

# Health Care and Housing for Transgender and Nonbinary People in Custody: A Legal Perspective

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# Educational Objectives

- Learning Objective 1: **Discuss constitutional and statutory rights of incarcerated transgender people including the Eighth and Fourteenth amendments and the Americans with Disabilities Act.**
- Learning Objective 2: **Review statistics on transgender people and the criminal legal system.**
- Learning Objective 3: **Debate policies adopted by different states that address the needs of transgender people in their custody.**



# Background on Speakers



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# Background on Speakers



**AMY WHELAN**

Senior Staff Attorney, NCLR  
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# Lambda Legal

**Lambda Legal Defense and Education Fund** is a national organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people and those living with HIV through impact litigation, education and public policy work.

For more information: [www.LambdaLegal.org](http://www.LambdaLegal.org)

Follow us on social media: @LambdaLegal





# The Center for Constitutional Rights

The Center for Constitutional Rights (“CCR”) is a national, not-for-profit legal, educational, and advocacy organization dedicated to protecting and advancing rights guaranteed by the United States Constitution, federal statutes, and local and international law.

Since its founding in 1966, CCR has litigated landmark civil rights and human rights cases before the U.S. Supreme Court and other tribunals concerning government overreach and discriminatory state policies, including policies that disproportionately impact incarcerated people and LGBTQI+ communities.

For more information, visit [www.ccrjustice.org](http://www.ccrjustice.org)



Twitter: @TheCCR  
Instagram: @CCRJustice



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# National Center for Lesbian Rights, NCLR

NCLR is a national legal organization committed to advancing the civil and human rights of lesbian, gay, bisexual, and transgender people and their families through litigation, legislation, policy, and public education.

Discrimination against LGBTQ people and their families happens in every state, city, and community around the country. NCLR's goal is to be there when the most vulnerable members of our community need us the most.

For more information, visit [www.nclrights.org](http://www.nclrights.org)



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# Roadmap for Discussion

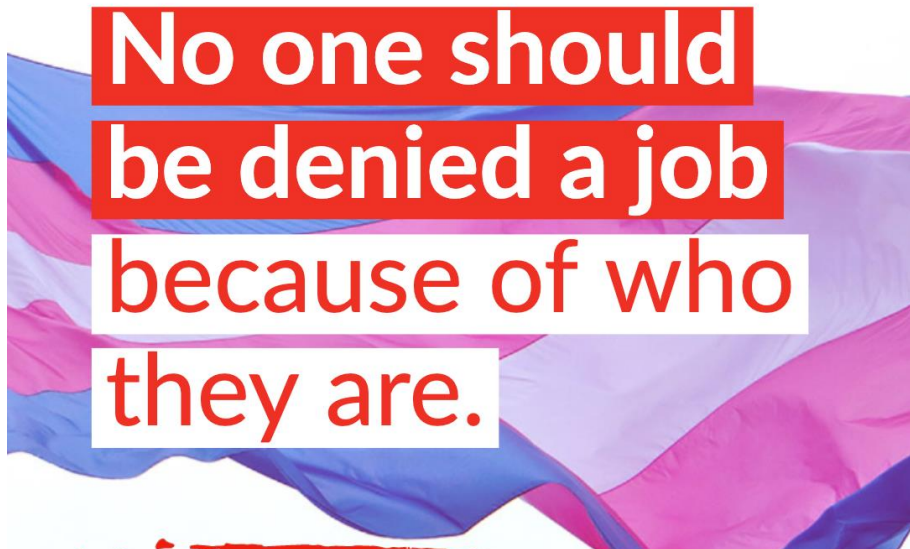
- Background on Incarceration of Transgender People
- Issues Commonly Impacting Incarcerated Transgender & Nonbinary People
- The Legal Framework for Understanding the Rights of Incarcerated Transgender & Nonbinary People
  - The United States Constitution, Eighth Amendment - Healthcare & Safety
  - The Prison Rape Elimination Act (PREA)
  - The Americans with Disabilities Act (ADA)
  - Other Laws & Statutes
- The Standards of Care Applicable to the Treatment of Gender Dysphoria
- Best Practices Regarding Transgender Housing & Healthcare in Correctional Settings
- Audience Q&A



