

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Management and Treatment of Transgender Offenders

Policy Number: 507.04.68

Effective Date: 02/01/2022

Page Number: 1 of 7

Authority:
Commissioner

Originating Division:
Health Services Division

Access Listing:
Level I: All Access

I. Introduction and Summary:

The Department will provide constitutionally appropriate medical and mental health treatment to offenders who have Gender Dysphoria and who are Transgender and Intersex. This policy is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders including County and Private Prisons.

II. Authority:

A. GDC Standard Operating Procedures (SOPs): 107.04 Risk and Needs Assessment, 206.01 Offender Personal Property, 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 209.01 Offender Discipline, 220.02 Security Classification, 220.03 Classification Committee, 220.05 Diagnostic Reception, Orientation, and Processing, 222.10 Security Procedures During Transport of Offenders, 226.01 Searches, Security Inspections, and Use of Permanent Logs, 226.02 Entry Security Procedures, 507.02.02 Confidentiality of Health Record and Release of Information, 507.04.21 Health Assessment and Medical Diagnostics, 507.04.25 Health Screening Offender Transfers, 508.04.19 Receiving Screening, and 508.14 Mental Health Reception Screen;

B. Estelle v. Gamble, 429 U.S. 97 (1976);

C. NCCHC 2018 Adult Standards: P-A-03, P-G-02, and P-E-12; and

D. ACA Standards: 5-ACI-3A-07, 5-ACI-6C-10, and 5-ACI-3D-08.

III. Definitions:

A. **Transgender** - When a person's gender identity (internal sense of being male or female) is different from the person's gender assigned at birth.

B. **Intersex** - An Intersex person is a person who is born with external genitalia, reproductive organs, chromosome patterns and/or endocrine systems that do not fit typical definitions of either male or female.

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C. **Gender Dysphoria** - refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. A Transgender or Intersex person may or may not have Gender Dysphoria.

IV. **Statement of Policy and Applicable Procedures:**

A. General Information:

1. Communication: Staff must communicate professionally with all offenders, including those with Gender Dysphoria and other gender non-conforming offenders. All offenders can be addressed by their last name without reference to specific identifiers and by substituting a gender-neutral term such as "offender" or "prisoner."
2. When making housing and programming assignments, the medical, mental health, and facility staff shall consider on a case-by-case basis whether a placement would compromise the offender's health and safety and any management or security concerns.
3. Separate housing dedicated specifically to Transgender or Intersex offenders shall not be established.
4. Staff shall not physically examine an offender for the sole purpose of determining the offender's genital status. If unknown, it may be determined during conversations with the offender, by reviewing medical records, or if necessary, as part of a broader medical examination conducted in private by a medical practitioner.
5. Once the determination is made as to what gender staff will conduct searches of a Transgender or Intersex offender, then, except in an emergency, only staff of that gender shall conduct any pat, strip, or body cavity search. In addition to the staff conducting the search, except in an emergency, there shall be at least one (1) other staff member present during the search, who shall not observe a

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strip or body cavity search unless the staff is of the same gender as staff generally allowed to conduct the search.

6. To be diagnosed with Gender Dysphoria, the offender must meet the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. While imprisonment provides unique challenges in the diagnosis and management of persons with Gender Dysphoria, the condition represents serious medical needs which may not be ignored. The best foundation for the appropriate management and for avoiding inappropriate interventions is a prompt initial medical screening, and a referral to a psychiatric provider and/or psychologist for a thorough medical and mental health evaluation, following by a collaborative multidisciplinary team meeting to collaborate on an individual management plan.

