

# Gender Affirming Surgery Mental Health Evaluation



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## Disclosure:

- I do not have any relevant financial relationships with any commercial interests.

## Disclaimer:

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# Learning Objectives



1. Review community & correctional standards influencing Transgender care.
2. Discuss the California Department of Corrections and Rehabilitation (CDCR) policies for approving and processing Gender Affirming Surgery (GAS) requests.
3. Describe CDCR's GAS Mental Health (MH) Evaluation.

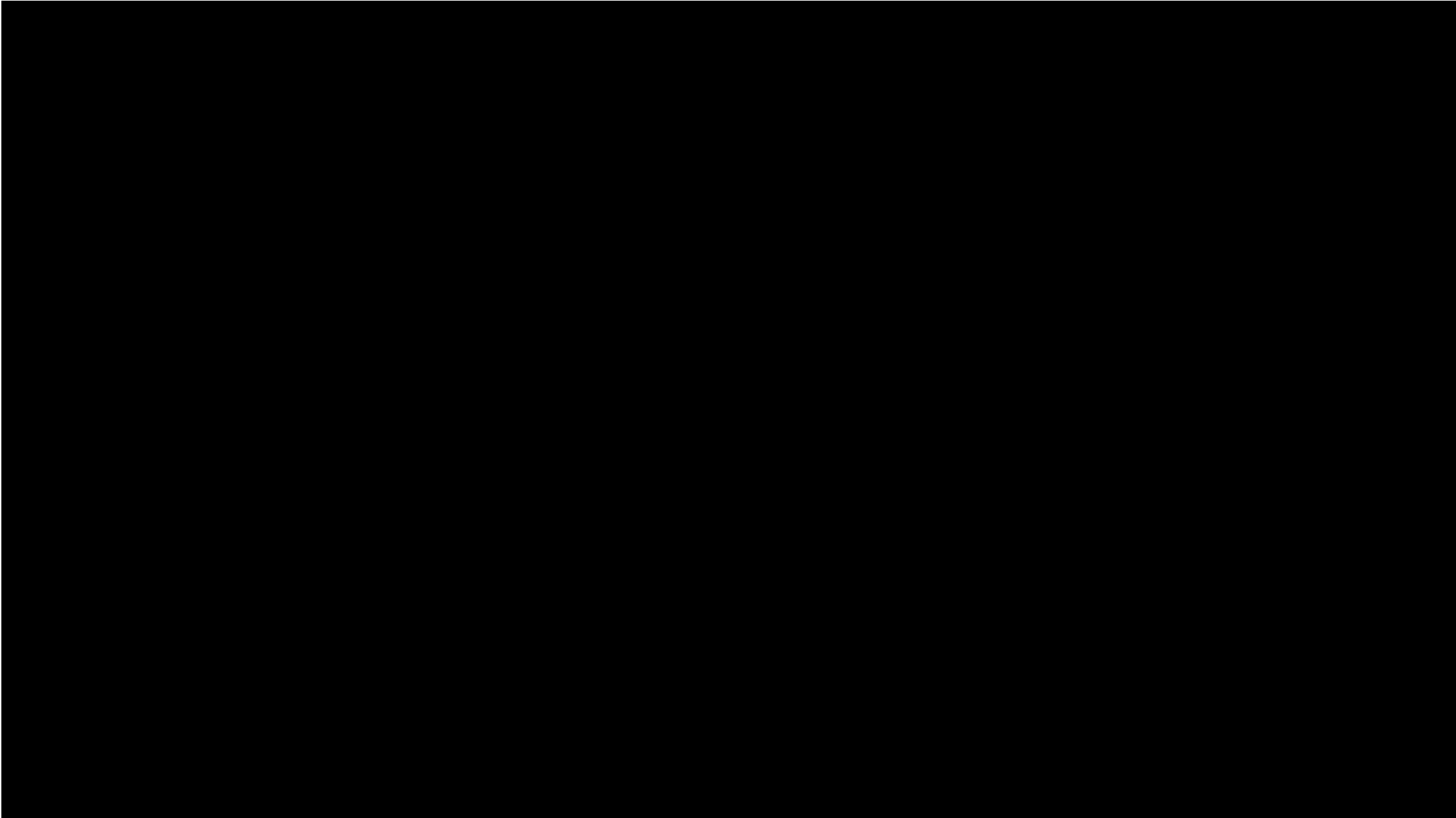
# Learning Objective 1

Review community & correctional standards influencing  
Transgender care

# Why is gender affirming care in corrections important?

- 1.6 million people identify as Transgender in the United States<sub>2</sub>.
- 83% of Patients who identify as Transgender are enrolled in CDCR's MH system.
- Approximately 99,110 people are incarcerated in CDCR<sub>1</sub>. Of those:
  - 1071 Patients are receiving Gender Affirming Care.
  - 1616 people have self-identified as Transgender, Intersex or Gender Non-Binary.





