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# Annotated Bibliography



LGBTI: Lesbian, Gay,  
Bisexual, Transgender, and  
Intersex Offenders  
(Selected Resources for Criminal  
Justice Professionals)

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# LGBTI: Lesbian, Gay, Bisexual, Transgender, and Intersex Offenders: Selected Resource for Criminal Justice Professionals

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## Introduction

This annotated bibliography has been developed in an effort to provide current and useful information to correctional agencies regarding the safe and respectful management of lesbian, gay, bisexual, transgender and intersex (LGBTI) offenders. Relying on a best practices approach, this information will enable corrections staff to make better informed decisions about the safety, security, treatment and care of LGBTI offenders by providing academic, cultural and legal perspectives of the issues that make this group unique.

Surveys conducted by the Bureau of Justice Statistics indicate that non-heterosexual adult offenders report higher rates of sexual victimization while in custody. Similar surveys in juvenile facilities show even higher rates of sexual victimization among non-heterosexual juvenile offenders. Similarly, a 2009 research report cited findings that transgender offenders experienced sexual victimization at a rate thirteen times higher than a random sampling of offenders in the same facility.<sup>1</sup> Such evidence indicates that LGBTI offenders are at increased risk for sexual victimization while in custody, and agencies that ignore this may be placing themselves at risk for litigation.

Changes in federal and state legislation, court decisions, settlement agreements and the proposed standards under the Prison Rape Elimination Act (PREA) are all factors for consideration in the management of LGBTI offenders in correctional settings. For example, the proposed PREA standards contain requirements for agencies to conduct staff training on effective and respectful communication with LGBTI offenders and to enhance sexual abuse prevention measures that specifically address this population.

We are confident you can obtain these resources either through the Internet, the NIC Information Center, the authors, or by ordering them. We invite contributions to this list, as well as additions submitted material to the NIC Library, such as articles and training resources.

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<sup>1</sup> Sexton, Lori, Valerie Jenness, and Jennifer Sumner (June 10, 2009). Where the Margins Meet: A Demographic Assessment of Transgender Inmates in Men's Prisons. Retrieved from <http://ucicorrections.seweb.uci.edu/sites/ucicorrections.seweb.uci.edu/files/A%20Demographic%20Assessment%20of%20Transgender%20Inmates%20in%20Men's%20Prisons.pdf>.

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## General

Basow, Susan A. and Janelle Thompson. "Orientation and Type of Abuse." *Journal of Interpersonal Violence* 27, no. 7 (2012): 1225-1241.

In this online vignette study, a national sample of domestic violence shelter service providers (N = 282) completed a 10-item questionnaire about a woman experiencing intimate partner violence (IPV). Scenarios varied in terms of couple sexual orientation (heterosexual or lesbian) and type of abuse (physical or nonphysical). Results indicate that although participants did not overtly discriminate against a woman in a lesbian relationship, they were less likely to perceive her as a victim, and their acceptance of a lesbian as a client was more dependent on their comfort with her than was the case for a woman in a heterosexual relationship. Type of abuse, as expected, had a main effect on many questions, with physical abuse taken more seriously than nonphysical abuse. Scores on the Attitudes Toward Lesbians subscale (Herek) were unrelated to responses. Implications for service providers are discussed. [Abstract from author]

Ciarlante, Mitru and Kim Fountain. "Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender, and Queer Victims of Hate Violence & Intimate Partner Violence". Washington: National Center for Victims of Crime; New York: National Coalition of Anti-Violence Programs, 2010. Accessed September 12, 2012.

Advocates for the safety of lesbian, gay, bisexual, transgender, and queer (LGBTQ) crime victims and victim service providers need to read this report. Results from a survey of whether LGBTQ crime victims have adequate access to victim services are presented. Sections of this document include: introduction; what we don't know; what we learned—findings; recommendations; and conclusion. Serious gaps exist in "culturally competent service provision" to LGBTQ victims which "compromises the safety of LGBTQ individuals, families, and communities" (p.iii). Recommendations provide strategies for fixing these gaps.

<http://www.avp.org/documents/WhyItMatters.pdf>

Clem, Constance. "Large Jail Network Meeting, March 29-31, 2009, Aurora, Colorado; Proceedings of the Large Jail Network Meeting". Longmont, CO: Clem Information Strategies; Washington: National Institute of Corrections, Jails Division, 2009.

Contents of these proceedings are: introduction; meeting take-aways in brief; illegal alien programs; proactive discipline, part 2; PREA update; intersex and transgender issues; Legal Issues in Jails--2009; open forum; announcements; LJN business; final meeting agenda; participant list; and index of past LJN meeting topics.

<http://nicic.gov/Library/023878>

Colorado Department of Corrections. *Scope of Services for the Treatment of Gender Identity Disorder*. Colorado Springs, CO. 2009.

'It is the purpose of this administrative regulation (AR) to serve as a standard of care for the treatment of gender identity disorder and define the extent and general limits of health

services that will be provided to this population' (p.1). Procedures cover: relative contraindications; Gender Identity Disorder Management and Treatment Committee; sexual reassignment treatment; other treatment modalities; and facility placement.

<http://nicic.gov/Library/024265>

“FORGE: Empowering. Healing. Connecting.” *FORGE*. Accessed September 12, 2012.

This website, founded in Milwaukee, Wisconsin, was created to provide peer support to the transgender community. The website includes information on: Anti-Violence, Trans Aging, Wisconsin specific support, and transgender trainings and events, publications & resources, and news.

<http://forge-forward.org/>

“Handbook on Prisoners with Special Needs”. Vienna, Austria: United Nations. Office on Drugs and Crime, 2009.

