

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.70.27	Page 1 of 9
	Original Effective Date: 12/19/11	New Effective Date: 04/20/18
	Supersedes: 500.70.27	Dated: 11/01/17
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Transgender Inmates		

POLICY

The Division of Adult Institutions shall provide appropriate treatment and accommodations for inmates who are transgender, meet DSM-5 criteria for Gender Dysphoria or have a verified intersex condition.

REFERENCES

- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, (DSM-5) – American Psychiatric Association (2013).
- Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7 – World Professional Association for Transgender Health (2012)
- Executive Directive 72 – Sexual Abuse and Sexual Harassment in Confinement (PREA) Prison Rape Elimination Act (PREA), Final Rule, May 2012
- DAI Policy 306.17.02 – Searches of Inmates
- DAI Policy 309.20.03 – Inmate Personal Property and Clothing
- Attachment – Allowed Property for Transgender and Intersex Inmates

DEFINITIONS, ACRONYMS, AND FORMS

Approved Sites for Transgender and Intersex Inmates:

- Intake: DCI, TCI and MSDF
- Maximum: CCI, GBCI, WCI and WSPF
- Medium: FLCI, JCI, KMCI, NLCI, OSCI, RCI, RGCI, RYOCF and SCI
- Minimum: OCI
- Correctional Centers: BRCC, DACC, FCCC, JBCC, KCC, MSCC, MWCC, OCC, REECC, SPCC, TCC and WCC
- Treatment Facilities: WRC / WWRC

BOCM – Bureau of Offender Classification and Movement

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-3332B – Medical Restrictions / Special Needs

DOC-3474 – Psychologist Minimum Security Placement Recommendation

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Gender Dysphoria (GD) – Discomfort or distress caused by a marked difference between an individual’s expressed/experienced gender and the gender that others would assign him or her. A DSM-5 diagnosis of Gender Dysphoria requires that the condition is present for at least six months and causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Hormonal Therapy – A physical intervention that masculinizes or feminizes the body by administration of hormones, such as testosterone to biologic females or estrogen to biologic males, with the purpose of reducing gender dysphoria and minimizing the risk for depression, anxiety or impairments in functioning.

Health Services Unit (HSU) Staff – Staff classified as HSU Manager, Psychiatrist, Physician, Physician Assistant, Pharmacist, Dentist, Nurse Practitioner, Optometrist, Registered Nurse, Licensed Practical Nurse, Physical Therapist, Radiologic Technician, or any other clinical classification that is directly supervised by Health Services.

Intersex - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female.

PREA – Prison Rape Elimination Act

Psychological Services Unit (PSU) Staff – Employees classified as Psychologist Supervisor, Psychologist-Licensed, Psychological Associate A or B, Crisis Intervention Worker, Psychological Services Assistant, Clinical Social Worker, or any other clinical classification that is directly supervised by Psychological Services.

Real-Life Experience – The act of fully adopting a new gender role in everyday life, allowing an individual to experience and test the consequences of the new gender role in the areas of employment, housing, education and relationships with friends, family and significant others. The experience allows for a range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences). During this time, individuals present consistently, on a day-to-day basis and across all settings of life, in their desired gender role. The real life experience tests the individual’s resolve, the capacity to function in the preferred gender, and the adequacy of social, economic, legal and psychological supports.

RH – Restrictive Housing

Transgender – A person whose transient or permanent gender identity (i.e. internal sense of feeling male or female) is different from the person’s assigned sex at birth. A transgender individual may or may not qualify for a clinical diagnosis of Gender Dysphoria depending on the level of distress or impairment this causes.

Transgender Committee – An advisory committee formed by the DAI Administrator composed of the following: BHS Director, Medical Director, Mental Health Director, Psychology Director, Psychiatry Director, DCC Psychology Manager, PREA Director,

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Nursing Director, DAI Security Chief, Warden or Deputy Warden and others as deemed appropriate. A member of the committee may preside at the meeting to exercise guidance or direction. The committee and any presiding member shall have advisory powers only. The committee does not have any collective responsibilities, authority, power and duties vested in the body as a whole, distinct from the individual members. A representative from the Office of Legal Counsel may attend meetings to provide legal advice to the committee.

