Institutions

Background

This chapter addresses care for transgender and gender diverse (TGD) individuals who reside in institutions. By definition, institutions are facilities or establishments in which people live and receive care in a congregate or large group setting, where individuals may or may not have freedom of movement, individual consent or agency. Carceral facilities (correctional facilities, immigration detention centers, jails, juvenile detention centers) and noncarceral facilities (long-term care facilities, in-patient psychiatric facilities, domiciliaries, hospice/palliative care, assisted living facilities) are residential institutions where health care access for transgender persons may be provided.

Much of the evidence in support of proper care of TGD persons comes from carceral settings. However, the recommendations put forth here apply to all institutions that house TGD individuals, both carceral and noncarceral (Porter et al 2016). All of the recommendations of the Standards of Care apply equally to people living in both types of institutions. People should have access to these medically necessary treatments irrespective of their housing situation within an institution (Brown, 2009). Gender affirming care for institutionalized people should mirror that which is available in the relevant community or region for the non-institutionalized public.

TGD residents in carceral facilities report that the lack of access to transgender-specific health care is ranked as their number one concern while incarcerated (Brown, 2014; Emmer et al, 2011). Controlled studies show clinically significant health and mental health disparities for justice-involved transgender people compared to matched groups of transgender people who have not been incarcerated or jailed (Brown and Jones, 2015). Too often the agencies, structures, and personnel that provide care are lacking in knowledge, training, and capacity to care for gender diverse people (Clark, White & Pachankis, 2017). Discrimination against TGD residents in palliative care settings, including hospice, is common and the needs of TGD patients or their surrogates have been ignored in these settings (Stein, et al, 2020). This is one reason why lesbian, gay, bisexual and transgender (LGBT) patients choose to hide their sexual and/or gender identity when they enter a nursing home despite the fact that prior to their admission to the facility they had been living publicly as a LGBT-identified person (Carroll, 2017; Serifin, Smith, & Keltz, 2013; Pulney, Keary, Hebert, Krinsky & Halmo, 2018).

Summary of Recommendations

Statement 1: We recommend that healthcare professionals responsible for providing gender affirming care to individuals residing in institutions (or associated with institutions or agencies) recognize that the entire recommendations of the SOC-8, apply equally to people living in institutions.

Statement 2: We suggest that institutions provide all staff with training on gender diversity.

Statement 3: We recommend that medical professionals charged with prescribing and monitoring hormones for TGD individuals living in institutions who are in need of gender affirming hormone therapy do so without undue delay and in accordance with the SOC-8.

Statement 4: We recommend that staff and professionals charged with providing healthcare to TGD individuals living in institutions recommend and support gender affirming surgical treatments in accordance with the SOC-8, when sought by the individual, without undue delay.

Statement 5: We recommend that administrators, healthcare professionals, and all others working in institutions charged with the responsibility of caring for TGD individuals allow those individuals who request appropriate clothing and grooming items to obtain such items concordant with their gender expression.

Statement 6: We recommend all institutional staff address TGD individuals by their chosen names and pronouns at all times.

Statement 7: We recommend that institutional administrators, healthcare professionals, and other officials responsible for making housing decisions for TGD residents consider the individual's housing preference, gender identity and expression, and safety considerations, rather than solely on their anatomy or sex of assignment at birth.

Statement 8: We recommend that institutional personnel establish housing policies that ensure the safety of TGD residents without segregating or isolating these individuals.

Statement 9: We recommend that institutional personnel allow TGD residents the private use of shower and toilet facilities, upon request.

All of these statements have been recommended, based on a thorough review of the literature, and a favorable risk-benefit ratio of following the above recommendations. We recognize that in some cases evidence is limited, and the majority of the available literature related to institutions focuses on those who are incarcerated in jails, prisons, or other penal environments. Literature on other institutional types were also considered and referenced where available. The recommendations summarized above are generalizable to a variety of institutional settings that have characteristics in common, including extended periods of stay, loss of, or limited agency, and reliance on institutional staff for some or all of the basic necessities of life.

All of these statements have been recommended, based on a thorough review of the literature, and a favorable risk-benefit ratio of following the above recommendations. We recognize that in some cases evidence is limited, and the majority of the available literature related to institutions focuses on carceral settings. Literature on noncarceral facilities, although less numerous, were also considered and referenced where available. The recommendations summarized above are generalizable to a variety of institutional settings that have characteristics in common, including extended periods of stay, loss of, or limited agency, and reliance on institutional staff for some or all of the basic necessities of life.