“This handbook covers the special needs of the eight groups of prisoners, which have a particularly vulnerable status in prisons” (p.1). The groups of prisoners are those with mental health care needs, those with disabilities, ethnic and racial minorities and indigenous peoples, foreign national prisoners, lesbian, gay, bisexual, and transgender (LGBT) prisoners, older prisoners, prisoners with terminal illness, and prisoners under sentence of death. Each group has its own chapters comprised of: overview; special needs and challenges; international standards; responding to the needs of these prisoners; and recommendations.

<http://www.unodc.org/documents/justice-and-prison-reform/Prisoners-with-special-needs.pdf>

Jenness, Valeria. “From Policy to Prisoners to People: A “Soft Mixed Methods” Approach to Studying Transgender Prisoners”. *Journal of Contemporary Ethnography* 39, no. 5 (2010): 517-553. Accessed 9/4/2012.

This article describes the official protocol and unexpected contingencies that motored data collection for a large scale study of transgender inmates in California prisons for men. The focus is on gender and sexuality as methodological confounds that, surprisingly and productively, ultimately served to shed insight into basic sociological questions as well address the policy questions that originally motivated the research. Drawing on serendipitously collected ethnographic data from a plethora of exchanges with experts, California Department of Corrections and Rehabilitation (CDCR) officials, researchers, and transgender inmates, this article reveals the categorization commitments and processes that permeate the lives of “the girls among men” in prisons for men. In light of these findings, the author argues for the value of adopting what she calls a “soft mixed methods” approach when doing non-ethnographic work designed to inform policy. To do so stimulates sociological imagination and ultimately provides more nuanced, layered, and complicated answers to policy questions while also providing insights into more basic research questions. (Journal abstract)

<http://jce.sagepub.com/content/39/5/517>

Jenness, Valerie. "Transgender Inmates in California's Prisons: An Empirical Study of a Vulnerable Population". Irvine: CA: University of California, Irvine. Center for Evidence-Based Corrections, 2009.

Copies of overheads are provided for a presentation about issues surrounding the incarceration of transgender individuals. Topics covered include: backdrop for research; six good reasons to study transgender inmates; "transgender" means different things to different communities; major findings of the California prison study; demographic profile; aggregate prevalence rate; prevalence by characteristics of transgender inmates; prevalence by characteristics of prisons; prevalence by housing assignments; prevalence by social-interactional factor (i.e., lived experiences in prison); and beyond prevalence -- further considerations.

<http://ucicorrections.seweb.uci.edu/sites/ucicorrections.seweb.uci.edu/files/Transgender%20Inmates%20in%20CAs%20Prisons%20-%20An%20Empirical%20Study%20of%20a%20Vulnerable%20Population.pdf>

Leach, Donald L., II. "Managing Lesbian, Gay, Bisexual, Transgender, and Intersex Inmates: Is Your Jail Ready?" *LJN Exchange*, Annual Issue (2007): 25-30.

The management of lesbian, gay, bisexual, transgender, and intersex inmates (LGBTI) in a jail setting is addressed. Sections contained in this article are: a terminology lesson; the sexual being -- physiognomy, gender identity, and sexual orientation; and responses in the jail regarding medical care, data systems, security, housing, and clothing.

<http://nicic.gov/Library/period315>

Lev, Arlene Istar." Transgender Emergence. *Transgendered Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families*". New York, NY. – Routledge. 2004.

Theoretical understandings of transgenderism, diagnosis and assessment, and treatment issues are covered. Chapters comprising this book are: the transsexual phenomenon meets the transsexual menace; the legacy' gender variance in history; deconstructing sex and gender'thinking outside the box; etiologies' causes and categories; diagnosis and transgenderism' the creation of pathology; learning to listen to gender narratives; transgender emergence' a developmental process; family emergence; transgendered children and youth; and treatment of intersexed people' time for a new paradigm.

<http://nicic.gov/Library/025929>

"LGBTQ Detainees Chief Targets for Sexual Abuse in Detention". Los Angeles: Just Detention International, 2009.

The sexual abuse of lesbian, gay, bisexual, transgender, and queer (LGBTQ) prisoners is discussed.

[http://www.justdetention.org/en/factsheets/JD\\_Fact\\_Sheet\\_LGBTQ\\_vD.pdf](http://www.justdetention.org/en/factsheets/JD_Fact_Sheet_LGBTQ_vD.pdf)

Robinson, Russell K. "Masculinity as Prison: Sexual Identity, Race, and Incarceration". *California Law Review*, 99 (2011): 1309-1408.

The Los Angeles County Men's Jail segregates gay and transgender inmates and says that it does so to protect them from sexual assault. But not all gay and transgender inmates qualify for admission to the K6G unit. Transgender inmates must appear transgender to staff that inspect them. Gay men must identify as gay in a public space and then satisfactorily answer a series of cultural questions designed to determine whether they really are gay. This policy creates harms for those who are excluded, including vulnerable heterosexual and bisexual men, men who have sex with men but do not embrace gay identity, and gay-identified men who do not mimic white, affluent gay culture. Further, the policy harms those who are included in that it stereotypes them as inherent victims, exposes them to a heightened risk of HIV transmission, and disrupts relationships that cut across gender identity and sexual orientation. Thus, this Article casts doubt on the claim that the policy is intended to and actually protects gay and transgender inmates. (Abstract from Journal)  
<http://www.californialawreview.org/assets/pdfs/99-5/03-Robinson.pdf>

Sexton, Lori, Valerie Jenness, and Jennifer Sumner. "Where the Margins Meet: A Demographic Assessment of Transgender Inmates in Men's Prisons". Sacramento, CA: California Dept. of Corrections and Rehabilitation; Irvine, CA: University of California, Irvine. School of Social Ecology, 2009.