# Community Standards for Gender Affirming Care

- The [World Professional Association for Transgender Health \(WPATH\)](#) is an organization devoted to promoting evidence based care, education, research, advocacy, public policy and respect in Transgender health<sub>4</sub>.
- [Standards of Care \(SOC\)](#): The overall goal is to provide clinical guidance for health professionals to assist Transgender and gender nonconforming people with safe and effective pathways to living their life in alignment with their gendered selves<sub>3</sub>.
- The [American Psychological Association](#) and [American Psychiatric Association](#) have also adopted several position statements on gender inclusive care and non-discrimination.



# Correctional Standards for Gender Affirming Care

- The **National Commission on Correctional Health Care** (NCCHC) has a mission to support and improve the quality of health care in jails, prisons, and juvenile facilities.
- NCCHC adopted the Position Statement '**Transgender and Gender Diverse Health Care in Correctional Settings**' in November 2020.
  - Recognizes this is a special population with unique health needs.
  - All incarcerated people to include Transgender individuals, must be treated with fairness, dignity and respect in a gender-affirming environment.



**NATIONAL COMMISSION**  
**ON CORRECTIONAL HEALTH CARE**

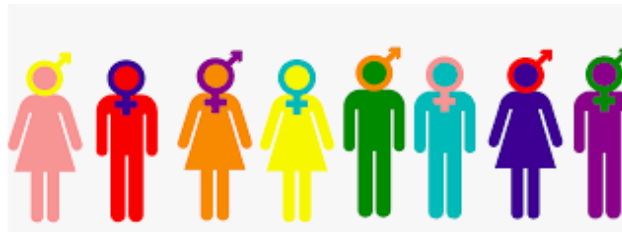


# Learning Objective 2

Discuss CDCR's policies for approving and processing GAS requests

# Important Legal Precedents

- 2012 Kosilek: Massachusetts
- April 2015-Norsworthy v. Beard: California
- August 2015-Quine v. Beard: California
- October 2015: California became the first state in the country to adopt a policy for incarcerated Transgender individuals to request and be evaluated for GAS.
- January 2017: First CDCR GAS occurred. This case was the first incarcerated person in the United States to receive state-financed GAS.
- January 2021: California implements 'The Transgender Respect, Agency and Dignity Act'.



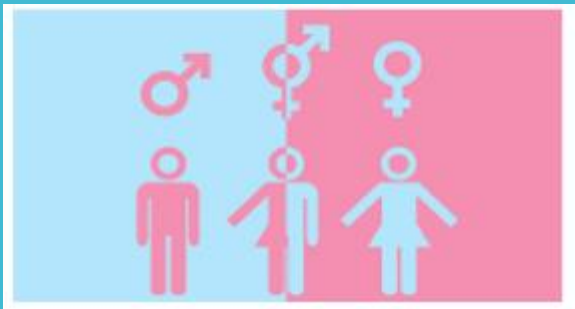
# What GAS Procedures can Patients Request?

- CDCR incarcerated persons can essentially request any GAS procedure.

## ♦ Procedures Which May Be Authorized for CCHCS/DHCS Patients Requesting Gender Affirming Surgery

| Transwoman                       | Transman   |
|----------------------------------|--|
| Vaginoplasty: Create a vagina    | Vaginectomy: Remove vagina   |
| Clitoroplasty: Create a clitoris | Hysterectomy: Remove uterus  |
| Labioplasty: Construct labia     | Salpingo-oophorectomy: Remove tubes/ovaries                                  |
| Vulvoplasty: Construct vulva     | Metoidioplasty: Create a penis from clitoris, enlarged from testosterone use |
| Orchiectomy: Remove testicles    | Phalloplasty: Create a penis using tissue from elsewhere on the body         |
| Penectomy: Remove penis          | Urethroplasty: Create/repair urethra   |
|                                  | Scrotoplasty: Create a scrotum   |
|                                  | Placement of testicular prostheses   |
|                                  | Mastectomy and reduction mammoplasty   |

# What happens when a CDCR Patient requests GAS?



- CDCR has an overarching MH & medical policy for processing GAS requests.
- CDCR has a Headquarters committee that convenes to review GAS requests: [Gender Affirming Surgery Review Committee \(GASRC\)](#)
- Main points of policy:
  - All requests for GAS shall be referred to the GASRC.
  - GASRC will vote on if a GAS procedure is approved/not approved.
  - A decision memorandum shall be sent.
  - If a Patient is not approved for GAS, they may submit a new request for GAS in a year.

