 1st day of July, 2025


Patrick Archer

EXHIBIT A

Session 126 - (2025-2026)**H*4025 (Rat #0097, Act #0069 of 2025) General Bill, By House Ways and Means****Summary:** Appropriations Bill, 2025-2026

AN ACT TO MAKE APPROPRIATIONS AND TO PROVIDE REVENUES TO MEET THE ORDINARY EXPENSES OF STATE GOVERNMENT FOR THE FISCAL YEAR BEGINNING JULY 1, 2025, TO REGULATE THE EXPENDITURE OF SUCH FUNDS, AND TO FURTHER PROVIDE FOR THE OPERATION OF STATE GOVERNMENT DURING THIS FISCAL YEAR AND FOR OTHER PURPOSES. - ratified title

02/20/25	House	Introduced, read first time, placed on calendar without reference (House Journal-page 5)
02/25/25	House	Debate adjourned until Thur., 3-6-25 (House Journal-page 31)
03/06/25	House	Special order, set for Monday 3-10-25
03/10/25	House	Debate interrupted (House Journal-page 7)
03/12/25	House	Amended (House Journal-page 60)
03/11/25	House	Read second time (House Journal-page 60)
03/11/25	House	Roll call Yeas-99 Nays-13 (House Journal-page 108)
03/12/25	House	Read third time and sent to Senate (House Journal-page 1)
03/13/25	Senate	Introduced and read first time (Senate Journal-page 7)
03/13/25	Senate	Referred to Committee on Finance (Senate Journal-page 7)
04/16/25	Senate	Committee report: Favorable with amendment Finance (Senate Journal-page 24)
04/22/25	Senate	Committee Amendment Adopted (Senate Journal-page 7)
04/22/25	Senate	Amended (Senate Journal-page 7)
04/22/25	Senate	Read second time (Senate Journal-page 7)
04/23/25	Senate	Amended (Senate Journal-page 16)
04/23/25	Senate	Read third time and returned to House with amendments (Senate Journal-page 16)
04/23/25	Senate	Roll call Ayes-41 Nays-2 (Senate Journal-page 16)
04/30/25	House	Debate adjourned until Tues., 5-6-25 (House Journal-page 99)
05/06/25	House	Senate amendment amended (House Journal-page 140)
05/06/25	House	Returned to Senate with amendments (House Journal-page 140)
05/07/25	Senate	Non-concurrence in House amendment (Senate Journal-page 16)
05/08/25	House	House insists upon amendment and conference committee appointed Reps. Bannister, Hewitt, Stavrinakis
05/08/25	Senate	Conference committee appointed Peeler, Jackson, Alexander (Senate Journal-page 46)
05/28/25	Senate	Conference report received and adopted (Senate Journal-page 10)
05/28/25	Senate	Roll call Ayes-37 Nays-5 (Senate Journal-page 10)
05/28/25	House	Conference report received and adopted (House Journal-page 4)
05/28/25	House	Roll call Yeas-88 Nays-25 (House Journal-page 5)
05/28/25	House	Ordered enrolled for ratification (House Journal-page 10)
05/28/25		Ratified R 97
06/03/25		Certain items vetoed by Governor
06/03/25		Effective date See Act for Effective Date
06/04/25		Act No. 69

EXHIBIT B

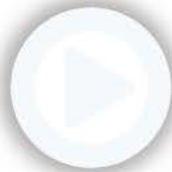
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McMaster: SC budget includes income tax cut, full funding for SROs and pay raises



Governor Henry McMaster has signed the 2025-2026 fiscal year budget into law. The budget includes SRO's for all schools, teacher pay raises and tax cuts.



COLUMBIA, S.C. (WIS) - South Carolina Gov. Henry McMaster announced highlights of this year's state budget on Wednesday.

A deal for the [\\$14.7 billion budget](#) was finalized and passed the General Assembly in May.

McMaster's office said the final budget included 80% of the governor's proposals, including a cut to income tax, pay raises for teachers and law enforcement as well as funding for armed, certified, full-time school resource officers at every public school in the state.

The office added that other highlights of the budget include a freeze on college tuition along with investments in infrastructure, conservation and workforce development. The governor also noted 11 vetoes, which were attached to approximately \$10,000 in funding, were issued as part of the budget.

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McMaster's office also announced Wednesday plans for an executive order requiring "all cabinet agencies and departments to request detailed information before distributing or administering appropriations if they lack sufficient or specific direction on how to do so in the budget."

"The public has a right to know exactly how their money is being spent and by whom. Without that information, they cannot evaluate an appropriation's merit for themselves," McMaster said in a statement. "This extra step will help provide additional accountability and transparency for the public in the operation of state government."

The budget does not include, however, money for earmarks - annual allocations that legislators request for "community investments," or local pet projects, and they usually add up to hundreds of millions of dollars in yearly spending. The chair of the State Senate's budget-writing committee said this was done so money could be put toward accelerating South Carolina's planned cut on income tax.

When fully approved, the budget is set to go into effect when the new fiscal year begins on July 1.

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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
Charleston Division**

JOHN DOE, a minor, by his parents and next
friends, JIM DOE and JANE DOE, et al.,

Plaintiffs,

v.

STATE OF SOUTH CAROLINA, et al.,

Defendants.

No. 2:24-cv-06420-RMG

SUPPLEMENTAL DECLARATION OF [REDACTED] (“JIM DOE”)

I, [REDACTED], declare and state as follows:

1. My name is [REDACTED]. I am going by “Jim Doe” in this case. My wife and I have brought this lawsuit as the “next friends” of my son, [REDACTED], who is going by “John Doe.” I submit this supplemental declaration in support of our ongoing efforts seeking a preliminary injunction. I have personal knowledge of the facts stated below and would testify completely to those facts if called to do so.

2. Earlier this month, my family submitted the paperwork to re-enroll John in Berkeley County School District for the ninth grade, including proof that he had finished eighth grade through homeschooling.