# Background on Incarceration of Transgender People

# Understanding the “Discrimination to Incarceration” Pipeline

- Discrimination funnels LGBTQ+ people into prisons and jails nationwide, with transgender people of color being the most impacted
- The push factors are employment discrimination, school pushout due to bullying and harassment in educational settings, and family exclusion
- The result is elevated rates of poverty, homelessness, and involvement in criminalized economies like the sex trades that all too frequently lead to arrest and incarceration.



**No one should  
be denied a job  
because of who  
they are.**



**#NOPRIDEINPREJUDICE  
#NORIGHTTODISCRIMINATE**



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# Understanding the “Discrimination to Incarceration” Pipeline

- Due to discrimination, transgender people are three times more likely to be unemployed than non-transgender people
- Transgender people are twice as likely to experience poverty as non-transgender people, and nearly four times as likely to live in extreme poverty (i.e. having a household income under \$10,000 per year)
- Transgender people also experience disproportionate rates of homelessness—more than 50% of trans women of color surveyed have been homeless at some point in their lives.

“

*Employers said that my gender expression was “vile”, “disgusting,” and “annoying.” I was called an abomination and “a man in a dress.” I was told I “shouldn’t be walking like a girl.” I was told they did not want the “kind of attention” I would bring to their company. They told me they couldn’t have “my kind” in a place of business.*

”

Miss Major, transgender rights activist



# The Impacts of the “Discrimination to Incarceration” Pipeline on Transgender People (continued)

- The discrimination transgender people experience in education, employment, and housing also fuels their participation in criminalized economies and, in turn, the system of mass incarceration
- Nearly 50 percent of Black transgender people surveyed by the National Center for Transgender Equality had been incarcerated at some point in their lives.

Source: 2015 U.S. Transgender Survey available at <https://www.ustranssurvey.org/reports>

# Issues Commonly Impacting Incarcerated Transgender & Nonbinary People



# Common Issues Impacting Incarcerated Transgender People

## Healthcare

- Lack of access to medical and mental health providers familiar with gender dysphoria
- Lack of access to medically necessary gender dysphoria healthcare, including but not limited to:
  - hormone therapy
  - gender confirmation surgery
  - gender affirming clothing & undergarments (uniforms, bras, panties, briefs, boxers, binders)
  - commissary items
  - hair removal treatment (facial and body)

## Housing

- Frequent denial of housing placements that accord with a transgender person's gender identity
- Lack of other safe housing placements, leading to sexual abuse and assault
- Exposure to intrusive, cross-gender searches
- Use of "protective housing" with conditions similar to solitary confinement.



# Physical and Sexual Assault in Jails and Prisons

- 16% of trans or gender non-conforming in jail or prison reported being physically assaulted and 15% reported being sexually assaulted
- In one CA study, trans people were twice as likely to have experienced sexual assault in prison, and more likely to have been sexually assaulted multiple times.
- The 8th Amendment's prohibition against "cruel and unusual" punishment protects people in prison from "unnecessary and wanton infliction of pain"

Valerie Jenness, Cheryl L. Maxson, Kristy N. Matsuda, and Jennifer Macy Sumner, "Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault" (April 27, 2007)