"[T]his research provides the first empirical portrayal of a prison population in California that is unique by virtue of being both transgender and incarcerated" (p. 1). Sections of this document include: abstract; introduction; research methodology and data; findings for education and employment, health, sex work, homelessness, victimization, and self and identity; and discussion. Overall, transgender inmates are marginalized from other prisoners.

<http://ucicorrections.seweb.uci.edu/sites/ucicorrections.seweb.uci.edu/files/A%20Demographic%20Assessment%20of%20Transgender%20Inmates%20in%20Men%27s%20Prisons.pdf>

"Winning the Future: President Obama and the LGBT Community". *The White House*. Accessed 17 July 2012.

This site contains blog posts, fact sheets, videos, and the latest news on President Obama's initiatives for the LGBT community.

<http://www.whitehouse.gov/lgbt>

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## Juveniles

Dvorak, Petula. "Transgender at Five." *The Washington Post*. May 19, 2012.

This news article and accompanying video cover the story of a child who has been diagnosed with gender identity disorder at the age of five.

[http://www.washingtonpost.com/local/transgender-at-five/2012/05/19/gIQABfFkbU\\_story.html](http://www.washingtonpost.com/local/transgender-at-five/2012/05/19/gIQABfFkbU_story.html)

Estrada, Rudy and Jody Marksamer. "The Legal Rights of Young People in State Custody: What Child Welfare and Juvenile Justice Professionals Need to Know When Working with LGBT Youth". San Francisco: National Center for Lesbian Rights; New York: Lambda Legal, 2006.

The legal rights of LGBT (lesbian, gay, bisexual, and transgender) youth are discussed through the use of scenarios that show professionals in child welfare and juvenile justice what they may experience working with this population. This paper is divided into four parts: the Constitutional right to safety-- in foster care and juvenile detention and correctional facilities; other constitutional rights—the right to equal protection, and First Amendment rights; state non-discrimination laws; and conclusion. "Agencies and facilities that provide care to youth in state custody must educate themselves on the needs of LGBT youth and the scope of their civil rights" (p. 11).

[http://www.nclrights.org/site/DocServer/LegalRights\\_LGBT\\_State\\_Custody.pdf?docID=1741](http://www.nclrights.org/site/DocServer/LegalRights_LGBT_State_Custody.pdf?docID=1741)

"Growing up LGBT in America: HRC Youth Survey Report Key Findings". *Human Rights Campaign*. Washington, DC. 2012

Results from a national survey of lesbian, gay, bisexual, or transgender (LGBT) youth ages 13-17 are presented. "The deck is stacked against young people growing up lesbian, gay, bisexual or transgender in America. Official government discrimination or indifference along with social ostracism leaves many teens disaffected and disconnected in their own homes and neighborhoods. With an increase in public awareness about anti-LGBT bullying and harassment and the strikingly high number of LGBT youth who are homeless, in foster care, or living in high-risk situations, it is critical that we get a better understanding of the experiences, needs, and concerns of LGBT youth." This graphic rich report shows that LGBT youth face a wide range of challenges while also being upbeat and strong.

[http://www.washingtonpost.com/local/drug-treatments-for-transgender-kids-pose-difficult-choices-for-parents-doctors/2012/05/19/gIQAxgakbU\\_story.html?wpisrc=emailtoafriend](http://www.washingtonpost.com/local/drug-treatments-for-transgender-kids-pose-difficult-choices-for-parents-doctors/2012/05/19/gIQAxgakbU_story.html?wpisrc=emailtoafriend)  
<http://nicic.gov/Library/026170>

Irvine, Angela. "We've Had Three of Them': Addressing the Invisibility of Lesbian, Gay, Bisexual and Gender Non-Conforming Youths in the Juvenile Justice System". *Columbia Journal of Gender and Law* 19, no. 3 (2010): 675-701.

"[M]yths around the nonexistence of LGB and gender non-conforming [LGBT] youths in the juvenile justice system persist, presenting numerous challenges to the equitable treatment of such youths. Juvenile justice professionals need to know that [LGBT] youth exist within the system, and that [LGBT] youth often enter the juvenile justice system for different reasons than straight youth ... Juvenile justice professional need to know the

underlying reasons for [LGBT youths'] failure to remain at home, in placement or truancy in order to identify successful alternatives to detention and out-of-home placements or to assign appropriate terms of probation" (p. 677). Sections of this article cover: estimating the number of LGBT youths in the juvenile justice system; detention patterns of LGBT youths; and addressing the needs of incarcerated LGBT youths.

<http://nicic.gov/Library/026476>

*Juvenile Justice: Advancing Research, Policy, and Practice*. Edited by Francine Sherman and Francine Jacobs. Hoboken, NJ: John Wiley & Sons, Inc. 2011.

Utilizing an interdisciplinary approach, this volume addresses issues surrounding reform in the juvenile justice system. Twenty-four chapters are organized into four sections: framing the issues, understanding individual youth, understanding youth in context, and working for change. Chapter 8 focuses on LGBT youth and is entitled "Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and the Juvenile Justice System".

"Lesbian, Gay, Bisexual, Transgender and Questioning Youth". Albany, NY: New York State Office of Children and Family Services, 2008. Accessed September 12, 2012.

This policy is designed "to maintain and promote a safe environment for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in OCFS [New York State Office of Children and Family Services] operated residential and after-care programs" (p. 1). Procedures cover: training of staff; resources and policy dissemination to youth; reporting responsibilities and procedures for staff; incident reporting procedures for youth; enforcement; and childcare practices for LGBTQ youth. The OCFS Guidelines for Good Childhood Practices with LGBTQ Youth are also included. These procedures cover: training; disclosure; youth placement; LGBTQ Decision-Making Committee; mental health assessments; substance abuse; medical; counseling; LGBTQ literature and resources; general facility operations; communication and documentation; language and name; clothing; individual bedrooms; hair and other personal grooming; bathroom facilities; search issues; transition/discharge planning; and reporting.