3. Since we submitted that paperwork, the District has not given us any reason to believe that John will not be able to attend a public high school in the District.

4. We have not moved since filing this lawsuit.

5. My son continues to wish and intend to use boys' restrooms, which match his male gender identity.

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

Executed this 14th day of July, 2025.

 ("Jim Doe")

No. 25-1787

**UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT**

JOHN DOE, ET AL.,
Plaintiffs-Appellants,

v.

STATE OF SOUTH CAROLINA, ET AL.,
Defendants-Appellees.

On Appeal from the United States District Court
for the District of South Carolina
Case No. 2:24-cv-06420-RMG

**DEFENDANTS-APPELLEES' COMBINED MOTION TO DISMISS
THE APPEAL AND RESPONSE TO THE MOTION FOR A
PRELIMINARY INJUNCTION PENDING APPEAL**

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TABLE OF CONTENTS

	Page(s)
TABLE OF AUTHORITIES	iii
INTRODUCTION.....	1
BACKGROUND.....	1
ARGUMENT	5
I. Minor Plaintiff’s appeal should be dismissed for lack of jurisdiction.....	5
a. The denial of Minor Plaintiff’s “renewed” motion for preliminary injunction is not appealable.	5
i. The “renewed” motion for preliminary injunction was not denied on the merits.....	5
ii. Minor Plaintiff’s original motion for preliminary injunction is still pending, so Minor Plaintiff has not been denied preliminary injunctive relief on the merits.	6
iii. The “renewed” motion for preliminary injunction was never operative.....	7
b. The stay order is not appealable.	9
i. The stay order does not expressly deny, or have the practical effect of denying, an injunction.	10
ii. Minor Plaintiff has failed to show that the stay order will have serious or irreparable consequences.....	11
iii. Minor Plaintiff has failed to show that the stay order can only be effectually challenged by immediate appeal.....	12
c. The appeal should be dismissed for lack of standing.....	12
II. Even if the Court had jurisdiction over this appeal, Minor Plaintiff’s Motion for Preliminary Injunction Pending Appeal should be denied.....	14
a. Minor Plaintiff is unlikely to succeed on the merits.	14

i. *Grimm* is neither analogous nor persuasive.....14

ii. Minor Plaintiff is unlikely to succeed on the Title IX claim.17

iii. Minor Plaintiff is unlikely to succeed on the Equal
 Protection claim.19

b. Minor Plaintiff cannot show irreparable harm.20

c. The balance of hardships and public interest do not favor an
 injunction.21

CONCLUSION22

CERTIFICATE OF COMPLIANCE24

TABLE OF AUTHORITIES

	Page(s)
Cases	
<i>A.A.R.P. v. Trump</i> , 145 S. Ct. 1364 (2025).....	10
<i>Adams by & through Kasper v. Sch. Bd. of St. Johns Cnty.</i> , 57 F.4th 791 (11th Cir. 2022)	16, 17, 18, 20
<i>B.P.J. v. West Virginia</i> , 98 F.4th 542 (4th Cir. 2024)	3
<i>Bettis v. City of Eunice</i> , No. CV 20-922 GBW/KRS, 2021 WL 678558 (D.N.M. Feb. 22, 2021)	8
<i>Bratcher v. Clarke</i> , 725 F. App'x 203 (4th Cir. 2018)	6
<i>Braun v. Coulter Ventures, LLC</i> , No. 2:19-CV-5050, 2020 WL 5909004 (S.D. Ohio Oct. 5, 2020)	9
<i>Bridge v. Oklahoma State Dep't of Educ.</i> , 711 F. Supp. 3d 1289 (W.D. Okla. 2024).....	16, 18, 20, 22
<i>Bryant v. McLean</i> , No. 24-1123, 2024 WL 3963962 (10th Cir. May 10, 2024), <i>cert.</i> <i>denied</i> , 145 S. Ct. 417 (2024)	6, 10, 11, 12
<i>Carson v. Am. Brands, Inc.</i> , 450 U.S. 79 (1981).....	10
<i>City of Los Angeles v. Lyons</i> , 461 U.S. 95 (1983).....	8, 9
<i>Cohen v. Rosenstein</i> , 691 F. App'x 728 (4th Cir. 2017)	5

<i>D.H. v. Williamson Cnty. Bd. of Educ.</i> , No. 3:22-CV-00570, 2024 WL 4046581 (M.D. Tenn. Sept. 4, 2024)	16, 18
<i>Def. Distributed v. Att’y Gen. of New Jersey</i> , 972 F.3d 193 (3d Cir. 2020)	6, 10, 11
<i>Dep’t of Educ. v. Louisiana</i> , 603 U.S. 866 (2024).....	19
<i>El v. United States Dep’t of Com.</i> , No. 2:18CV190, 2021 WL 1540467 (E.D. Va. Mar. 25, 2021), <i>aff’d</i> , No. 21-1431, 2021 WL 5564670 (4th Cir. Nov. 29, 2021)	9
<i>Folwell v. Kadel</i> , No. 24-99, 2025 WL 1787687 (U.S. June 30, 2025).....	3
<i>Frazier v. Prince George’s Cnty., Maryland</i> , 86 F.4th 537 (4th Cir. 2023)	6
<i>Grace v. Vannoy</i> , 826 F.3d 813 (5th Cir. 2016)	10, 11
<i>Grimm v. Gloucester County School Board</i> , 972 F.3d 586 (4th Cir. 2020)	4, 14, 15, 16
<i>Gulfstream Aerospace Corp. v. Mayacamas Corp.</i> , 485 U.S. 271 (1988).....	10
<i>Int’l Nickel Co. v. Martin J. Barry, Inc.</i> , 204 F.2d 583 (4th Cir. 1953)	11
<i>Jefferson Cmty. Health Care Centers, Inc. v. Jefferson Par. Gov’t</i> , 849 F.3d 615 (5th Cir. 2017)	8
<i>Kadel v. Folwell</i> , 100 F.4th 122 (4th Cir. 2024) (<i>en banc</i>).....	3, 4, 14
<i>LaShawn A. v. Barry</i> , 87 F.3d 1389 (D.C. Cir. 1996).....	14
<i>Lowe v. Raemisch</i> , 864 F.3d 1205 (10th Cir. 2017)	14

