

# Transgender/Gender Diverse Inmates

## Guiding principles for working with Transgender/Gender diverse inmates in BC.

The purpose of this document is to provide information for staff to reference to ensure services provided to transgender/gender diverse inmates are consistent with BC Corrections Policy and the international standards of care as outline by the World Professional Association for Transgender Health (WPATH)

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## Definitions/Terminology

The terminology used to communicate is very important to create a respectful culture for all involved. The exact terms used at any point by an individual are much less important than upholding the principles of safety, dignity and respect.

It is important to remember that people in custody who fall within the scope of this policy may describe their gender identities and experiences in very diverse ways. This may be because they may be uncomfortable or unfamiliar with certain terms, or because they may be influenced by their beliefs about what explanation may get them the most acceptance within prison.

In this document, unless otherwise specified, the term **Trans** is used as an umbrella term meant to include all gender identities other than cisgender (see below for a definition of cisgender).

**Sex** refers to a person's status as male, female, or intersex based on biological and physiological characteristics. Sexes

## Adult Custody Policy – 4.10

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BC Corrections recently updated policy related to transgender inmates.

The adult custody policy now more clearly incorporates the principles of administrative fairness as they relate to placement considerations for transgender inmates.

Sec 4.10.3 of the policy outlines the search protocol to be employed for transgender inmates.

In addition, sec 4.10.8 of the policy outlines specific parameters around shared accommodation as it relates to housing transgender inmates.

are usually assigned at birth based on simple visual inspection of the genitals of a new-born baby.

**Gender** refers to a person's status as a man or boy, woman or girl, transgender person, non-binary person, and may also include Two-Spirit persons (definition in this section). Genders are usually assigned at birth on the assumption that males will be boys and that females will be girls.

**Gender identity** refers to a person's deeply felt intrinsic sense of their own gender.

**Gender expression** refers to how a person enacts gender in their everyday life. There are many reasons why a person may not feel that it is safe to express their gender identity in certain circumstances. Thus, a person's gender expression may, or may not, be a good representation of their gender identity.

**Social gender** is the gender in which a person lives their everyday life. A person's social gender may, or may not, express their gender identity. Similarly, it may, or may not, match what would typically be expected on the basis of their sex or gender assigned at birth.

**Cisgender** refers to people whose current sex and gender identities match the ones they were assigned at birth.

**The gender binary** refers to the idea that there are only two genders, men and women, and the expectation that everyone has to be one or the other.

**Non-binary gender identities** are adopted by people who reject the idea of the gender binary. They may identify as partially a man and partially a woman, or identify as sometimes a man and sometimes a woman, or identify as some gender other than a man or a woman, or as not having a gender at all. They most commonly use the pronouns they/them/their instead of he/him/his or she/her/hers. Some non-binary people consider themselves to be trans or transgender; some do not because they consider transgender to be part of the gender binary. The shorthand NB is sometimes used as a descriptor for non-binary.

**Two-Spirit** is an English-language term adopted by North American Indigenous peoples to communicate a broad range of identities used in Indigenous communities. Each Indigenous language has its own specific terms and nuanced cultural meanings. Two-Spirit can encompass any kind of gender identity or sexual orientation other than cisgender and heterosexual. Some

people identify only as Two-Spirit. Some people identify as Two-Spirit and also lesbian, or gay, or bisexual, or transgender, or non-binary. Only Indigenous people should call themselves Two-Spirit.

**Gender nonconformity** refers to the extent to which a person's gender identity or gender expression differs from what is typically expected for people assigned a particular sex or gender at birth.

**Transgender** or **Trans** are umbrella terms used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex and gender to which they were assigned at birth. It should always be used as an adjective (as in "trans people") and never as a noun (do not call people "transgenders") and never as a verb (do not say that someone transgendered).

**Gender dysphoria** is a medical diagnosis. It describes distress, unhappiness and discomfort experienced by someone when their physical body and the gender they were assigned at birth does not match their gender identity.