B. Multi-Disciplinary Team Recommendations:

1. Within thirty (30) days of admission to the facility or within thirty (30) days of a report to staff that an offender reports they have or have been diagnosed with Gender Dysphoria or are Transgender, Intersex or Gender Non-Conforming and requesting accommodations, the facility Classification Committee Chairperson, or designee, shall convene a multidisciplinary team composed of medical, mental health, security and PREA Coordinator's office, as well as any other staff deemed appropriate.
2. This multi-disciplinary team shall make recommendations about the following:
 - a. Whether male or female housing is appropriate for the offender;
 - b. Whether male or female staff will conduct searches;
 - c. Property items to be allowed;
 - d. Shower and toilet arrangements;

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- e. Any safety or security precautions required; and
 - f. Any other relevant decisions.
3. The multi-disciplinary team shall make recommendations based on all information available, including any evaluation for Gender Dysphoria and any relevant medical and/or mental health assessment. If there has been no evaluation at the facility for Gender Dysphoria, the multi-disciplinary team shall make a recommendation as to the need for such an evaluation. The multi-disciplinary team may also make a recommendation with respect to need for a further medical and/or mental health evaluation.
4. The recommendations shall be based on, but not limited to the following:
- a. The gender of the offender assigned at birth;
 - b. The offender's views with respect to his or her own identity and safety and whether or not those views have been consistent;
 - c. Any relevant characteristics of the offender, including physical stature, any tendency toward violence or predatory behavior, and any vulnerability to violence or predatory behavior;
 - d. Any relevant characteristics of other offenders with whom the person might be housed or come into contact;
 - e. Prior institutional history (for example, any previous management problems that impacted the safety or security of other persons or security within the facility);
 - f. Any co-occurring mental health issues; and
 - g. Any perceived risks to the continuing safety and health of the offender or others.

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5. The final decision on the recommendations shall be used in the development of the offender's case plan and classification.
6. It is the responsibility of the offender's treatment team to reassess all Transgender and Intersex persons in custody at least every six (6) months, or more frequently as deemed necessary.
7. All multi-disciplinary team meetings, as well as recommendations and decisions, including reasons, shall be entered into the offender's medical record.

C. Evaluation:

1. If an offender is believed to be, or self-reports that she/he has Gender Dysphoria, the medical provider shall ensure that the offender receives a complete medical history and physical examination. In conjunction with the mental health professional, specific historical details, including hormone use/prescriptions, surgical gender confirming surgery or cosmetic surgical procedures, shall be included. Documents supporting any claims of prior diagnosis, treatment, and living and working as their expressed gender shall always be sought. The offender's own views with respect to his or her own safety shall be given serious consideration. The evaluations and historical records shall be documented in the medical record.
2. Offenders will receive thorough medical and mental health evaluations from appropriately licensed and medical and mental health professionals. The evaluation will include an assessment of the offender's treatment and life experiences prior to incarceration as well as experiences during incarceration (including hormone therapy, completed or in-process surgical interventions, real life experience consistent with the offender's gender identity, private expressions that conform to the preferred gender and counseling).
3. If a referral from Mental Health is made to Medical, a treatment plan will be developed that promotes the physical and mental health of the patient. The

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development of the treatment plan is not solely dependent on services provided or the offender's life experiences prior to incarceration. Treatment plans will be reviewed and updated as necessary. Current, accepted standards of care will be used as a reference for developing the treatment plan.

4. Each treatment plan or denial of treatment must be approved by the Contract Vendor Statewide Medical Director and reviewed with the GDC Statewide Medical Director and GDC Statewide Mental Health Director. Any hormone therapy must be requested through the non-formulary review process. Profiles such as clothing and housing will comply with SOP 220.09, Classification and Management of Transgender and Intersex Offenders.
5. In summary, offenders in the custody of the Department who report to have symptoms consistent with or have been diagnosed with Gender Dysphoria will receive a current individualized assessment and evaluation.
6. Treatment options will not be precluded solely due to level of services received, or lack of services, prior to incarceration.

D. Hormonal Treatment:

1. Hormonal treatment of an offender with Gender Dysphoria may be undertaken if:
 - a. The offender has the capacity to make a fully informed decision and to consent to treatment;
 - b. The offender is at least eighteen (18) years of age;
 - c. Any significant medical or mental health concern(s) exist and are reasonably well controlled; and
 - d. Medical provider in consultation with Contract Vendor Statewide Medical Director, GDC Statewide Medical Director and Statewide Mental Health

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Director deems hormonal treatment is medically necessary for the treatment of the offender.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.