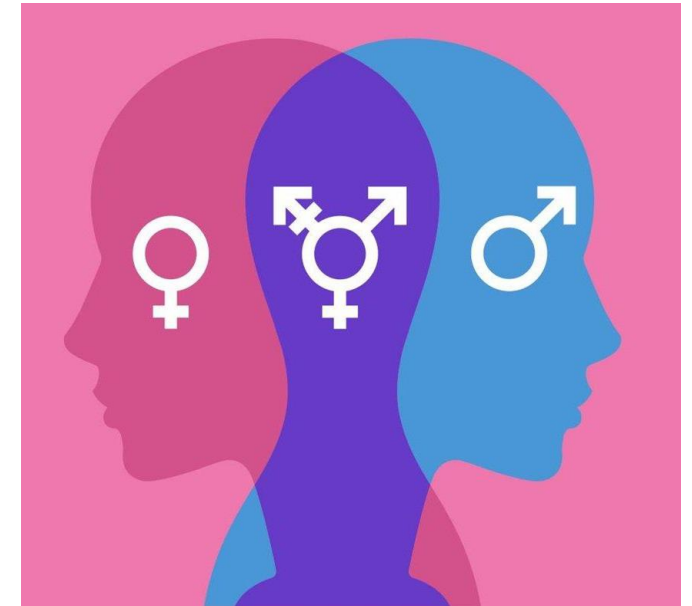


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# **The Legal Framework for Understanding the Rights of Incarcerated LGBTQ+ People**

# Definitions

- “Gender identity” refers to each person’s deeply felt, internal sense of being male, female, or something else.
- “Gender nonconformity” refers to the extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.
- “Gender dysphoria” refers to the distress caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).



Source: NCCHC Position Statement on Transgender and Gender Diverse Healthcare, full statement available at [ncchc.org/position-statements](https://ncchc.org/position-statements).



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# Definitions

- “Transgender women” are individuals whose birth sex was male but whose gender identity is female.
- “Transgender men” are individuals whose birth sex was female but whose gender identity is male.

Source: NCCHC Position Statement on Transgender and Gender Diverse Healthcare, full statement available at [ncchc.org/position-statements](https://ncchc.org/position-statements).



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# Eighth Amendment- Healthcare & Safety Rights

**Amendment VIII:** *Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.*

- An incarcerated person meets the objective requirement of the deliberate indifference standard by showing the existence of a serious medical need, *Estelle v. Gamble*, 429 U.S. 97, 104 (1976), or a substantial risk of future serious harm resulting from the action or inaction of prison officials, *Helling v. McKinney*, 509 U.S. 25, 35 (1993).
- The deliberate indifference prong is subjective and “entails something more than mere negligence . . . [but] is satisfied by something less than acts or omissions for the very purpose of causing harm or with knowledge that harm will result.” *Farmer v. Brennan*, 511 U.S. 825, 835 (1994). If prison officials knew that the risk existed and either intentionally or recklessly ignored it, and will continue to do so in the future, then the subjective test has been met. *Id.* at 837-47.
- This indifference is impermissible “whether . . . manifested by prison doctors in their response to the prisoner’s needs or by prison guards in intentionally denying or delaying access to medical care or intentionally interfering with the treatment once prescribed.” *Estelle*, 429 U.S. at 104-05.



# Prison Rape Elimination Act (PREA)

- Prison Rape Elimination Act (PREA), a comprehensive set of federal standards aimed at preventing and responding to sexual abuse, contain specific provisions related to LGBTQ+ prisoners, e.g.:
- Decisions about where a transgender person, or a person with an intersex condition, is housed must be made on a case-by-case basis and continually reassessed; they cannot be made solely on the basis of a person's anatomy or gender assigned at birth, and an individual's views regarding their personal safety must be seriously considered.
- Transgender people and people with intersex conditions must be given the opportunity to shower separately from other inmates if they wish, regardless of where they are housed.
- Individuals may not be disciplined for refusing to disclose their gender identity, sexual orientation, intersex condition, disability status, or prior sexual victimization.
- Facilities must train staff on a variety of issues related to sexual abuse prevention, including interacting professionally with LGBT and gender nonconforming people and those with intersex conditions.

Source: PREA, National Center for Trans Equality

# The Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities. The ADA prohibits discrimination on the basis of disability just as other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities, purchase goods and services, and participate in state and local government programs.

Source: <https://beta.ada.gov/topics/intro-to-ada/>

In *Williams v. Kinkaid*, 45 F.4th 759 (4th Cir. 2022) the court affirmed that transgender people who experience gender dysphoria are protected under the Americans with Disabilities Act and the Rehabilitation Act.



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# Why does this matter?