**Transition** refers to procedures that people use to change from living as the gender they were assigned at birth to living as a gender that better matches their gender identity. People may transition only socially by using methods such as changing their name, clothing and accessories, hair styles, and/or the ways that they move and speak. Prosthetics, hair-pieces/wigs, and/or chest-binders may also be used. Transitioning may also involve using hormones and/or surgeries to alter a person's physical body.

**Transfeminine** refers to anyone who was assigned male at birth and does not identify as a man. Transfeminine people may identify as trans women, as non-binary, or as Two-Spirit.

**Transgender Women or Trans Women** are individuals who were assigned male at birth but who have gender identities as women. They may, or may not, have undergone any transition.

**MTF or Male-to-Female** are older terms that are falling out of use.

**Crossdressers** are people who usually identify as heterosexual men and who dress as women on a part-time basis. When crossdressing is accompanied by sexual arousal, a medical diagnosis that is sometimes applied is **Autogynephilia**. Many crossdressers identify as transfeminine and/or non-binary. An older and mostly abandoned term for the phenomenon is **Transvestite**. A small proportion of crossdressers undertake transition later in life.

**Transmasculine** refers to anyone who was assigned female at birth and does not identify as a woman. Transmasculine people may identify as trans men, as non-binary, or as Two-Spirit.

**Transgender Men or Trans Men** are individuals who were assigned female at birth but who have gender identities as men. They may, or may not, have undergone any transition.

**FTM or Female-to-Male** are older terms that are falling out of use.

**Transsexual** is an older term that refers to people who move, or wish to move, from one side of the gender binary to the other. Transsexual people most often seek to change their bodies through medical interventions including hormones and surgeries. The term is often preferred by many people who have undergone comprehensive medical transitions.

**Tranny** is an older term for trans people and is considered derogatory today when used by cisgender people.

## Overview:

BC Corrections consistently endeavors to ensure that every staff member, volunteer and inmate is treated with dignity and respect. In 2015, Ontario became the first Canadian province to create and implement policies related to the needs of transgender inmates. Shortly afterwards, in British Columbia, BC Corrections created and implement similar policies. Most recently, BC Corrections published a revised version of sec 4.10 *Transgender Inmates, Adult Custody Policy*, in September 2018. The purpose of this policy is to ensure that trans-inmates receive respect, support and fairness while in custody at provincial correctional centres. This policy will be subject to periodic reviews to assess effectiveness and inform revisions that are consistent with a progression in trans-care services.

This guide has been created to augment the policy with recommended best practices as informed by academic articles, international transgender advocacy organizations, and human rights commissions. The principles outlined in this guide are suggested best practices that support the specific health and safety needs of the transgender population incarcerated in a provincial correctional centre.

Overall policy and practices concerning transgender and gender diverse inmates will be overseen by the deputy provincial director of BC Corrections' Adult Custody Division, and the Medical Director of Correctional health Services. An analyst from the headquarters division will assist in facilitation of training, consultation, and support to front line staff. As noted in the placement portion of this guide and as outlined in sec 4.10.4 *Transgender Inmates, Adult Custody Policy*, all decisions related

to the placement of transgender inmates who have requested a placement review are made by the multi-disciplinary committee. This committee is made up of correctional and health professionals. Decisions are communicated to inmates according to sec 4.10.4 *Transgender Inmates, Adult Custody Policy*. Transgender inmates will have the same classification and placement options and the same access to services and programs as all other inmates in the custody of BC Corrections.

## **Establishing Gender Identity**

BC Corrections acknowledges the individual's right to self-identify as transgender. Transgender inmates are to be managed according to their self-identified gender in all stages of incarceration to provide non-discriminatory, safe and secure management. This includes the use of pronouns and naming conventions as informed by the inmate.

Inmates should be managed according to the gender with which they identify at the time of their incarceration regardless of how they identified their gender in previous periods of incarceration, or prior to incarceration.

It is recognized that a transgender inmate may change their identity during a period of incarceration. This may be attributed to the inmate not self-identifying as transgender upon intake because of fear that they may be subjected to physical harm or ridicule from other inmates or staff, or from previous negative experiences.

Staff will not physically examine a transgender inmate for the sole purpose of determining the inmate's genital status. Gender identification may be determined during conversations with the inmate or by speaking with health care services.

