



Psychiatry & Behavioral Science Section - 2015

122 Transgender Inmates: Considerations in Placement, Management, and Treatment in Correctional Facilities

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After attending this presentation, attendees will understand the unique legal, medical, and psychiatric considerations inherent in the care of transgender inmates in the correctional setting. Attendees will also become familiar with the evolution of United States case law with respect to this population and how changes in the legal framework have impacted correctional regulations and treatment requirements regarding transgender inmates' placement, management, and treatment.

This presentation will impact the forensic science community by highlighting key legal, medical, and psychiatric considerations involved in the care of transgender inmates with the goal of identifying the necessary elements to providing comprehensive care that balances the individual's needs and safety against those of the correctional institution and of other inmates.

Transgender inmates pose unique challenges to correctional systems with respect to legal, medical, and psychiatric considerations involved in their care. A transgendered person is an individual whose "inward gender identity and outward gender expression differ from the physical characteristics of the body at birth." Thus, a male-to-female transgender person is one who is born with a male body but identifies with a female gender identity, and a female-to-male transgender person is one who is born with a female body but identifies with a male gender identity. For the vast majority of people, sex and gender are congruent. Transgendered individuals may suffer from *gender dysphoria* which the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)* defines as a significant level of distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Several studies have found high rates of psychiatric comorbidity in the transgender population as well as a nine-fold higher risk of suicide than that of the general United States population.

Transgendered individuals constitute a minority in the community. International studies estimate a prevalence ranging from approximately 1:10,000 to 1:45,000 male-to-female and 1:30,000 to 1:200,000 female-to-male transgender individuals; however, they are disproportionately represented in the incarcerated population. A 2003 study of the transgender community in San Francisco, CA, for example, found that nearly 14% of transgender individuals had been incarcerated at least once, a rate double the national incarceration average. Moreover, transgender inmates are at increased risk of victimization — in particular, sexual assault — within the correctional setting. A 2007 California prison study found that the prevalence of sexual assault in transgender inmates was more than ten times that reported by a random sample of inmates. This, in combination with evolving case law, has forced correctional systems to create institutional changes to meet the needs of this growing population.

Recent liberal case law has expanded transgendered inmates' rights to healthcare access and safe housing. For example, courts have renounced the use of the "freeze-frame" approach to hormone therapy which essentially freezes the dose of an inmate's hormone therapy treatment during incarceration and prohibits the initiation of hormone therapy. Despite case law, several states continue to utilize this method. Additionally, few correctional facilities in the United States have enacted policy changes to better address issues of placement, management, and treatment of transgendered inmates. Unlike more progressive correctional institutions in Australia, which take into account several risk factors to ensure safe and appropriate housing for their transgendered inmates, the vast majority of United States correctional facilities continue to assign housing solely based on an inmate's external genitalia, not gender identity. There are notable exceptions in California that are managed on the county, state, and federal levels, respectively: the K6G Unit at Men's Central Jail in Los Angeles, the California Medical Facility in Vacaville, and the Metropolitan Detention Center in Los Angeles. Regarding management, there are no uniform guidelines as to how to address a transgendered inmate. Most facilities allow bodily searches of an inmate to be performed by an officer of the same sex and prohibit gender-specific clothing and makeup. Finally, medical and psychiatric treatment focus on addressing access to hormone therapy and/or gender reassignment surgery as well as a transgender inmate's increased risk for psychiatric comorbidities and Human Immunodeficiency Virus (HIV) infection.

This presentation will review the literature on the housing, management, and placement of transgender inmates with respect to key legal, medical, and psychiatric considerations that inform their treatment. Finally, this presentation will present the necessary elements that constitute comprehensive care of these individuals.

Transgender, Corrections, Forensic Psychiatry