[http://www.equityproject.org/pdfs/LGBTQ\\_Youth\\_Policy\\_PPM\\_3442\\_00.pdf](http://www.equityproject.org/pdfs/LGBTQ_Youth_Policy_PPM_3442_00.pdf)

"LGBT Youth in Detention: Myth and Reality." New York Juvenile Justice Coalition. Accessed September 11, 2012.

Ten myths regarding justice-involved lesbian, gay, bisexual, and transgender (LGBT) youth are addressed. The myths discussed are: adolescents are too young to be aware of their sexual identity; LGBT youth are manipulative; LGBT youth should be less open about their sexuality in order not to get picked on; kids get picked on, so being LGBT should be no different; LGBT youth never complain so all must be OK; for their safety, LGBT youth should be separated from the general population; the only way to ensure LGBT youths' safety is to create separate facilities; since staff cannot address other youth with their nicknames, they should not use transgender youths' preferred names; transgender youth should not wear clothing according to their gender identity; and homosexuality should not be discussed in facilities because it will encourage such behavior.

<http://nicic.gov/Library/026483>

Majd, Katayoon, Jody Marksamer, and Carolyn Reyes. "Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts". San Francisco: Legal Services for Children; Washington: National Juvenile Defender Center; San Francisco: National Center for Lesbian Rights, 2009. Accessed September 12, 2012.

This document "represents the first effort to examine the experiences of LGBT [Lesbian, Gay, Bisexual, and Transgender] youth in juvenile courts across the country" (p. 1). Ten chapters follow and executive summary: barriers to fair and effective juvenile justice systems; professionals' responsibility to treat youth in juvenile courts fairly; common misconceptions and biases about LGBT youth in the juvenile justice system; attempts to change, control, or punish LGBT adolescent sexual orientation and gender identity; impact of family rejection and school harassment on LGBT youth involvement in the juvenile justice system; lack of services to meet the needs of LGBT youth; harmful and inappropriate use of pretrial detention; unsafe and unfair conditions of confinement of LGBT youth; barrier to zealous defense advocacy for LGBT youth; and conclusion and recommendations. Appendixes include: glossary; redacted court order regarding transgender youth; and a model non-discriminatory services policy.

[http://www.nclrights.org/site/DocServer/Hidden\\_Injustice.pdf?docID=6701](http://www.nclrights.org/site/DocServer/Hidden_Injustice.pdf?docID=6701)

Marksamer, Jody. "And by the Way, Do You Know He Thinks He's a Girl? The Failures of Law, Policy, and Legal Representation for Transgender Youth in Juvenile Delinquency Courts." *Sexuality Research & Social Policy* 5, no. 1 (2008): 72-92.

Legal protections often denied transgender youth involved with the juvenile justice system are described. Sections contained in this article include: transgender youth are at risk for juvenile court intervention; overview of the juvenile delinquency system; the failures of juvenile court intervention for transgender youth; the failures of legal representation; failure to provide appropriate treatment and rehabilitation plans; lack of access to counsel and the courts; lack of competence to work with transgender youth; lack of safety in juvenile correctional facilities; juvenile courts fail to uphold their responsibilities to protect the rights of transgender youth; broken promises, emotional trauma; fairness, dignity, and respect for transgender youth in juvenile courts; keeping transgender youth out of juvenile courts; protecting due-process rights of transgender youth in the courtroom; responding to unconstitutional conditions of confinement for transgender youth; and conclusion.

<http://nicic.gov/Library/023881>

"Topics: Lesbian, Gay, Bisexual, Transgender & Questioning Youth". *National Clearinghouse on Families & Youth*. Accessed 17 July 2012.

"Lesbian, gay, bisexual, transgender and questioning youth often contend with obstacles that their heterosexual peers don't have to face: intolerant parents, judgmental peers, even physical threats. The Family and Youth Services Bureau emphasizes culturally competent and respectful care for youth regardless of sexual orientation and gender identity. NCFY's articles and resources can help youth-serving organizations understand and more

effectively support lesbian, gay, bisexual, transgender, and questioning young people.”  
(Abstract from website)  
<http://ncfy.acf.hhs.gov/topics/lgbtq-youth>

“The TREVOR Project”. *The Trevor Project*. Accessed July 17, 2012.

This website (the TREVOR Project) is focused on providing crisis intervention and suicide prevention services to LGBTQ youth.  
<http://www.thetrevorproject.org/>

Ware, Wesley. “Locked Up & Out: Lesbian, Gay, Bisexual, & Transgender Youth in Louisiana’s Juvenile Justice System”. New Orleans, LA: Juvenile Justice Project of Louisiana, 2010. Accessed September 12, 2012.

The strategies offered for addressing the challenges LGBT (lesbian, gay, bisexual, and transgender) youth must deal with in correctional facilities will provide guidance for other correctional agencies facing similar problems. Sections of this report include: introduction; LGBT 101; juvenile justice in Louisiana; demographic profiles of Louisiana secure youth population; incarcerated youth in Louisiana; risk factors for LGBT youth in Louisiana; LGBT youth inside Louisiana’s secure care facilities; recommendations for Louisiana and the Office of Juvenile Justice; conclusion; and resources for LGBT youth in Louisiana.  
<http://jjpl.org/site/wp-content/uploads/2011/07/locked-up-and-out.pdf>

Wilber, Shannan, Caitlin Ryan, and Jody Marksamer. “CWLA Best Practices Guideline: Serving LGBT Youth in Out-of-Home Care”. Washington: Child Welfare League of America, 2006. Accessed September 12, 2012.