<i>Maryland v. King</i> , 567 U.S. 1301 (2012) (Roberts, C.J., in chambers).....	22
<i>Omega World Travel, Inc. v. Trans World Airlines</i> , 111 F.3d 14 (4th Cir. 1997)	8
<i>Perez v. San Miguel Homes for the Elderly, LLC</i> , No. 15-CV-05556-DMR, 2016 WL 3709622 (N.D. Cal. Feb. 9, 2016)	8
<i>Roe v. Critchfield</i> , 137 F.4th 912 (9th Cir. 2025)	16, 18, 20
<i>Tennessee v. Cardona</i> , 2:24-cv-00072-DCR-CJS, ECF No 143 (E.D. KY Jan. 9, 2025).....	19
<i>Trump v. CASA, Inc.</i> , No. 24A884, 2025 WL 1773631 (U.S. June 27, 2025)	9, 21, 22
<i>United States v. Skrmetti</i> , 145 S. Ct. 1816 (2025).....	3
<i>W. Virginia v. Env’t Prot. Agency</i> , 597 U.S. 697 (2022).....	13
<i>Warth v. Seldin</i> , 422 U.S. 490 (1975).....	5
<i>Webster v. Fall</i> , 266 U.S. 507 (1925).....	14
<i>Wendy’s Int’l, Inc. v. Big Bite, Inc.</i> , 576 F. Supp. 816 (S.D. Ohio 1983)	9
<i>West Virginia v. B.P.J.</i> , No. 24-43, 2025 WL 1829164 (U.S. July 3, 2025)	3, 4, 12, 14, 17, 20
<i>Winters v. Warden</i> , No. 3:21-CV-284-DRL-MGG, 2021 WL 2530187 (N.D. Ind. June 18, 2021)	8

Statutes

28 U.S.C. § 1292(a)(1) (2012).....6

Other Authorities

89 Fed. Reg. 3388719

W. Burlette Carter, *Sexism in the “Bathroom Debates”: How
Bathrooms Really Became Separated by Sex*, 37 YALE L. & POL’Y
REV. 227, 259–60, 279, 288 (2018).....17

INTRODUCTION

Minor Plaintiff (captioned as “John Doe”) seeks the extraordinary relief of a preliminary injunction pending appeal to alter the status quo and enjoin legal provisions that aren’t challenged in any operative complaint. The appeal, however, relates to orders that aren’t even appealable, and Minor Plaintiff lacks standing to bring the appeal in the first place. The Court should deny Minor Plaintiff’s motion and dismiss the appeal for lack of jurisdiction.

BACKGROUND

In June 2024, the South Carolina General Assembly ratified the General Appropriations Bill for Fiscal Year 2024–2025. The Bill contained budget Proviso 1.120, which provided in part that multi-occupancy public school restrooms shall be designated for use only by members of one sex, and that public school districts shall not permit public schools to use any funds to maintain or operate any restrooms on their premises that are not in compliance with this requirement. *See* H. 5100, General Appropriations Bill for Fiscal Year 2024–2025, Part IB § 1.120(B)–(C)(1) (<https://tinyurl.com/yr6asnw7>). That Proviso expired on June 30, 2025. Plaintiffs filed the Complaint in this proceeding on November 12, 2024, challenging “the restroom-related provision of South Carolina Budget Proviso 1.120.” (ECF No. 1 at 18–21.¹) Two days later, Minor Plaintiff filed a motion for preliminary injunction as

¹ Documents cited herein by ECF numbers can be found, for the Court’s convenience, in Defendants-Appellees’ Appendix filed concurrently herewith.

to Proviso 1.120, along with a corresponding motion for class certification. (ECF No. 9 at 1); (ECF No. 10 at 6–8). After limited discovery, Defendants responded to the Complaint and the motions for preliminary injunction and class certification. (ECF Nos. 38, 39, 51, 61, 73.)

In June 2025, the General Assembly passed the General Appropriations Bill for Fiscal Year 2025–2026. *See* H. 4025, General Appropriations Bill for Fiscal Year 2025–2026 (<https://tinyurl.com/y429yczf>). That budget contained a new proviso—Proviso 1.114—with language that mirrored that of Proviso 1.120 from the prior fiscal year. *Id.* at Part IB § 1.114. That proviso took effect on July 1, 2025. *Id.*

Recognizing this impending change in law, Plaintiffs moved on June 25, 2025, for leave to amend their Complaint to assert purported claims against Proviso 1.114. (ECF No. 85.) Confusingly, Plaintiffs’ proposed amended complaint also requested relief as to the now-expired Proviso 1.120 and to any hypothetical future iteration of the proviso or other similar rule, policy, or practice. (ECF No. 85-2 at 2–3, 24–25.) Plaintiffs’ motion to amend the Complaint hasn’t been granted.

Plaintiffs also realized they needed a new motion for preliminary injunction if they wanted to seek an injunction as to the new proviso. So, on June 26, 2025, Minor Plaintiff filed a motion for leave to amend the motion for preliminary injunction or, alternatively, to expedite briefing on a new motion. (ECF No. 86.)

Rather than wait for a ruling on the motions for leave, Minor Plaintiff filed a new motion for preliminary injunction five days later. (ECF No. 88.)

Against this backdrop, the Supreme Court decided *United States v. Skrmetti*, 145 S. Ct. 1816 (2025) on June 18, 2025. In that case, the Supreme Court affirmed the Sixth Circuit and declined to apply heightened scrutiny to Tennessee’s prohibition on the use of certain medical procedures for gender transition of minors, reasoning that the law classified “on the basis of age ...[and] medical use” and was thus subject only to rational basis review. *Id.* at 1829.