# Criteria for GAS Approval

The following [criteria](#) is considered by GASRC when reviewing a GAS request\*:

1. Patient has been diagnosed with Gender Dysphoria (GD).
2. All medical and MH conditions have been assessed and well controlled for at least a year.
3. Current MH and medical treatment for GD will be considered.
4. The level of distress demonstrated by the Patient.

# Criteria for GAS Approval Continued

5. No evidence of external coercion/predation, and the desire for GAS is freely given by Patient.
6. Patient understands that housing placement may change and they are able to adjust accordingly.
7. No evidence Patient cannot successfully and safely transfer and adjust to their environment postoperatively.
8. Any other information available.



# GASRC Data

- Approved GAS procedures as of 6/1/2022: 154
  - Feminizing GAS: 88
  - Masculinizing GAS: 66
- Total number of cases reviewed: 444
- Patients pending GASRC review: 37

| Institution                | 2015     | 2016      | 2017      | 2018      | 2019      | 2020      | 2021       | 2022      | Total      |
|----------------------------|----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|------------|
| Prisons Designed for Men   | 7        | 47        | 22        | 32        | 25        | 48        | 77         | 36        | 294        |
| Prisons Designed for Women | 0        | 8         | 8         | 15        | 25        | 40        | 37         | 17        | 150        |
| <b>Total</b>               | <b>7</b> | <b>55</b> | <b>30</b> | <b>47</b> | <b>50</b> | <b>88</b> | <b>114</b> | <b>53</b> | <b>444</b> |

# Learning Objective 3

Describe CDCR's GAS Mental Health Evaluation



# GAS MH Evaluation

- The GAS evaluator is **NOT** to be the primary clinician.
- These evaluations need to be completed by an **objective clinician**.
- Ensure the Patient's correct pronoun is utilized throughout the report.
- **Rapport building** with the Patient and making them feel comfortable is crucial.

Do not use outdated terminology

| AVOID          | USE   |
|----------------|---|
| A transgender  | A transgender wo/man or a transgender person    |
| Transgenders   | Transgender people or the transgender community |
| Transgendered  | Transgender                                     |
| Transgenderism | Being transgender or identifying as transgender |
| Sex Change     | Gender-Affirming Surgery or GAS                 |
| MTF/FTM        | Transgender woman or Transgender man            |

# GAS MH Evaluation Template

The report is separated into three separate and distinct sections:

1. Part 1: Pre-CDCR & in the Community
2. Part 2: CDCR Treatment
3. Part 3: Mental Health Analysis and Gender Dysphoria Evaluation



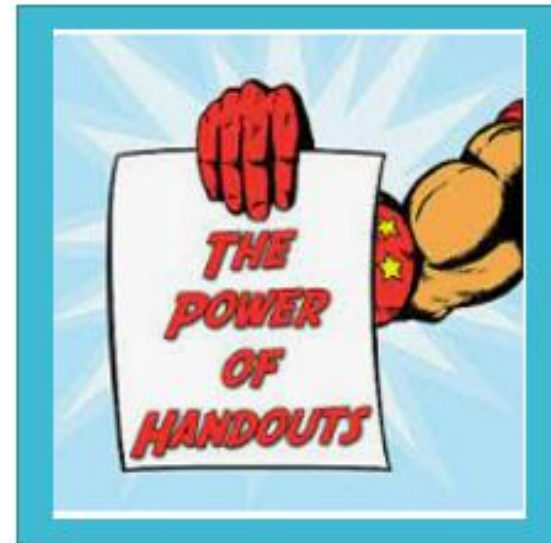
# GAS MH Evaluation Template

Review CDCR's GAS MH Evaluation Template



# De-Personalized GAS MH Evaluation

Review a de-personalized GAS MH Evaluation that is very well written and follows the template nicely



# References

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6. American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832–864. <https://doi.org/10.1037/a0039906>
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8. American Psychological Association. (2021, February). APA Resolution on Gender Identity Change Efforts.
9. National Commission on Correctional Health Care . (2020, November). Position statement: Transgender and Gender Diverse Health Care in Correctional Settings.

# Conclusion

- Questions?
- Comments?
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  - Please email me if you would like a copy of any of the references, or if you would like to consult about gender affirming care in corrections.