Guidance is provided for both child welfare and juvenile justice professionals who work with LGBT (lesbian, gay, bisexual, and transgender) youth in an out-of-home setting. The guidelines are based on best practices that are “grounded in a youth development approach that provides services and supports designed to promote young people’s competencies and connect them to families and communities” (p. xiv). These guidelines are organized into the following areas: LGBT youth in out-of-home care; creating an inclusive organizational culture; a family-centered approach to serving LGBT youth; promoting positive adolescent development; collecting and managing confidential information; ensuring appropriate homes for LGBT youth; LGBT youth in institutional settings; and providing appropriate health, mental health, and education services for LGBT youth. A glossary is also included.  
<http://www.nclrights.org/site/DocServer/bestpracticeslgbtyouth.pdf?docID=1322>

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## Legal and Policy Considerations

“Andrea Fields, et al., Plaintiffs-Appellees, Cross-Appellants, v. Judy P. Smith, et al., Defendants-Appellants, Cross-Appellees. Appeals from the United States District Court for the Eastern District of Wisconsin”. No. 2:06-cv-00112-CNC, August 5, 2011.

The U.S. Appeals Court affirms the District Court's decision that Wisconsin's Act 105, the Inmate Sex Change Prevention Act, violates the Eighth Amendment's ban on cruel and unusual punishment. It should be noted that the plaintiffs had been receiving hormone treatment prior to the Acts passage.

<http://nicic.gov/Library/025835>

Arkles, Gabriel. “Safety and Solidarity Across Gender Lines: Rethinking Segregation of Transgender People in Detention.” *Temple Political & Civil Rights Law Review* 18, no. 2 (2009): 515-560.

Transgender, intersex, and gender nonconforming (TIGNC) people, particularly people of color, are disproportionately incarcerated because of societal discrimination, widespread poverty, immigration policies, police profiling, and bias in court proceedings. Once incarcerated, TIGNC people, particularly transgender women placed in men's facilities, experience exceedingly high levels of sexual and other physical violence. Officials in detention systems often place TIGNC people against their will in isolating segregated settings as a form of protection, punishment, or prevention. At times advocates seem to assume that such placements are appropriate settings to protect TIGNC people from violence in detention. However, the premise that such placements are “protective” relies on at least two assumptions. The first is that isolation and control, rather than relationships and freedom, reduce violence. The second is that other prisoners, rather than facility staff, are the primary perpetrators of violence from whom TIGNC people need protection within detention systems. (Journal abstract)

[http://srtp.org/files/segregation\\_Arkles.pdf](http://srtp.org/files/segregation_Arkles.pdf)

Cohen, Fred. “Transgender Prisoners’ Right of Access to Medical Care in Prison.” *Correctional Mental Health Report* 13, no. 4 (2011): 49-63.

This article discusses the overturning of Wisconsin law (Act 105) denying inmates diagnosed with Gender Identity Disorder (GID) medical care for hormonal therapy and sexual reassignment surgery. Also, includes references to additional GID case law.

Denver Sheriff Department. Office of the Director of Corrections/Undersheriff. “Transgender and Gender-Variant Inmates”. Department Order 4005.1, Denver, CO, 2012.

This order provides guidelines that will “facilitate the elimination of discrimination against; and/or address the appropriate treatment of; and/or provide for the safety, security and medical needs of transgender and gender-variant inmates” (p. 1). Implementation and procedural guidelines cover: intake and initial classification; searches; Blue Cards; medical staff notification; Transgender Review Board; long-term housing and classification; medical assessment and treatment; responsibility for training, management, and supervisors; and

staff compliance. Appendixes include a copy of the “Statement of Search Preferences Form,” “Blue Card,” and “Transgender/Gender Variant Individual Genitalia Search Form.”  
<http://nicic.gov/Library/026337>

Duffy, Meredith. “Chapter 30: Special Information for Lesbian, Gay, Bisexual, and Transgender Prisoners, in *A Jailhouse Lawyer’s Manual*”. *Columbia Human Rights Law Review*, 2009. Accessed September 12, 2012.

Individuals needing basic legal information for federal and New York prisons can find it in this publication. Sections of this chapter are: introduction; changes in the law; unequal treatment because of sexual orientation or gender identity; your right to control your gender presentation while in prison; your right to confidentiality regarding your sexual orientation or gender identity; assault and harassment; housing and protective custody; visitation rights—special issues for LGBT (lesbian, gay, bisexual, and transgender) prisoners; right to receive LGBT literature; and conclusion.

[http://www3.law.columbia.edu/hrlr/JLM/Chapter\\_30.pdf](http://www3.law.columbia.edu/hrlr/JLM/Chapter_30.pdf)

Idaho Department of Corrections. “Gender Identity Disorder: Healthcare for Offenders with”. Version 3.2. Control Number: 401.06.03.501, Boise, ID, 2011.

“The purpose of this standard operating procedure (SOP) is to establish guidelines for the diagnosis, treatment, management, and placement of offenders diagnosed with gender identity disorder (GID) to ensure offender safety and access to appropriate and necessary medical and mental health treatment. This SOP defines the extent and general limits of healthcare services provided to offenders identified as meeting the criteria for diagnosis of GID as outlined within the most current Diagnostic and Statistical Manual of Mental Disorders (DSM)” (p. 3). General requirements cover: initial reporting; referral and placement of the offender; evaluation of the offender; evaluator findings, diagnosis, and reporting; Chief Psychologist’s review of findings; Management and Treatment Committee (MTC) meeting; Administrative Review Committee (ARC) meeting; final approval of the Management and Placement Plan; implementation of this plan; moral and ethical treatment of offenders diagnosed with GID; and subsequent reviews and evaluations for GID.

“LAPD Drops Transgender Pat-Downs, Eyes Separate Detention Space”. *Los Angeles CBS Local*. Last modified April 13, 2012.