On June 30, 2025, the Supreme Court vacated this Court’s decision in *Kadel v. Folwell*, 100 F.4th 122 (4th Cir. 2024) (*en banc*), which applied intermediate scrutiny in holding that limitations on the use of medical procedures for gender transition by persons covered by certain health plans violated the Equal Protection Clause and Title IX. *Folwell v. Kadel*, No. 24-99, 2025 WL 1787687 (U.S. June 30, 2025). The Supreme Court remanded the case for further consideration in light of *Skrmetti*. *Id.*

On July 3, 2025, the Supreme Court granted certiorari in *West Virginia v. B.P.J.*, No. 24-43, 2025 WL 1829164 (U.S. July 3, 2025). The Supreme Court is thus reviewing this Court’s decision in *B.P.J. v. West Virginia*, 98 F.4th 542 (4th Cir. 2024), which held that a state statute designating participation in public school

sports by biological sex violated the rights of transgender students under the Equal Protection Clause and Title IX.

This Court's decisions in *Kadel* and *B.P.J.* applied heightened scrutiny for state enactments that arguably impact transgender individuals. That standard was first set forth in *Grimm v. Gloucester County School Board*, 972 F.3d 586 (4th Cir. 2020). Plaintiffs in the present case have relied upon *Kadel*, *B.P.J.*, and *Grimm* in briefing various motions throughout the litigation.

Considering the Supreme Court's recent decisions, the district court stayed this case due to "considerable overlap regarding the proper legal standard to be applied to claims of transgender minors" in "challenges to school policies relating to bathroom access and school sports participation under the Equal Protection Clause and Title IX." (ECF 92. at 4.) The district court also denied "pending" motions "without prejudice and with leave to restore and/or supplement once the United States Supreme Court rules in *B.P.J.* or the Supreme Court's 2025-2026 term ends, whichever is sooner." (*Id.* at n.3; *see also* ECF No. 93.)

This appeal followed. Minor Plaintiff seeks to reverse the district court's orders staying the underlying case and denying pending motions without prejudice pending the outcome of *B.P.J.* (Dkt. 14-2 at 300.) Minor Plaintiff also seeks a preliminary injunction of Proviso 1.114 pending appeal, even though Plaintiffs' complaint doesn't raise claims against that proviso. (Dkt. 14-1 at 7–8.)

After filing the appeal, Minor Plaintiff moved the district court for a preliminary injunction pending appeal. (ECF No. 95.) That motion was denied. (ECF No. 103.) The district court ruled that Minor Plaintiff was “unable to meet” the “demanding standard” of making a “clear showing” of likelihood of success on the merits. (ECF No. 103 at 4.) That’s “in light of the significant recent legal developments in the Supreme Court which have brought into question the proper legal standards to apply when addressing the rights of transgender students under the Equal Protection Clause and Title IX.” *Id.*

ARGUMENT

I. Minor Plaintiff’s appeal should be dismissed for lack of jurisdiction.

This Court “may exercise jurisdiction only over final orders and certain interlocutory and collateral orders.” *Cohen v. Rosenstein*, 691 F. App’x 728 (4th Cir. 2017). Further, standing is a threshold question in every federal case. *Warth v. Seldin*, 422 U.S. 490, 498 (1975). Because the appealed orders aren’t appealable, and Minor Plaintiff doesn’t have standing, this Court should dismiss the appeal.

a. The denial of Minor Plaintiff’s “renewed” motion for preliminary injunction is not appealable.

i. The “renewed” motion for preliminary injunction was not denied on the merits.

Ordinarily, “[a]n order denying a preliminary injunction is an immediately appealable interlocutory order.” *Bratcher v. Clarke*, 725 F. App’x 203, 204 (4th Cir. 2018) (citing 28 U.S.C. § 1292(a)(1) (2012)). Here, “the Court removed the

[‘renewed’ preliminary injunction] motion from its docket pending the stay, made clear it did so without prejudice, and thus did not substantively deny the request for an injunction or dismiss the claims on which it is based.” *Def. Distributed v. Att’y Gen. of New Jersey*, 972 F.3d 193, 199 (3d Cir. 2020). “Because there has been no ruling, explicitly or effectively, denying the injunction, the appeal must be dismissed.” *Id.* at 199–200; *see also Bryant v. McLean*, No. 24-1123, 2024 WL 3963962, at *2 (10th Cir. May 10, 2024), *cert. denied*, 145 S. Ct. 417 (2024).

Even Appellants admit that, in denying Minor Plaintiff’s “renewed” motion for preliminary injunction without prejudice, “the district court did not rule on its merits.” (Dkt No. 11-1 at 29); *see also id.* at 7 (“not on the merits”). Even beyond the lack of prejudice, it’s clear from context that the district court didn’t intend to rule on the merits. There was no hearing and no formal written order providing the district court’s analysis. *Frazier v. Prince George’s Cnty., Maryland*, 86 F.4th 537, 545 (4th Cir. 2023). The order simply denying that motion without prejudice is not appealable.

ii. Minor Plaintiff’s original motion for preliminary injunction is still pending, so Minor Plaintiff has not been denied preliminary injunctive relief on the merits.

The seeming denial of Minor Plaintiffs’ request for preliminary injunctive relief isn’t appealable for another reason: the request is still pending. On November 14, 2024, Minor Plaintiff filed a motion for preliminary injunction as Docket

Number 9. (ECF No. 9.) On July 8, 2025, the district court entered a written order staying this case and indicating “[a]ll pending motions (Dkt. Nos. 51, 80, 85, 86, 87, 88, and 90) are denied without prejudice and with leave to restore and/or supplement[.]” (ECF No. 92 at 4 n.3.); *see also* (ECF No. 93) (same). Conspicuously absent from that list is Docket Number 9.