- Trans people report the lack of access to medically necessary transgender-specific health care as their number one concern while incarcerated (Brown, 2014; Emmer et al., 2011).
- The Medical community has known for decades how to treat gender dysphoria but prisons and jails have lagged. This puts incarcerated transgender people at risk, but also compromises the safety and security of the institutions.
- Failing to provide care subjects prisons and private medical providers to potentially costly litigation.
- Cost of providing care is extremely low.



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# Why does this matter?

- Incarcerated trans people of color also face:
  - overrepresentation in some facilities (Reisner et al., 2014)
  - systemic racial inequities (Sawyer, 2020), and
  - racial disparities in health outcomes (Nowotny et al., 2017)
- Correctional leaders, health care and custody staff have a duty to ensure the physical and mental health of people in their custody.



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# Best Practices Regarding Transgender Housing & Healthcare in Correctional Settings



# NCCHC Position Stmt: Trans Healthcare

- Transgender people face an array of risks to their health and well-being during incarceration, such as discrimination, physical assault, and emotional abuse.
- Because gender dysphoria is relatively rare, trans people also have healthcare needs that may be less understood by medical and custody staff.
- Transgender patients may also be more likely to have experienced sexual and other forms of trauma.\*

*\*Important to note: Trauma experiences do not cause transgender identity or gender dysphoria.*

[ncchc.org/position-statements](https://ncchc.org/position-statements).



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# NCCHC Position Stmt: Trans Healthcare

- Trans patients should have “comprehensive healthcare” through “gender-affirming approach”
- This includes access to hormones and “gender affirming surgical procedures” in accordance with the medical standards of care
- Should also have access to “commissary items and undergarments consistent with an individual’s gender identity”
- Staff should use appropriate pronouns and trans patients should have “access to services and support systems”
- Conversion therapy is harmful and should “never be employed”

# WPATH Standards of Care

- The World Professional Association for Transgender Health's Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (the "Standards of Care") are "the internationally recognized guidelines for the treatment of persons with gender dysphoria."
- Numerous professional organizations, including the National Commission on Correctional Health Care, the American Medical Association, the American Psychological Association, the American Psychiatric Association, endorse the Standards of Care.
- The Standards of Care explicitly state that they are equally applicable to patients in prison.

Available at: [wpath.org/publications/soc](http://wpath.org/publications/soc)

# WPATH SOC-8

- ***“We recommend health care professionals responsible for providing gender-affirming care to individuals residing in institutions (or associated with institutions or agencies) recognize the entire list of recommendations of the SOC-8, apply equally to TGD people living in institutions.”***
  - Numerous courts have long upheld the need to provide TGD-informed care based in the WPATH SOC to people living in institutions (e.g., Kosilek v. Massachusetts, 2002; Edmo v. Idaho Department of Corrections, 2020).
- ***“We suggest institutions provide all staff with training on gender diversity.”***
  - Because transgender people are a very small percentage of the population.
  - If healthcare providers lack the expertise to assess and/or treat trans people, outside consultation should be sought from professionals with expertise in the provision of gender-affirming health care (Bromdal et al., 2019; Sevelius and Jenness, 2017).

Source: Coleman, E., et al. “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.” *International Journal of Transgender Health*, vol. 23, no. sup1, 2022, <https://doi.org/10.1080/26895269.2022.2100644>.



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# WPATH SOC-8

***“We recommend medical professionals charged with prescribing and monitoring hormones for TGD individuals living in institutions who need gender-affirming hormone therapy do so without undue delay and in accordance with the SOC-8.”***

- It is not uncommon for TGD persons to be denied access to hormonal care for months or years after making such needs known.
- TGD persons are also often undertreated and poorly monitored, delaying the necessary titration of medications for safety and efficacy (Keohane, 2018; Kosilek v. Massachusetts, 2002; Monroe v. Baldwin et al., 2019).
- This can result in significant negative mental health outcomes to include depression, anxiety, suicidality, and surgical self-treatment risks (Brown, 2010).
- As with all medically necessary health care, access to gender-affirming hormone therapies should be provided in a timely fashion when indicated for a TGD resident in an institutional environment.