This news article, from April 2012, highlights the changes in LAPD policy in regards to treatment and facilities for transgender people.

<http://losangeles.cbslocal.com/2012/04/13/lapd-drops-transgender-pat-downs-eyes-separate-detention-space/>

“LGBT Rights: Lesbian Gay Bisexual & Transgender Project”. *American Civil Liberties Union*. Accessed September 12, 2012.

The LGBT Project works for an America free of discrimination based on sexual orientation and gender identity. This means an America where LGBT people can live openly, where our

identities, relationships and families are respected, and where there is fair treatment on the job, in schools, housing, public places, health care, and government programs. (Abstract from website)

<http://www.aclu.org/lgbt-rights>

“NC4YC”. *National Center for Youth in Custody*. Accessed July 26, 2012.

This website (NC4YC.org) was created in 2010 to provide “field assistance, leadership and support to improve and reform youth detention and correction facilities and adult facilities housing youthful offenders”.

<http://nc4yc.org/>

Neil, Martha. “Federal Judge Strikes State-Law Ban on Hormone Treatment for Transgendered Inmates”. *ABA Journal News*. Accessed 6/30/2012

This news article reports on the unconstitutionality of a state law in Wisconsin, which banned transgender inmates from receiving hormone therapy.

[http://www.abajournal.com/news/article/federal\\_judge\\_strikes\\_state\\_law\\_that\\_bans\\_treatment\\_for\\_transgendered\\_inmat/](http://www.abajournal.com/news/article/federal_judge_strikes_state_law_that_bans_treatment_for_transgendered_inmat/)

“Policy Recommendations Regarding LGBT People in California Prisons”. *Transgender Law Center*. Accessed September 12, 2012.

Effective practices for ensuring the rights of LGBT (lesbian, gay, bisexual, and transgender) inmates are explained. Strategies for protecting LGBT prisoners are organized according to: classification; harassment, abuse, and sexual assault; health care; and reentry.

<http://www.transgenderlawcenter.org/issues/prisons/policy-recommendations-regarding-lgbt-people-in-california-prisons>

“Preventing the Sexual Abuse of Lesbian, Gay, Bisexual, Transgender, and Intersex People in Correctional Settings”. Washington: National Center for Transgender Equality; San Francisco: National Center for Lesbian Rights; New York: American Civil Liberties Union; San Francisco: Transgender Law Center; New York: Lambda Legal. Last modified May 10, 2010.

The “need for all four sets of standards [found in the National Standards to Prevent, Detect, and Respond to Prison Rape] to account for the vulnerabilities of LGBTI [lesbian, gay, bisexual, transgender, and intersex] individuals in detention” is explained (p. 2). Sections of these comments include: LGBTI people in detention are particularly at risk of sexual abuse; support for specific standards; recommendations to enhance the standards; responses to questions in the ANPR (Advance Notice of Proposed Rulemaking); and conclusion.

[http://www.ncrights.org/site/DocServer/PREA\\_Standards\\_Comments\\_-\\_ACLU\\_Lambda\\_NCLR\\_NCTE\\_TLC\\_.pdf?docID=7542](http://www.ncrights.org/site/DocServer/PREA_Standards_Comments_-_ACLU_Lambda_NCLR_NCTE_TLC_.pdf?docID=7542)

Scheel, Murray D. and Claire Eustace. “Model Protocols on the Treatment of Transgender Persons by San Francisco County Jail”. *National Lawyers Guild & City & County of San Francisco Human Rights Commission*. Last modified August 7, 2002.

This article contains “model protocols for the treatment of transgender people by San Francisco County jail personnel. These protocols will help jail staff prevent discrimination against transgender inmates by articulating rules that are both respectful of transgender inmates' needs and administrable. The protocols will also bring San Francisco County Jail into compliance with local anti-discrimination laws. These protocols are to be used by jail staff as a supplement to the existing jail protocols in order to protect the rights of transgender inmates.” (From introduction)

<http://transreference.transadvocacy.org/reference/transgenderprotocol.pdf>

Shah, Benish A. “Lost in the Gender Maze: Placement of Transgender Inmates in the Prison System”. *Journal of Race, Gender and Ethnicity* 5, no. 1 (2010): 39-56.

This article addresses one critical issue, of the many, faced by transgender inmates: placement into male or female prisons and holding cells based on genitalia instead of gender identification. Part I will address the definition of transgender under the legal system. Part II reviews the abuse suffered by transgender individuals from the humiliation in the initial booking process to the sexual assaults suffered repeatedly in prisons, based upon genitalia based prison placement. Part III analyzes the possible solutions to the placement problem, including self-identification based placement, administrative segregation, and Category B prisons. Part IV provides a few proposed solutions to provide relatively “quick” relief to transgender inmates while larger policy issues are battled out in this progressive society. (Abstract from author)

[http://www.tourolaw.edu/JournalRGE/uploads/Issues/Vol5Issue1/Shah\\_Final.pdf](http://www.tourolaw.edu/JournalRGE/uploads/Issues/Vol5Issue1/Shah_Final.pdf)

“Vanessa Adams, legal name, Nicholas Adams, Plaintiff, v. Federal Bureau of Prisons, et al., Defendants”. United States District Court, District of Massachusetts. Civil Action No. 09-10272-JLT, June 7, 2010.

“Plaintiff, an inmate in the custody of the Federal Bureau of Prisons, asserts that Defendants have subjected her to cruel and unusual punishment in violation of the Eighth Amendment to the United States Constitution by denying her appropriate medical treatment for her diagnosed condition of Gender Identity Disorder. Presently at issue is Defendants' Motion to Dismiss the Amended Complaint [#20]. For the following reasons, Defendants' Motion to Dismiss the Amended Complaint [#20] is DENIED” (p. 1).