WICS – Wisconsin Integrated Corrections System

PROCEDURE

I. Identification

A. Transgender and Intersex Inmates

1. Inmates may self-identify as transgender or intersex at intake or at any other time during an incarceration.
2. If an inmate notifies staff of transgender or intersex status, staff shall notify the PSU supervisor of transgender status.
3. The PSU supervisor/designee shall enter “Gender Concern” into WICS Special Handling Module, and notify facility BOCM staff of the inmate’s transgender or intersex status.

B. GD Inmates

1. For inmates who self-identify as transgender, PSU staff, psychiatry staff or a GD consultant may additionally assign a clinical diagnosis of Gender Dysphoria, based upon DSM-5 criteria.
2. Clinical and medical staff shall document the Gender Dysphoria diagnosis in the appropriate sections of the inmate’s PSU and/or HSU record.
3. Within this policy, any reference to transgender inmates also refers to inmates with a GD diagnosis.

II. Placement of Transgender and Intersex Inmates

- A. Facility and housing assignments shall be made on a case-by case basis, considering the inmate's health and safety as well as potential programming, management and security concerns. An inmate's own views regarding safety shall be given careful consideration.
- B. Placement and programming assignments shall be reassessed a minimum of every six months at a reclassification hearing to review any threats to safety experienced by the inmate. The assigned OCS shall document in the WICS classification offense description box: DAI Policy 500.70.27 applies to the management of this inmate with the requirement for classification review every six months.
- C. When recommending transfer of a GD or transgender inmate, BOCM and/or the classification committee shall recommend a single approved GD or transgender site. Temporary sites may be used for transportation purposes.

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- D. Placement may occur at any approved site for Transgender and Intersex Inmates. For placements at minimum-security sites or correctional centers, PSU staff shall document on DOC-3474 the inmate does not require a single cell.
- E. BOCM shall advise PSU staff at their site of a scheduled transfer prior to the transfer.
- F. PSU staff from a sending site shall notify PSU staff at the receiving site prior to the transfer of a transgender or GD inmate. PSU staff at the receiving site shall make notifications to appropriate staff within their own facility including Security Director and Deputy Warden.
- G. Inmates who have completed sexual reassignment surgery prior to incarceration shall be placed in a facility after consultation with the Transgender Committee. Placement shall be, in most cases, consistent with the reassignment treatment.
- H. For the purposes of facility placement, self-inflicted genital mutilation does not constitute sexual reassignment surgery and does not qualify an inmate for placement in a different facility.
- I. Transgender and GD inmates shall not be placed in RH on the basis of their gender identity.

III. Accommodations for Transgender and Intersex Inmates

A. Property

- 1. Inmates may request property items as outlined in the Attachment to this policy, subject to a determination from the PSU Supervisor/designee these items will improve institutional adjustment, are appropriate for the inmate and are not contraindicated. Contraindications may include, but are not limited to:
 - a. Evidence the transgender identification is for secondary purposes and does not reflect an accurate condition.
 - b. Property items may be countertherapeutic or increase risk of recidivism when offense-related dynamics are considered.

B. Showering

- 1. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
- 2. Inmates taking cross-gender hormones or with secondary sex characteristics of the desired gender (e.g., biological males with breast development) shall be showered separately from inmates who are not transgender or intersex. Security, PSU or HSU staff may make this determination.
- 3. For any inmate who showers separately, PSU staff shall enter a "Shower Separately" designation into the WICS Special Handling module.

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C. Names

1. DAI shall use the name of the inmate as it appears on the Judgment of Conviction, unless there is a subsequent court order for a name change. If so, a new Judgment of Conviction must be issued or the court order must specifically state "change all records."
2. Inmates may use preferred titles of Ms., Miss, Mrs. or Mr. in correspondence, provided the legal first and last names and DOC number are correct.

D. Forms of Address

Facilities shall encourage staff to use gender-neutral forms of address (e.g., Inmate Smith or Smith) for transgender or intersex inmates who request it.

E. Pat Searches

Staff shall use the back of hand or bladed hand for the chest and groin area.

F. Strip searches

Shall be conducted consistent with training and DAI Policy 306.17.02.

G. Urine Specimens For Drug Testing

Inmates shall be allowed to urinate into a cup sitting down, as long as the urine stream can be visually observed by a staff member.

H. Shaving or Hair Removal in RH

Facilities shall provide opportunities in RH to shave or apply approved hair removal products at least twice per week unless contraindicated by security concerns.