Source: Coleman, E., et al. “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.” *International Journal of Transgender Health*, vol. 23, no. sup1, 2022, <https://doi.org/10.1080/26895269.2022.2100644>.



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# WPATH SOC-8

- Trans persons entering a prison or jail who are on an appropriate regimen of gender-affirming hormone therapy should continue the same or similar therapies
- A "freeze frame" approach is inappropriate and dangerous (*Kosilek v. Massachusetts*, 2002). This is the outmoded practice of denying hormones to people who are not already on them or keeping the same dose of hormones throughout institutionalization regardless of need
- The consequences of abrupt withdrawal of hormones or lack of initiation of hormone therapy when medically necessary include a significant likelihood of negative outcomes (*Brown*, 2010; *Sundstrom and Fields v. Frank*, 2011), such as **surgical self-treatment by auto-castration, depressed mood, increased gender dysphoria, and/or suicidality** (*Brown*, 2010; *Maruri*, 2011).

Source: Coleman, E., et al. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." *International Journal of Transgender Health*, vol. 23, no. sup1, 2022, <https://doi.org/10.1080/26895269.2022.2100644>.



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# WPATH SOC-8

***“We recommend staff and professionals charged with providing health care to TGD individuals living in institutions recommend and support gender-affirming surgical treatments in accordance with SOC-8, when sought by the individual, without undue delay.”***

- It is not uncommon for residents of institutions to be denied access to evaluation for gender-affirming surgery as well as denial of the treatment itself, even when medically necessary (Kosilek v. Massachusetts/ Dennehy, 2012; Edmo v. Idaho Department of Corrections, 2020).
- The denial of medically necessary evaluations for and the provision of gender-affirming surgical treatments and necessary aftercare is inappropriate and inconsistent with these Standards of Care.
- The consequences of denial or lack of access to gender-affirming surgeries for residents of institutions who cannot access such care outside of their institutions may be serious, including **substantial worsening of gender dysphoria symptoms, depression, anxiety, suicidality, and the possibility of surgical self-treatment** (e.g., autocastration or autopenectomy; Brown, 2010; Edmo v. Idaho Department of Corrections, 2020; Maruri, 2011).

Source: Coleman, E., et al. “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.” *International Journal of Transgender Health*, vol. 23, no. sup1, 2022, <https://doi.org/10.1080/26895269.2022.2100644>.



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# WPATH SOC-8

- ***“We recommend administrators, health care professionals, and all others working in institutions charged with the responsibility of caring for TGD individuals allow those individuals who request appropriate clothing and grooming items to obtain such items concordant with their gender expression.”***
  - This includes:
    - being allowed to wear gender congruent clothing and hairstyles,
    - to obtain and use gender-appropriate hygiene and grooming products,
    - to be addressed by a chosen name or legal last name (even if unable to change legally), and
    - to be addressed by a pronoun consistent with one's identity.
  - This care reduces gender dysphoria, depression, anxiety, self-harm ideation and behavior, suicidal ideation and attempts (Russell et al., 2018).
  - Also enhances well-being and functioning (Glynn et al., 2016).

Source: Coleman, E., et al. “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.” *International Journal of Transgender Health*, vol. 23, no. sup1, 2022, <https://doi.org/10.1080/26895269.2022.2100644>.



# WPATH SOC-8

***“We recommend institutional administrators, health care professionals, and other officials responsible for making housing decisions for TGD residents consider the individual's housing preference, gender identity and expression, and safety considerations, rather than solely their anatomy or sex assignment at birth.”***

Source: Coleman, E., et al. “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.” *International Journal of Transgender Health*, vol. 23, no. sup1, 2022, <https://doi.org/10.1080/26895269.2022.2100644>.