In their response to Minor Plaintiff’s motion for a preliminary injunction pending appeal, Defendants-Appellees represented to the district court their belief that Docket Number 9 is still pending. (ECF 98 at 1 n.1.) In its order denying that motion, the district court did not correct their understanding. (ECF No. 103.) That motion is still pending. Minor Plaintiff has not been denied injunctive relief.

iii. The “renewed” motion for preliminary injunction was never operative.

The denial of an inoperative motion is not a reviewable or reversible order. That’s because “appellate inquiry into the merits of an interlocutory decision on injunction relief ordinarily seeks only to ascertain whether the lower court has abused its discretion.” *Jefferson Cmty. Health Care Centers, Inc. v. Jefferson Par. Gov’t*, 849 F.3d 615, 627 (5th Cir. 2017) (cleaned up). “[T]here could be no abuse of discretion by the district court in denying relief based on claims that the court did not have before it.” *Id.* at 627.

To be operative, a motion for preliminary injunction must correspond to allegations and claims that are properly raised in the operative complaint. *Omega*

World Travel, Inc. v. Trans World Airlines, 111 F.3d 14, 16 (4th Cir. 1997) (a preliminary injunction motion seeks relief from “the illegality *alleged in the complaint.*”) (emphasis added). Relatedly, injunctive relief cannot extend to hypothetical or speculative future action or to parties not named in the complaint. *City of Los Angeles v. Lyons*, 461 U.S. 95, 105 (1983).

Federal courts routinely deny motions for preliminary injunction that raise allegations or claims not included in the operative complaint. *See, e.g., Bettis v. City of Eunice*, No. CV 20-922 GBW/KRS, 2021 WL 678558, at *2 (D.N.M. Feb. 22, 2021); *Winters v. Warden*, No. 3:21-CV-284-DRL-MGG, 2021 WL 2530187, at *2 (N.D. Ind. June 18, 2021); *Perez v. San Miguel Homes for the Elderly, LLC*, No. 15-CV-05556-DMR, 2016 WL 3709622, at *1 (N.D. Cal. Feb. 9, 2016). Such denials aren’t an abuse of discretion. *Jefferson Par. Gov’t.*, 849 F.3d at 627.

Here, Minor Plaintiff’s new motion for preliminary injunction wasn’t operative and, therefore, its denial isn’t appealable for at least three reasons.

First, the motion sought to enjoin a new proviso and other unidentified future practices that are challenged only in the proposed amended complaint, which Plaintiffs have not been granted leave to file. (ECF No. 92 at 4 n.3.) Plaintiffs’ purported claims against Proviso 1.114 are not before the district court or this Court and cannot form the basis of any injunctive relief. *See, e.g., El v. United States Dep’t of Com.*, No. 2:18CV190, 2021 WL 1540467, at *4 (E.D. Va. Mar. 25, 2021), *aff’d*,

No. 21-1431, 2021 WL 5564670 (4th Cir. Nov. 29, 2021); *see also Wendy's Int'l, Inc. v. Big Bite, Inc.*, 576 F. Supp. 816, 820 (S.D. Ohio 1983); *see also Braun v. Coulter Ventures, LLC*, No. 2:19-CV-5050, 2020 WL 5909004, at *3 (S.D. Ohio Oct. 5, 2020).

Second, even if the operative complaint challenged Proviso 1.114 or “any other” “future iteration” or similar “rule, policy, or practice,” (ECF No. 88 at 1) (which it doesn’t), this Court couldn’t grant injunctive relief as to hypothetical, unidentified situations and legal provisions that may in the future affect Minor Plaintiff’s bathroom usage. *See Lyons*, 461 U.S. at 105.

Third, the “renewed” motion for a preliminary injunction was not operative because neither this Court nor the district court has jurisdiction to issue injunctive relief as to individuals or entities that are not named as parties to this suit. *Trump v. CASA, Inc.*, No. 24A884, 2025 WL 1773631, at *4 (U.S. June 27, 2025). Minor Plaintiff’s “renewed” motion for a preliminary injunction wasn’t operative, and the denial of that motion isn’t appealable.

b. The stay order is not appealable.

“[A] district court order staying litigation is ordinarily not a final, appealable decision.” *Bryant*, 2024 WL 3963962, at *2 (cleaned up). Nor is it an automatically appealable interlocutory order. *Gulfstream Aerospace Corp. v. Mayacamas Corp.*, 485 U.S. 271, 287 (1988). Moreover, “stay orders rarely satisfy [the collateral-order]

requirements, and therefore, are usually not reviewable as collateral orders.” *Grace v. Vannoy*, 826 F.3d 813, 816 (5th Cir. 2016) (cleaned up).

Yes, “[a]ppellate courts have jurisdiction to review interlocutory orders that have ‘the practical effect of refusing an injunction.’” *A.A.R.P. v. Trump*, 145 S. Ct. 1364, 1367 (2025) (cleaned up). But it is a “well-established rule that stays are not practical denials of an injunction.” *Att’y Gen. of New Jersey*, 972 F.3d at 199. As a result, a stay order pending the outcome of other relevant litigation is “non-appealable.” *Id* at 198. But even if such a stay order was appealable, a litigant challenging an interlocutory order that has the practical effect of refusing an injunction must also show that the order “might have a ‘serious, perhaps irreparable, consequence,’ and that the order can be ‘effectually challenged’ only by immediate appeal.” *Carson v. Am. Brands, Inc.*, 450 U.S. 79, 84 (1981) (cleaned up). Minor Plaintiff cannot make that showing here.

i. The stay order does not expressly deny, or have the practical effect of denying, an injunction.