<http://nicic.gov/Library/025834>

“Wolf, Mark L. MICHELLE L. KOSILEK, Plaintiff, v. LUIS S. SPENCER, in his official capacity as Commissioner of the Massachusetts Department of Correction, Defendant. Memorandum and Order on Eighth Amendment Claim”. C.A. No. 00-12455-MLW. September 4, 2012.

This is “an unprecedented court order requiring that the defendant Commissioner of the Massachusetts Department of Correction (the “DOC”) provide him with sex reassignment surgery to treat his major mental illness, severe gender identity disorder” (p. 3). Sections following a summary are: the applicable standards; findings of fact and conclusions of law—the Eighth Amendment analysis—Kosilek has a serious medical need, sex reassignment surgery is the only adequate treatment for Kosilek, Kosilek has satisfied the subjective

prong of the deliberate indifference test, the defendant's stated security concerns are pretextual and do not justify denying Kosilek sex reassignment surgery, and the defendant's deliberate indifference will continue, and therefore, Kosilek is entitled to a narrowly-tailored injunction; and the order. "In this case, Kosilek has proven that his Eighth Amendment rights have been violated by the DOC's refusal to provide the sex reassignment surgery prescribed by its doctors. The court is ordering the defendant to take all of the steps reasonably necessary to provide Kosilek that treatment as promptly as possible" (p. 21).  
<http://nicic.gov/Library/026502>

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## Medical and Mental Health

“2011 Operations Manual ICE Performance-Based National Detention Standards (PBNDS)”. *U.S. Department of Homeland Security. Immigration and Customs Enforcement (ICE)*. Accessed September 11, 2012.

Section 4.3 of the 2011 revision of ICE Detention Standards addresses the area of Medical Care. The standards make specific reference to the care and treatment of transgender detainees.

<http://www.ice.gov/detention-standards/2011/>

“Better Health and Well-Being” *U.S. Department of Health & Human Services*. Accessed July 15, 2012.

This webpage, under the Department of Health & Human Services, is focused on the “Better Health and Well-Being” of LGBT Americans. It contains information the impact of the Affordable Care Act, as well as other rights and resources for the LGBT community.

[http://www.hhs.gov/secretary/about/lgbthealth\\_update\\_2011.html](http://www.hhs.gov/secretary/about/lgbthealth_update_2011.html)

Byne, William, et. al. “Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder”. *Archives of Sexual Behavior* 41, no. 4 (2012): 759-796. Accessed on 9/4/2012 at <http://www.springerlink.com/content/65145105t4000220/>.

Both the diagnosis and treatment of Gender Identity Disorder (GID) are controversial. Although linked, they are separate issues and the DSM does not evaluate treatments. The Board of Trustees (BOT) of the American Psychiatric Association (APA), therefore, formed a Task Force charged to perform a critical review of the literature on the treatment of GID at different ages, to assess the quality of evidence pertaining to treatment, and to prepare a report that included an opinion as to whether or not sufficient credible literature exists for development of treatment recommendations by the APA. The literature on treatment of gender dysphoria in individuals with disorders of sex development was also assessed. The completed report was accepted by the BOT on September 11, 2011. The quality of evidence pertaining to most aspects of treatment in all subgroups was determined to be low; however, areas of broad clinical consensus were identified and were deemed sufficient to support recommendations for treatment in all subgroups. With subjective improvement as the primary outcome measure, current evidence was judged sufficient to support recommendations for adults in the form of an evidence-based APA Practice Guideline with gaps in the empirical data supplemented by clinical consensus. The report recommends that the APA take steps beyond drafting treatment recommendations. These include issuing position statements to clarify the APA’s position regarding the medical necessity of treatments for GID, the ethical bounds of treatments of gender variant minors, and the rights of persons of any age who are gender variant, transgender or transsexual. (Journal abstract)

Catz, Sheryl, et. al. “Prevention Needs of HIV-Positive Men and Women Awaiting Release from Prison”. *AIDS and Behavior* 16, no. 1 (2012): 108-120. Accessed September 11, 2012.

Greater understanding of barriers to risk reduction among incarcerated HIV+ persons reentering the community is needed to inform culturally tailored interventions. This qualitative study elicited HIV prevention-related information, motivation and behavioral skills (IMB) needs of 30 incarcerated HIV+ men and women awaiting release from state prison. Unmet information needs included risk questions about viral loads, positive sexual partners, and transmission through casual contact. Social motivational barriers to risk reduction included partner perceptions that prison release increases sexual desirability, partners' negative condom attitudes, and HIV disclosure-related fears of rejection. Personal motivational barriers included depression and strong desires for sex or substance use upon release. Behavioral skills needs included initiating safer behaviors with partners with whom condoms had not been used prior to incarceration, disclosing HIV status, and acquiring clean needles or condoms upon release. Stigma and privacy concerns were prominent prison context barriers to delivering HIV prevention services during incarceration. (Journal abstract)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3428225/>

Hembree, Wylie C., et. al. "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline". *Journal of Clinical Endocrinology & Metabolism* 94, no. 9 (2009): 3231-3154. Accessed September 12, 2012.

**OBJECTIVE:** The aim was to formulate practice guidelines for endocrine treatment of transsexual persons.

**EVIDENCE:** This evidence-based guideline was developed using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) system to describe the strength of recommendations and the quality of evidence, which was low or very low.

**CONSENSUS PROCESS:** Committees and members of The Endocrine Society, European Society of Endocrinology, European Society for Pediatric Endocrinology, Lawson Wilkins Pediatric Endocrine Society, and World Professional Association for Transgender Health commented on preliminary drafts of these guidelines.