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# WPATH SOC-8

- Gender diverse people are extremely vulnerable to stigmatization, victimization, neglect, violence, and sexual abuse (Banbury, 2004; Beck, 2014; Jenness and Fenstermaker, 2016; Malkin & DeJong, 2018; Oparah, 2012; Stein et al., 2020).
- This systemic sex-segregated rigidity often fails to keep TGD people safe and may impede access to gender-affirming health care (Stohr, 2015).
- As a result, institutions should follow procedures that routinely evaluate the housing needs and preferences of TGD inmates (e.g., Federal Bureau of Prisons, 2016). Likewise, the Prison Rape Elimination Act specifically cites TGD individuals as a vulnerable population and directs prisons nationwide in the US to consider the housing preferences of these inmates (Bureau of Justice Assistance, 2017).

Source: Coleman, E., et al. “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.” *International Journal of Transgender Health*, vol. 23, no. sup1, 2022, <https://doi.org/10.1080/26895269.2022.2100644>.



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# WPATH SOC-8

***“We recommend institutional personnel establish housing policies that ensure the safety of transgender and gender diverse residents without segregating or isolating these individuals.”***

- Assigning placement for a TGD resident solely on the basis of their genital anatomy or sex assigned at birth is misguided and places people at risk for physical and/or psychological harm (Scott, 2013; Simopoulos & Khin, 2014; Yona & Katri, 2020).
- It is well established within carceral settings, transgender individuals are far more likely than other prisoners to be sexually harassed, assaulted, or both (James et al., 2016; Jenness & Fenstermaker, 2016; Malkin & DeJong, 2019).
- Isolating prisoners in solitary confinement for safety concerns, if necessary, should be brief, as isolation can cause severe psychological harm and gross disturbances of functioning (Ahalt et al., 2017; Scharff Smith, 2006). National prison standards organizations as well as The United Nations consider isolation longer than 15 days to be torture (NCCHC, 2016; United Nations, 2015).

Source: Coleman, E., et al. “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.” *International Journal of Transgender Health*, vol. 23, no. sup1, 2022, <https://doi.org/10.1080/26895269.2022.2100644>.



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# Case Examples



# Adree Edmo

Idaho DOC and Corizon  
Healthcare

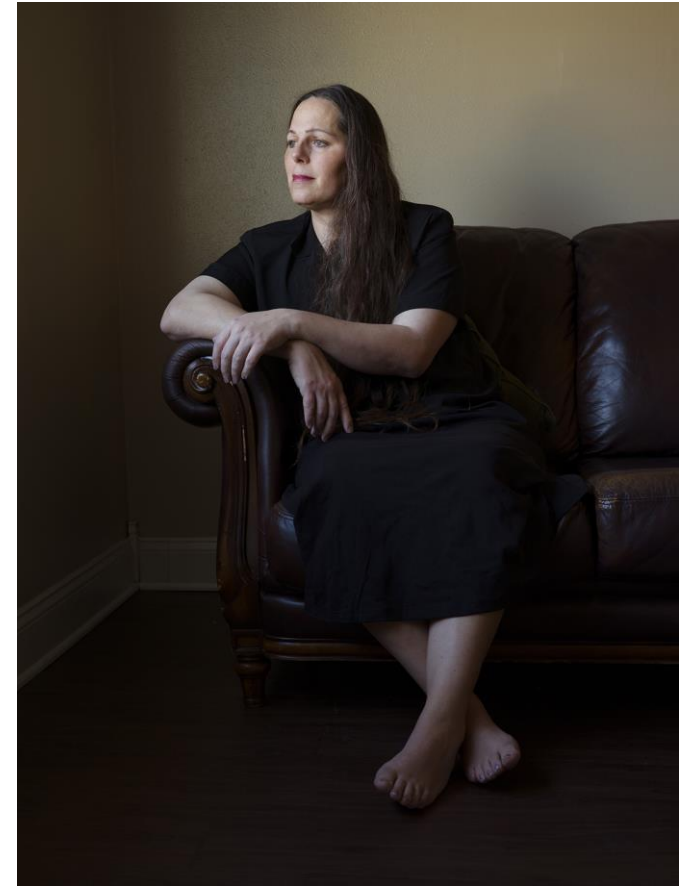
Tried to self-castrate 2X

Court granted PI ordering  
surgery within 6 months



# Jessica Hicklin

- Challenge to Missouri DOC's "freeze-frame" policy that barred access to hormone therapy if not receiving treatment prior to incarceration.
- Permanent Injunction entered ordering defendants to provide hormone therapy, access to permanent body hair removal, and access to gender-affirming canteen items.