Here, it is “clear that the order [st]aying proceedings in the case is neither a final order nor an order granting or denying an interlocutory injunction. It is merely an interlocutory order stating what the court purposes to do, which may be revoked or superseded at any time.” *Int’l Nickel Co. v. Martin J. Barry, Inc.*, 204 F.2d 583, 585 (4th Cir. 1953); *see also Bryant*, No. 24-1123, 2024 WL 3963962, at *2. The stay order also didn’t have the practical effect of denying injunctive relief, because

“stays are not practical denials of an injunction.” *Att’y Gen. of New Jersey*, 972 F.3d at 199. Further, the stay order isn’t appealable as a collateral order because it didn’t amount to “a complete abdication of federal jurisdiction” by the district court. *Grace v. Vannoy*, 826 F.3d 813, 818 (5th Cir. 2016) (cleaned up). Accordingly, the stay “is clearly not appealable.” *Int’l Nickel Co., Inc.*, 204 F.2d at 585.

ii. Minor Plaintiff has failed to show that the stay order will have serious or irreparable consequences.

Even if the stay order had the practical effect of refusing an injunction, Minor Plaintiff cannot demonstrate that the district court’s stay order will cause serious or irreparable consequences. Minor Plaintiff has failed to show that a bathroom usage rule that applies equally to all students will single out Minor Plaintiff for serious or irreparable injury. In fact, the record indicates that the restroom opportunities made available to Minor Plaintiff before voluntarily withdrawing from traditional public school were adequate in terms of frequency, convenience, and unobtrusiveness, and weren’t functionally different from the times, places, and ways in which hundreds of other students accessed restrooms each day in that school. (ECF No. 51-1 at 4–6) Further, as Defendants-Appellees’ expert Dr. Geeta Nangia testified, the accommodation of single-stall restrooms meets the universal bathroom needs of vulnerable students with gender incongruence in ways that multi-occupancy restrooms of the opposite sex simply cannot. (ECF No. 51-13 at 28–31.)

Moreover, “[n]o party, including the minor Plaintiff, is benefited from producing a potential ‘yo-yo’ effect” of injunctive relief that could be “subject to reversal or modification once the United States Supreme Court issues its order in *B.P.J.*” (ECF No. 92 at 3.)

iii. Minor Plaintiff has failed to show that the stay order can only be effectually challenged by immediate appeal.

Minor Plaintiff has further failed to demonstrate that the stay order can only effectually be challenged by immediate appeal. *First*, there’s been no final judgment here, so when a final judgment is rendered, then an appeal can be taken. *Bryant*, 2024 WL 3963962, at *3. *Second*, “even if this court were to reverse the district court’s order, the [*B.P.J.*] court proceedings would continue on.” *Id.* at *3. Resolution of *B.P.J.* is scheduled to occur and will likely bring closure to this case. Any delay from awaiting a ruling in *B.P.J.* “does not ... justify immediate review of the district court’s order in this appeal.” *Id.*

c. The appeal should be dismissed for lack of standing.

“The requirement of standing ‘must be met by persons seeking appellate review, just as it must be met by persons appearing in courts of first instance.’” *W. Virginia v. Env’t Prot. Agency*, 597 U.S. 697, 718 (2022) (cleaned up). When determining standing, a court “must look to the facts at the time the complaint was filed.” *Laufer*, 60 F.4th at 161 (cleaned up).

Here, the complaint was filed on November 12, 2024. (ECF No. 1.) It mentions nothing about Proviso 1.114 or the 2025–2026 school year. It only alleges facts and claims relating to Proviso 1.120 for the 2024–2025 school year. It doesn’t allege that Minor Plaintiff will live within the Berkeley County School District or any other public school district in South Carolina for the 2025–2026 school year, let alone an intention to attend an in-person public school or to use opposite-sex restrooms during that time. It doesn’t allege that, as of the start of school year 2025–2026, Minor Plaintiff identifies as transgender. It doesn’t allege whether Minor Plaintiff has been diagnosed with gender dysphoria. And none of the declarations discussing Minor Plaintiff’s parents’ recent decision to re-enroll Minor Plaintiff in public school for the 2025–2026 school year relate to the facts or claims purportedly alleged in the complaint. (Dkt. No. 14-1.) Minor Plaintiff lacks standing to pursue this appeal as to Proviso 1.114.

Minor Plaintiff lacked standing to even challenge Proviso 1.120. To the extent the Court considers the facts alleged at the time of the Complaint to determine standing in this appeal, Defendants-Appellees incorporate their standing arguments raised to the district court. (ECF Nos. 51 at 23–29, 73 at 8–11.)

II. Even if the Court had jurisdiction over this appeal, Minor Plaintiff's Motion for Preliminary Injunction Pending Appeal should be denied.

a. Minor Plaintiff is unlikely to succeed on the merits.

i. *Grimm* is neither analogous nor persuasive.

Minor Plaintiff's request for preliminary relief rests heavily on *Grimm*. But this case is materially distinguishable from *Grimm*. Precedent only requires a court to "act alike in all cases of like nature." *LaShawn A. v. Barry*, 87 F.3d 1389, 1393 (D.C. Cir. 1996). It does not require a court to act alike in cases with different facts, arguments, or legal issues. *See Webster v. Fall*, 266 U.S. 507, 511 (1925); *Lowe v. Raemisch*, 864 F.3d 1205, 1209 (10th Cir. 2017). Furthermore, *Grimm*'s foundations and reasoning have been steadily eroded in the years since it was decided—a process that continues apace, *see supra*, discussing *Kadel* and *B.P.J.* (*See* ECF Nos. 83, 92, and 103.)

Start with the factual and procedural distinctions between *Grimm* and this case. The plaintiff in *Grimm* was "medically confirmed" and "clinically diagnosed with gender dysphoria," and the plaintiff's "treatment provider identified using the boys' restrooms as part of the appropriate treatment." *Grimm*, 972 F.3d at 610, 619. Those facts aren't alleged in this case. Further, unlike *Grimm*, the restrooms made available to Minor Plaintiff weren't constructed explicitly for students with gender incongruity.