**CONCLUSIONS:** Transsexual persons seeking to develop the physical characteristics of the desired gender require a safe, effective hormone regimen that will 1) suppress endogenous hormone secretion determined by the person's genetic/biologic sex and 2) maintain sex hormone levels within the normal range for the person's desired gender. A mental health professional (MHP) must recommend endocrine treatment and participate in ongoing care throughout the endocrine transition and decision for surgical sex reassignment. The endocrinologist must confirm the diagnostic criteria the MHP used to make these recommendations. Because a diagnosis of transsexualism in a prepubertal child cannot be made with certainty, we do not recommend endocrine treatment of prepubertal children. We recommend treating transsexual adolescents (Tanner stage 2) by suppressing puberty with GnRH analogues until age 16 years old, after which cross-sex hormones may be given. We suggest suppressing endogenous sex hormones, maintaining physiologic levels of gender-appropriate sex hormones and monitoring for known risks in adult transsexual persons. (Journal abstract)

<http://www.endo-society.org/guidelines/final/upload/endocrine-treatment-of-transsexual-persons.pdf>

Kendig, Newton E. and Charles E. Samuels, Jr. "Gender Identity Disorder Evaluation and Treatment". *U.S. Bureau of Prisons*. Memorandum for Chief Executive Officers, May 31, 2012.

A memorandum regarding the evaluation and treatment of inmates with Gender Identity Disorder (GID) is presented. It is to be immediately implemented in response to a lawsuit settled with Vanessa Adams, a FEDERAL Bureau of Prisons (BOP) inmate at FMC Butler (NC) who has GID. "In summary, inmates in the custody of the Bureau with a possible diagnosis of GID will receive a current individualized assessment and evaluation.

Treatment options will not be precluded solely due to level of services received, or lack of services, prior to incarceration" (p. 2). In other words, this memorandum ends the BOP's previous "freeze frame" policy which allowed only that treatment a person with GID was receiving before incarceration.

<http://nicic.gov/Library/025522>

Lewis, Don. "Gender Identity Disorder". *U.S. Bureau of Prisons*. Webinar and transcript, March 27, 2012.

Issues related to gender identity are discussed. Gender identity is 'a person's sense of their own gender, which is communicated to others by their gender expression.' Objectives for this presentation are: define key terms related to Gender Identity Disorder (GID); review the diagnostic criteria for GID); implement the Bureau's new GID policy; review the history of transgender issues, to include relevant legal issues; identify World Professional Organization for Transgendered Health (WPATH) standards of care for GID; and review co-occurring disorders commonly associated with GID.

<http://nicic.gov/Library/025870>

"National Healthcare Disparities Report: 2011". *U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality*. Accessed July 15, 2012.

This annual report, mandated by Congress, focuses on "'prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations". Chapter 10 contains a section on "Lesbian, Gary, Bisexual, and Transgender Populations".

<http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf>

"Scope of Services for the Treatment of Gender Identity Disorder". *Colorado Department of Corrections*. Administrative Regulation 700-14, November 1, 2009.

"It is the purpose of this administrative regulation (AR) to serve as a standard of care for the treatment of gender identity disorder and define the extent and general limits of health services that will be provided to this population" (p.1). Procedures cover: relative contraindications; Gender Identity Disorder Management and Treatment Committee; sexual reassignment treatment; other treatment modalities; and facility placement.

[http://www.doc.state.co.us/sites/default/files/ar/0700\\_14.pdf](http://www.doc.state.co.us/sites/default/files/ar/0700_14.pdf)

Scott, Ann V. and Rick Lines. "Final Report: HIV/AIDS in the Male-To-Female Transsexual and Transgendered Prison Population: A Comprehensive Strategy". May 1999. Accessed September 11, 2012.

Since 1993, PASAN has worked with over 200 HIV positive prisoners from across Canada. Approximately 10% of PASAN's HIV positive clients identify as transsexual or transgendered (TS/TG). This experience has led us to document many specific barriers faced by TS/TG prisoners living with HIV/AIDS in accessing proper HIV/AIDS care and other support services. This brief has been produced in an attempt to identify these specific and significant issues, and recommend solutions. (Abstract from Introduction)  
[http://www.pasan.org/Toolkits/T-S\\_%26\\_T-G\\_in\\_Prison.pdf](http://www.pasan.org/Toolkits/T-S_%26_T-G_in_Prison.pdf)

"Sexuality". *American Psychological Association (APA)*. Accessed July 15, 2012.

This psychology topic webpage contains resources on "Understanding Sexual Orientation and Gender Identity". These resources come in the form of answers to questions, places to get help, news, articles, books, and APA offices and programs.  
<http://www.apa.org/topics/sexuality/index.aspx>

"Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People". 7<sup>th</sup> Version. *World Professional Association for Transgender Health Inc.* Accessed September 12, 2012.

"The overall goal of the SOC [Standards of Care] is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment ' While this is primarily a document for health professionals, the SOC may also be used by individuals, their families, and social institutions to understand how they can assist with promoting optimal health for members of this diverse population" (p. 1). Sections of this publication are: purpose and use of the SOP; global applicability; the difference between gender nonconformity and gender dysphoria; assessment and treatment of children and adolescents with gender dysphoria; mental health; hormone therapy; reproductive health; voice and communication therapy; surgery; postoperative care and follow-up; lifelong prevention and primary care; applicability of SOP to people living in institutional environments; and applicability of SOP to people with disorders of sex development.  
<http://nicic.gov/Library/025747>

"Talking About Suicide & LGBT Populations". *Gary & Lesbian Alliance Against Defamation and Movement Advancement Project*. Accessed 17 July 2012.

This guide provides ways to talk about suicide more safely, while advancing vital public discussions about preventing suicide, helping increase acceptance of LGBT people, and supporting their well-being.  
[http://www.glsen.org/binary-data/GLSEN\\_ATTACHMENTS/file/000/001/1800-2.pdf](http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1800-2.pdf)