# Ashley Diamond – GA DOC

- Denied hormones she was on for 17 years
- Placed in very dangerous men's prisons
- Sexually and physically assaulted at least 8 times by other prisoners
- Attempted suicide and self-castration due to abuse and lack of medical care



# Ashley Diamond – cont.

- CASE SETTLED after her release and significant media attention to her case
- U.S. DOJ had also filed a statement in support of her medical need for hormones
- GA DOC rescinded its “freeze frame” hormone policy



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# PRISON RAPE ELIMINATION ACT (PREA)

- Enacted in 2003, to “provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.”
- Created a mandate for significant research from the Bureau of Justice Statistics
- Created the National Prison Rape Elimination Commission and charged it with developing draft standards for the elimination of prison rape.
- Standards were published in June 2009 and were turned over to the Department of Justice for review and passage as a final rule.
- Final rule became effective August 20, 2012. (available at <https://www.prearesourcecenter.org/training-technical-assistance/prea-101/prisons-and-jail-standards>)





# Critical Issues under PREA

1. Specific protections for vulnerable populations – particularly LGBTI people, youthful inmates and juveniles.
2. Standards are practice based and require staff and prisoners to be informed



# Relevant LGBTI Protections -Searches

## § 115.15 Limits to cross-gender viewing and searches

- Facilities shall not:
  - Conduct cross-gender strip searches or cross-gender visual body cavity searches except
    - exigent circumstances
    - when performed by medical practitioners.
  - Permit cross-gender pat-down searches of female inmates, absent exigent circumstances.
  - Search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.



# Relevant LGBTI Protections - Searches

## § 115.15 Limits to cross-gender viewing and searches (con't)

- The facility shall:
  - Implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except:
    - In exigent circumstances or when such viewing is incidental to routine cell checks.
  - Have policy requiring staff of the opposite gender to announce their presence when entering an inmate housing unit.
  - Document all cross-gender strip searches and cross-gender visual body cavity searches, and all cross-gender pat-down searches of female inmates.



# Relevant LGBTI Protections - Screening

## **§ 115.41 Screening for risk of victimization and abusiveness**

(d) The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability



# Relevant LGBTI Protections - Housing

## **§ 115.42 Use of screening information**

- (a) The agency shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
- (b) The agency shall make individualized determinations about how to ensure the safety of each inmate.
- (c) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.





# Relevant LGBTI Protections – Housing

## **§ 115.42 Use of screening information (con't)**

- (d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.
- (e) A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.
- (f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
- (g) The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status (exceptions – consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates).



# Relevant LGBTI Protections – Housing

## **§ 115.43 Protective custody**

(a) Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.



# Relevant LGBTI Protections – Housing

## **§ 115.43 Protective custody (con't)**

(b) Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- (1) The opportunities that have been limited;
- (2) The duration of the limitation; and
- (3) The reasons for such limitations.

(c) The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.



# References

- World Professional Association for Transgender Health, Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (Last Updated Sept. 2022)
- National Commission for Correctional Healthcare Transgender and Gender Diverse Health Care in Correctional Settings (Last Revised Nov. 2020)
- PREA Resource Center, [www.prearesourcecenter.org](http://www.prearesourcecenter.org)
- Chinyere Ezie & Richard Saenz, Abuse and Neglect of Transgender People in Prisons and Jails: A Lawyer's Perspective, available at <https://plus.pli.edu>
- Standing with Trans Prisoners: Resources to Improve Conditions for Incarcerated Trans People available at <https://transequality.org/issues/resources/standing-with-trans-prisoners-resources-to-improve-conditions-for-incarcerated>
- 2015 U.S. Transgender Survey, available at <https://www.ustranssurvey.org/reports>
- Lambda Legal, Protected & Served? available at [www.ProtectedAndServed.org](http://www.ProtectedAndServed.org)