The legal arguments in *Grimm* differed as well. In that case, the school board primarily argued that the policy was valid because it did not discriminate based on sex and because the plaintiff was not similarly situated to gender congruent boys. 972 F.3d at 608–10. While Defendants-Appellees maintain these arguments here and suggest that intervening legal developments have bolstered them, Defendants-Appellees have also presented new arguments in this case. For one, Defendants-Appellees argue that Minor Plaintiff’s claims aren’t true discrimination claims under the Equal Protection Clause or Title IX. Minor Plaintiff doesn’t appear to challenge—and, in fact, endorses—the notion that public schools may provide separate facilities for male and female students. Minor Plaintiff instead challenges a school’s recognition of Minor Plaintiff as one sex versus the other. Such “parameters of the beneficiary class” are typically examined under rational basis review. *Hoohuli v. Ariyoshi*, 631 F. Supp. 1153, 1159 (D. Haw. 1986).

Further, Defendants-Appellees in this case offer different—and substantiated—government interests. Not only does Proviso 1.114 protect the safety and privacy of gender-congruent students, but it also protects the safety and privacy of gender-incongruent students. Single-stall gender-neutral bathrooms are the best choice for vulnerable students with gender incongruence and gender dysphoria. (ECF No. 51-13 at 28–31.) *Grimm* didn’t address that argument and thus cannot be viewed as precedential towards it.

The scientific and legal landscape has also changed since *Grimm* was decided. *Grimm* relied on standards of care promulgated by WPATH. *Grimm*, 972 F.3d at 595–96. But in the years that followed, significant doubt has been cast on the reliability of WPATH’s standards. (ECF No. 39 at 20–22).

As the scientific evidence has come into clearer view, the legal tide has changed. When *Grimm* was decided, the Fourth Circuit alluded to a “growing consensus of courts” that have struck down single-sex school bathroom policies under the Equal Protection Clause and Title IX. *Grimm*, 972 F.3d at 593. But today, *Grimm* is the outlier, joined only by the Seventh Circuit. In contrast, the Eleventh Circuit, Ninth Circuit, and courts in the Sixth and Tenth Circuits take the view that single-sex bathrooms do *not* violate the Equal Protection Clause or Title IX. *Adams by & through Kasper v. Sch. Bd. of St. Johns Cnty.*, 57 F.4th 791 (11th Cir. 2022); *Roe v. Critchfield*, 137 F.4th 912, 926 (9th Cir. 2025); *D.H. v. Williamson Cnty. Bd. of Educ.*, No. 3:22-CV-00570, 2024 WL 4046581 (M.D. Tenn. Sept. 4, 2024); *Bridge v. Oklahoma State Dep’t of Educ.*, 711 F. Supp. 3d 1289 (W.D. Okla. 2024).

In sum, *Grimm* is neither factually analogous nor analytically persuasive. It does not establish that Minor Plaintiff is likely to succeed on the merits, particularly when recent Supreme Court rulings have undermined *Grimm*’s reasoning, and when another appeal currently pending before the High Court (*B.P.J.*) will soon bring

further clarity and, conceivably, a further, and perhaps final, erosion of *Grimm*'s conclusions.

ii. Minor Plaintiff is unlikely to succeed on the Title IX claim.

Minor Plaintiff's claim under Title IX challenges "the unremarkable—and nearly universal—practice of separating school bathrooms based on biological sex." *Adams*, 57 F.4th at 796. In recent years, a growing judicial consensus has recognized that this practice "passes constitutional muster and comports with Title IX." *Id.* The separation of restrooms has a long history, and state laws separating bathrooms by sex "were among the earliest state-wide attempts to protect women from workplace sexual harassment." W. Burlette Carter, *Sexism in the "Bathroom Debates": How Bathrooms Really Became Separated by Sex*, 37 YALE L. & POL'Y REV. 227, 259–60, 279, 288 (2018).

Clinical reality supports the ongoing value of bathrooms designated for use by biological sex. (ECF 51-13.) In the school context, this separation serves four core needs of children and adolescents: (1) felt safety, (2) privacy, (3) freedom to use the bathroom undisturbed for physical and emotional health and development, and (4) freedom to take a brief break and regroup physically and emotionally. *Id.* at 12, ¶ 32. Most school bathroom policies generally allow for bathroom needs to be met in traditional multi-occupancy male/female (sex specific) bathrooms. *Id.* at 18, ¶ 34. In some circumstances, however, vulnerable students—including children with

gender incongruence or gender dysphoria—may need special accommodations, the most common of which is a single-occupancy bathroom. *Id.* Their core needs “are not met by allowing gender incongruent students access to the multioccupancy bathroom consistent with their gender identity,” as they are likely at a heightened risk of experiencing negative behaviors (such as bullying) in any multi-occupancy bathroom, including the one consistent with their gender identity. *Id.* at 27, ¶¶ 71, 73. Additionally, “shared bathroom spaces may create significant negative outcomes for gender congruent students and may fail to meet their bathroom needs.” *Id.* at 28, ¶ 76.

The South Carolina legislature enacted Proviso 1.114 to protect the privacy and core needs of all students. The title of the proviso is “Student Physical Privacy.” *See* H. 4025 at Part IB § 1.114. The proviso aims to ensure that “restrooms and changing facilities provide [their] users with privacy,” and that other areas “where a person may be in a state of undress” are “separate, private areas.” *Id.* at 1.114(C)(1), (3).

A majority of courts to consider single-sex school bathroom policies have held that they don’t violate Title IX. *See Adams*, 57 F.4th at 791; *Critchfield*, 137 F.4th at 931; *Bridge*, 711 F. Supp. 3d at 1292; *Williamson Cnty. Bd. of Educ.*, 2024 WL 4046581, at *5.

When the U.S. Department of Education attempted to require all public schools to abandon single-sex bathroom policies under its interpretation of Title IX, the purported requirement was vacated by a nationwide court order. *Tennessee v. Cardona*, 2:24-cv-00072-DCR-CJS, ECF No 143 (E.D. KY Jan. 9, 2025). Even before that, the Title IX rule was already enjoined in South Carolina and in every other state where it was challenged. (ECF No. 39 at 26.)