## **Confidentiality**

Information about a transgender inmate's gender identity is highly sensitive information with potentially serious safety and security consequences. Steps are taken to maximize the privacy and confidentiality of any information related to an inmate's gender identity.

Information about an inmate's gender identity should only be shared with those directly involved with the inmate's care, and only when relevant. Staff should never reveal information about an inmate's gender reassignment to other inmates without the permission of the transgender inmate concerned.

Inmates have the right to know what information about their gender identity is shared with sub-contractors and other agencies. Information should only be shared according to the allowable provisions with the *Freedom of Information and Protection of Privacy Act (FOIPPA)*.

Any questions or concerns regarding the interpretation of FOIPPA can be directed to the Privacy and High Risk Notification Analyst at BC Corrections headquarters.

## Assessments

Standardized risk assessments are completed for all inmates as per Adult Custody policy. It is acknowledged that transgender inmates may be at an increased vulnerability to be victimized by other inmates and as such appropriate considerations should be made during the initial placement process.

As per sec. 4.10.4 *Transgender Inmates: Adult Custody Policy*, case managers meet within 5 days of any specific placement request made by a transgender inmate to discuss preliminary placement plans. An admission questionnaire has been created to assist case management officers when making interim placement decisions related to a transgender inmate (See Appendix).

An assessment of all available housing options should be completed for transgender inmates. Housing in voluntary segregation is considered when it has been determined there are no other options available. Segregation should not be exclusively relied on to ensure safety of vulnerable transgender inmates.

## Searches

Transgender inmates are provided the opportunity to state their preferred gender of the correctional staff responsible for conducting searches. This applies to pat frisk and strip searches. If a split search as defined in section 4.10.3 ACP is elected, the inmate is to be provided the opportunity to choose which body parts are to be searched by whom.

Except in emergencies or when operationally impossible, searches of transgender inmates are to be conducted by officers of the gender chosen by the inmate.

Individualized search protocols for transgender inmates should be discussed during private consultation with the inmate and correctional supervisor. During this private consultation the inmate should be sensitively asked about any gender expression personal items such as prosthetics (pant stuffer, gaff), wigs or chest-binders so the officer may inform the inmate of the expectation that the item will be have to be removed during the search process. The officer may also choose at this point to advise the inmate that the identified item will also be searched to ensure it has not been tampered with. Items are to be returned to the inmate unless there are safety and security concerns noted.

Any physical variation due to gender transitioning that is encountered during a search should be responded to in a similar professional and respectful manner as would be done with a physical variation encountered due to a disability.

## Case Management

When inmates identify themselves as transgender or gender diverse, case management officers ensure the inmate is made aware of sec. 4.10 of *Adult Custody Policy* and the provisions within as they apply to the inmate. The inmate is invited to participate in identifying their needs that fall outside of the scope of the current policy. Correctional staff attempt to assist the inmate in meeting any identified needs without jeopardizing the safety and security of other inmates, staff and the centre overall.

Center based case managers should be identified to the inmate upon intake. Periodic dialogue should occur between the inmate and the case managers to assist with identifying programming and release planning needs. Correctional Health Services should be invited to provide input relating to the case management needs of the inmate.

Monthly case conferences occur with the multi-disciplinary committee for each identified transgender inmate. Correctional case managers and Correctional Health Services staff are invited to participate in the monthly case conference calls and should contact the deputy warden responsible for offender management to participate. The case manager may choose to invite the inmate to participate in the monthly case conference calls specific to that individual.

Monthly case conference calls are used to discuss case management issues relevant to the identified inmate and occur with the intention of increasing responsiveness to the needs of this population. Information discussed during case conference calls is confidential and is only disclosed according to the *Freedom of Information and Protection of Privacy Act*.

## Services

Transgender inmates are provided with the same access to services and programs as other inmates.

Sec. 4.10.6 of *Adult Custody Policy* outlines permitted effects for transgender inmates. Transgender inmates are permitted access to institutional underclothing consistent with the gender they wish to express and are permitted to order canteen items that support their gender expression unless there are safety and security reasons as determined by the warden.