IV. Medical and Psychological Treatment for GD

A. Not all transgender inmates will need medical or psychological care that pertains to gender issues. The inmates who require this care will generally have a clinical diagnosis of GD.

B. Inmates diagnosed with GD shall have access to clinically appropriate treatment options that may include:

1. Psychological treatment that addresses ambivalence and/or dysphoria regarding gender and assists in better adjustment to incarceration.
2. Appropriate psychiatric care.
3. Hormonal treatment, in the circumstances described below.
4. Other treatment determined to be medically necessary by the Transgender Committee

C. Established Hormone Treatment

1. An inmate who is receiving hormonal medication at the time of DOC intake may be continued on hormonal medication, provided the following conditions are met:

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- a. The hormones represent an established treatment that has been prescribed under the supervision of a qualified physician.
 - b. The inmate cooperates with DOC staff in obtaining written records or other necessary confirmation of his or her previous treatment.
 - c. DOC health care staff determine the hormones are medically necessary and not contraindicated for any reason.
 2. Hormonal therapy shall be managed by a DOC physician and/or medical consultant.
 3. If an inmate chooses to discontinue hormonal medications while incarcerated and then wishes to restart hormonal medications, the Mental Health Director shall evaluate the request, review the request with the Transgender Committee as needed and make a determination.
- D. New Hormonal or Surgical Treatment
1. Health care staff who receive an initial request from an inmate for hormonal therapy or surgical procedures shall forward the request to the PSU Supervisor.
 2. The PSU Supervisor shall assign a member of the PSU staff to conduct an initial evaluation to help determine whether a GD diagnosis is appropriate and whether a more specialized evaluation from a GD consultant is needed. The initial evaluation shall include:
 - a. A review of any prior medical or mental health treatment records related to gender dysphoria. The inmate needs to cooperate with DOC staff in obtaining written records or other necessary confirmation of previous treatment, if present.
 - b. A detailed description of the inmate's reported gender dysphoria issues.
 - c. Observations of housing unit staff, when relevant.
 - d. General mental health history in DOC and in the community, including diagnoses.
 - e. Emotional and behavioral stability within DOC, including adherence to prior treatment recommendations.
 - f. Current mental status.
 3. The PSU staff member shall submit his/her report to the Mental Health Director, who shall review the PSU report and determine whether a GD consultant is needed for any of the following:
 - a. Telephone consultation.
 - b. Review of the health care record.
 - c. A more comprehensive in-person evaluation.
 4. If a GD consultant conducts an in-person evaluation of a potential GD inmate, he/she shall forward a written report with treatment recommendations to the Mental Health Director for review. For any affirmative recommendations for hormone therapy or other medical interventions, the Mental Health Director shall review the report with the Transgender Committee. The Mental Health Director shall approve or deny the recommendations.

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5. Recommendations from the GD consultant are not binding on the DOC; the Bureau of Health Services has the authority and responsibility to determine what constitutes an inmate's necessary medical care.
6. If new information becomes available that would significantly affect an earlier recommendation (e.g. prior treatment records become available), the Mental Health Director may request a new evaluation or reconsider prior treatment decisions.
7. Due to the limitations inherent in being incarcerated, a real-life experience for the purpose of gender-reassignment therapy is not possible for inmates who reside within a correctional facility. However, treatment and accommodations may be provided to lessen gender dysphoria.

V. Transgender Committee

- A. Shall convene at least quarterly.
- B. Shall address issues pertaining to inmates or offenders who are transgender or diagnosed with GD or an intersex condition. Facility staff may address concerns regarding treatment or services to the Transgender Committee members.
- C. May consult with community-based providers who specialize in the evaluation and treatment of GD to make recommendations regarding medically necessary treatment.
- D. Shall make recommendations as needed regarding diagnosis, treatment, management issues, allowed property and accommodations.
- E. May consult with security staff at the facility where an inmate resides when making recommendations regarding management and plans of care.

VI. Release Planning

For inmates who will be on community supervision upon release, PSU staff shall inform an inmate's agent of the inmate's transgender status 60 days prior to release and make recommendations regarding appropriate conditions of supervision in the community.

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Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Paul Bekx, Medical Director

_____ **Date Signed:** _____
Dr. Kevin Kallas, Mental Health Director

_____ **Date Signed:** _____
Mary Muse, RN, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
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Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

- I. Staff
- II. Inmate
- III. Other