Furthermore, the Supreme Court has said the bathroom provision of the Title IX Rule is likely unlawful. “Importantly, all Members of the [Supreme] Court today accept that the plaintiffs were entitled to preliminary injunctive relief as to three provisions of the rule,” including § 106.31(a)(2) of the Rule addressing Title IX’s application in sex-separated spaces, 89 Fed. Reg. 33887. *Dep’t of Educ. v. Louisiana*, 603 U.S. 866, 867 (2024).

This Court should not take the outlier position, but should instead, like the district court, await the guidance of the Supreme Court in *B.P.J.*

iii. Minor Plaintiff is unlikely to succeed on the Equal Protection claim.

Minor Plaintiff’s claim under the Equal Protection Clause is not likely to succeed. As discussed above, Proviso 1.114 satisfies rational basis. Regardless of whether that proviso is analyzed under the rational basis or heightened scrutiny standard, it survives. (The Supreme Court will almost certainly decide in *B.P.J.* what standard applies, which, as the district court rightly concluded, is reason enough to

take a deliberative, not hasty, approach.) The Eleventh Circuit recently held that single-sex bathrooms in public schools satisfied intermediate scrutiny. *Adams*, 57 F.4th at 801. So did the Ninth Circuit. *Critchfield*, 137 F.4th at 926. And a court in the Tenth Circuit. *Bridge*, 711 F. Supp. 3d at 1297. Because Minor Plaintiff hasn't shown a likelihood of success on the merits, preliminary injunctive relief isn't available.

b. Minor Plaintiff cannot show irreparable harm.

An injunction pending appeal isn't warranted because Minor Plaintiff hasn't demonstrated irreparable harm to be avoided. *First*, Minor Plaintiff hasn't plausibly alleged (much less shown) that the alleged harms are *caused* by Proviso 1.114, much less that they'll be redressed by an order enjoining that proviso. In fact, the evidence is to the contrary. Minor Plaintiff admits that, even before the enactment of the now-expired Proviso 1.120, Minor Plaintiff had experienced "anti-transgender harassment by classmates." (ECF No. 1 at 14.)

Second, the alleged harm that Minor Plaintiff purportedly seeks to avoid is abstract, hypothetical, and speculative. Minor Plaintiff is apparently set to begin a new grade (ninth grade) at a new school (high school), and the record before the Court is devoid of any information about that school's bathroom layout, availability, accessibility, and practices. In middle school, for example, the accommodation offered to Minor Plaintiff was functionally indistinguishable from most other students, who also used the restroom individually and voluntarily by using hall passes to excuse

themselves from class, and many of whom visited the school nurse’s office—at a pace of 80 to 100 total visits per day—and often used the single-occupancy restrooms there or in classroom annexes. (ECF 51-1 at ¶¶ 12–19.) Is that similar to the setup in high school? Would Minor Plaintiff’s bathroom accessibility be any different or more conspicuous than other students’ options? Minor Plaintiff doesn’t say. The speculative nature of the supposed injury weighs against an injunction pending appeal.

Third, Minor Plaintiff argues “[t]he proviso has already caused him to lose a year of school.” (ECF No. 14-1 at 26.) But the proviso challenged by the motion is not the proviso in effect last year. And Minor Plaintiff claims to have finished a full year of school last year, anyway. *Id.* at 12.

Fourth, Minor Plaintiff argues that an injunction pending appeal is necessary to prevent the dignitary harm of being involuntarily stigmatized as transgender to other students. *Id.* at 27. But an injunction pending appeal would make Minor Plaintiff the only student in the school (and indeed, the entire state) to be given special access to opposite sex restrooms, drawing significant attention to Minor Plaintiff rather than let Minor Plaintiff blend in.

c. The balance of hardships and public interest do not favor an injunction.

Whenever “a State is enjoined by a court from effectuating statutes enacted by representatives of its people, it suffers a form of irreparable injury.” *CASA, Inc.*, 2025 WL 1773631, at *15 (quoting *Maryland v. King*, 567 U.S. 1301, 1303 (2012))

(Roberts, C.J., in chambers)). Furthermore, the balance of equities favors the status quo, and the public interest wouldn't be served by enjoining Proviso 1.114, as it promotes the public interest by seeking to protect the privacy and safety of students in schools, both for those who are gender-congruent and those who are gender-incongruent.

In addition, “[s]ingle occupancy gender neutral bathrooms also provide a better solution for people of some faiths versus multi-occupancy shared bathrooms.” *Id.* at 29, ¶ 80. For example, “mixing students of different genders may not be acceptable to people from Australian Indigenous cultures or Muslim and Islamic faiths,” and “Islamic, Hindu, and Orthodox Jewish religions often do not permit females to share public toilets with male strangers, particularly when menstruating.” *Id.*

Furthermore, enjoining Proviso 1.114 could also create risks to student safety. A court in the Tenth Circuit recently acknowledged the reality of these concerns by noting that, under Minor Plaintiff's position, “any biological male could claim to be transgender and then be allowed to use the same restroom or changing area as girls. This is a major safety concern.” *Bridge*, 711 F. Supp. 3d at 1297. The balance of hardships and the public interest don't favor an injunction.

CONCLUSION

This Court should dismiss this action, or at the very least, deny Minor Plaintiff's motion for preliminary injunction pending appeal.

July 28, 2025

Respectfully submitted,

/s/ Miles E. Coleman

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CERTIFICATE OF COMPLIANCE

This motion complies with the type-volume limitation of Federal Rule of Appellate Procedure 27(d)(2)(A) because it contains 5,196 words. This motion complies with the typeface and typeset requirements of Federal Rule of Appellate Procedure 27(d)(1)(E) because this brief has been prepared in a proportionally spaced typeface using Microsoft Word in 14-point Times New Roman font.

July 28, 2025

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