Personal items may be requested to express gender. Individuals are permitted to retain these items, both in the correctional centre and upon release or transport between centres, unless there are safety and security reasons as determined by the warden.

When health reasons are identified as the basis for the request for personal items, correctional staff consult Correctional Health Services.

Transgender inmates will be given access to shower and toilet facilities separate from cis-gender inmates for safety and privacy purposes.



## Health Management

Custody centres have a responsibility to ensure the physical and mental health and well-being of all inmates in their custody. The following principles are influenced by the National Commission on Correctional Health Care and guide correctional health professionals in addressing the needs of transgender patients:

- Since transgender/gender diverse individuals are common targets for violence, health care staff should work with custody staff to ensure that appropriate safety measures are taken.
- Medical screening should include inquiries about an individual's gender identity, and sexual activity;
- Confidential HIV and STI testing and care should be provided to all patients;
- Gynecological and obstetrical care should be provided when indicated;
- The management of medical transgender care should follow accepted World Professional Association for Transgender Health standards of care developed by professionals with expertise in transgender health. Determination of treatment necessary for transgender patients should be on a case-by-case basis.
- Transgender patients should have access to professionals with expertise in transgender care to help determine appropriate management and provide training on gender-related care;
- Medical treatment should be made available to all transgender patients as needed regardless if the inmate was receiving treatment prior to admission;
- Transition and/or maintenance treatment should not be restricted or limited;
- Mental health evaluations that assess an array of mental health issues, including those related to gender identity should be provided;
- Counselling should be provided to patients who are experiencing or have experienced sexual trauma;
- Medical staff should ensure that canteen items consistent with an individual's gender identity are available;
- Transgender patients who received hormone therapy, with or without a prescription, prior to incarceration should have that therapy continued without interruption pending evaluation by a specialist. Hormone therapy should not be discontinued suddenly as this will likely cause depression and anxiety.
- Transgender patients who have not received hormone therapy prior to incarceration should be evaluated by a health care provider qualified in the area of gender-related health care to determine their treatment needs;
- When determined to be medically necessary for a particular patient, hormone therapy should be initiated and regular laboratory monitoring should be conducted according to community medical standards;
- Treatment for genital self-harm or for complications arising from self-treatment should be provided when medically necessary;
- Transgender patients should have access to services that assist in addressing self-acceptance.

- Transgender patients should be provided with patient education materials on treatments and transitioning.
- Transgender patients receiving hormone therapy should receive a sufficient supply upon release to last until a community provider assumes care. Referrals should be made to community-based organizations with sensitive and inclusive services for transgender people.

All questions or concerns regarding the medical needs of transgender inmates should be directed to the Correctional Health Services manager.

## Placement/Housing

Transgender inmates are to be placed in a correctional centre on a case-by-case basis with consideration of individual factors such as their self-identified gender, housing preference, nature of current offence, criminal history, risk of victimization, and custodial history.

As per sec. 4.10.4 of *Adult Custody Policy*, a transgender inmate may be accommodated by a transfer to a different institution or they may be accommodated within the institution where they are admitted if appropriate services and accommodation can be provided. Each transgender inmate should be involved in the decision-making process about their placement and housing. Transgender inmates' own views on their safety should be given consideration.

When a transgender inmate submits a request for transfer, an individualized assessment is required to determine appropriate placement. The request is to be forwarded to the deputy warden of offender management and the multi-disciplinary committee for review. The provincial director of adult custody, the director of mental health services and Correctional Health Services are informed of the request.

The multi-disciplinary committee will review the request and communicate a decision in writing to the inmate within 30 days or sooner.

Sec. 4.10.8 of *Adult Custody Policy* notes that a transgender inmate who is housed according to their sex assigned at birth is not required to share a cell with a cisgender inmate.

A trans woman who has not undergone gender affirmation surgery and is housed in a female institution, will not share a cell with a cisgender female, unless the warden, or designate, has assessed that a shared cell is sufficiently safe and provides sufficient privacy for both the transgender and cisgender inmate.

A trans man who has not undergone gender affirmation surgery and is housed in a male institution, will not share a cell with another cisgender inmate, unless the warden, or designate, has assessed that a shared cell is sufficiently safe and provides sufficient privacy for both the transgender and cisgender inmate.

If a transmasculine inmate in a male institution is living as a man without gender affirmation surgery and requests to be placed in a female institution due concerns about sexual assault risk, then he should



be kept out of association of other inmates until such time a case conference occurs with the case manager, deputy warden and director of mental health.

Whenever possible trans inmates should be integrated into the general population and not isolated based on gender unless there are overriding health and safety concern that cannot be resolved.

Concerns related to the placement of trans inmates should be immediately communicated to the warden or designate.

## **Training**

Transgender policy is supported by training and education of staff and, where appropriate, inmates. Content related to gender identity and gender expression will be incorporated into foundational training programs, and will be periodically reviewed and updated.

As new or updated policy documents, communications, and inmate programs are implemented, they will reflect gender-inclusive language rather than binary language.

## TRANSGENDER ADMISSION QUESTIONNAIRE *to inform placement, assessment & case management*

\*\*\* Section A is completed during admission, with all applicable inmates, in as confidential a manner as possible (preferably in a separate space).

\*\*\* Section B is completed by the case management officer.

### A. Inmate data:

Inmate's name as per legal document:

CS #:

Do you go by a name different from that on the legal document?

☐ Yes ☐ No ☐ Prefer not to say

If yes, what is your identified name?

Which of the following do you identify as your gender?

☐ Male ☐ Female ☐ Trans Man ☐ Trans Woman ☐ Non-binary ☐ Two Spirit

Other:

Is this different from your birth-assigned sex? ☐ Yes ☐ No ☐ Declined to answer

What pronoun do you use? (eg. she/he/they)

#### ▪ Searches:

Which gender of staff do you prefer to preform Pat & Frisk searches? ☐ Male ☐ Female ☐ Split

Which gender of staff do you prefer to preform Strip searches? ☐ Male ☐ Female ☐ Split

Any additional information (for split searches specify which part of the search is to be conducted by a male Correctional Officer and which part by a female Correctional Officer):

#### ▪ Clothing and personal items:

\*\*\* Explain that clothing is assigned by unit placement but that underwear will be provided in accordance with gender identity

What type of underwear do you require ☐ Briefs ☐ Panties ☐ Bra

Do you require any personal items to express your gender? ☐ Yes ☐ No

(e.g., prosthetics, binders, brassieres, hair elastics, etc.)

Any additional information (was clothing provided consistent with the inmate's gender identity/if offender's preferred clothing was not provided document rationale and interim/next best solutions implemented/if personal items are required specify what those items are):

### Placement:

- Placement assigned:

**TRANSGENDER ADMISSION QUESTIONNAIRE**  
*to inform placement, assessment & case management*

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**Do you require accommodation/have any needs that may impact your placement and care?** ☐ Yes ☐ No ☐ Declined to answer

Any additional information/details:

**Notifications** (if appropriate):

Warden or designate (i.e. immediate supervisor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Care Manager or designate (i.e. health care professional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy and Program Analyst (Resp. for Trans Gender portfolio)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Completed by:**

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Name (print)

Signature

Date

**TRANSGENDER ADMISSION QUESTIONNAIRE**  
***to inform placement, assessment & case management***

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**B. Interim Placement Decision** *(to be completed by the case management officer and reviewed by the multi - disciplinary committee):*

Facility: \_\_\_\_\_ Unit Placement (location): \_\_\_\_\_

Does this placement correspond with the inmate's needs?  
(e.g., gender, protective custody, medical/mental health)

☐ Yes ☐ No

Is this placement consistent with the offender's unit placement preference?

☐ Yes ☐ No

Does the offender agree with the placement decision?

☐ Yes ☐ No

If no, was information provided about the complaint and appeal process?

☐ Yes ☐ No

**Completed by:**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Placement Decision Details** *(to be completed by the case manager and informed by the multi-disciplinary committee):*

**Please document details** (reasons for placement, steps taken to mitigate any safety or health concerns, any interim solutions implemented, any disagreement with the placement decision, any needs requiring consideration, etc.)

*\* Completed form must be uploaded to CORNET.*