Statement 1:

We recommend that healthcare professionals responsible for providing gender affirming care to individuals residing in institutions (or associated with institutions or agencies) recognize that the entire recommendations of the SOC-8, apply equally to TGD people living in institutions.

Just as people living in institutions require and deserve mental and medical healthcare in general and in specialty areas, we recognize TGD people are in these institutions and thus need care specific to TGD concerns. We recommend the application of the SOC to people living in institutions as basic principles of healthcare and ethics (Beauchamp & Childress, 2019; Pope & Vasquez, 2016). Additionally, numerous courts have long upheld the need to provide TGD-informed care based in the WPATH SOC to people living in institutions as well (e.g., Koselik v. Massachusetts, 2002; Edmo v. Idaho Department of Corrections, 2020).

Statement 2:
We suggest that institutions provide all staff with training on gender diversity.

Because TGD care is a complex interdisciplinary specialty, it requires specialized training as outlined in this SOC Version 8. While the level of training will vary based on the staff member's role within the institutional setting, all staff will need training in addressing residents appropriately while other clinical staff may need more intensive training and/or consultation. Misgendering institutionalized residents, not allowing for gender appropriate clothing, shower facilities, or housing, and not using preferred names communicate a lack of respect for TGD residents who may experience repeated indignities as emotionally traumatic, depressing, and anxiety-producing. By providing all institutional staff with training on gender diversity and basic competence in transgender-related health care issues, these harms can be prevented (Hafford-Letchfield, et al, 2017). Surveys indicate significant knowledge gaps in those working with incarcerated individuals as well as in noncarceral settings like palliative care (Stein, et al, 2020; White, et al, 2016). Hafford-Letchfied, et al, (2017) showed benefit to training residential long term care staff when such training began with "Recognising LBGT issues" exist in "care homes". If the assigned healthcare providers lack the expertise to assess and/or treat gender diverse persons under their charge, outside consultation should be sought from professionals with expertise in the provision of gender affirming healthcare (Bromdal, et al, 2019; Sevelius and Jenness, 2017).

Statement 3:
We recommend that medical professionals charged with prescribing and monitoring hormones for TGD individuals living in institutions who are in need of gender affirming hormone therapy do so without undue delay and in accordance with the SOC-8.

TGD persons may be admitted to institutions in need of evaluation for gender affirming hormonal care or may develop this need after they have resided in an institutional setting for varying degrees of time. It is not uncommon for TGD persons to be denied access to hormonal care for months or years after making such needs known (K osilek v. Massachusetts, 2002; Keohane, 2018; Monroe v. Baldwin, et al, 2019), resulting in significant negative mental health outcomes to include depression, anxiety, suicidality, and surgical self-treatment risks (Brown, 2010). As with all medically necessary health care, access to gender affirming hormone therapies should be provided in a timely fashion when indicated for a TGD resident, in both carceral and noncarceral institutional environments.

TGD elderly people living in long-term care facilities have unique needs (Boyd, 2019; Caroll, 2017; Porter, 2016). When elderly individuals request hormonal treatment, physicians should assess pre-existing conditions, but rarely do such conditions absolutely contraindicate administering hormones in this population (Ettner, 2013). People with gender incongruence in institutions may also have coexisting mental health conditions (Cole et al., 1997; Brown and Jones, 2015). These conditions should be evaluated and treated appropriately as part of the overall assessment. Those on hormones must be closely medically monitored to avoid potential drug interactions and polypharmacy (Hembree, et al, 2017).

TGD persons who enter an institution on an appropriate regimen of gender-affirming hormone therapy should be continued on the same, or similar, therapies and monitored according to the SOC-8. A “freeze frame” approach is not considered appropriate care in most situations (Kosilek v Massachusetts, 2002). A “freeze frame” approach is the outmoded practice of keeping TGD persons on the same dose of hormones throughout their institutionalization as they were receiving upon admission, even if that dose was an initiation (low) dose. TGD persons who are deemed appropriate for de novo gender affirming hormone therapy (following the SOC-8) should be started on such therapy just as they would outside of an institution (Brown 2009; Adams v. Federal Bureau of Prisons, No. 09-10272 [D. MO June 7, 2010]). The consequences of abrupt withdrawal of hormones or lack of initiation of hormone therapy when medically necessary include a significant likelihood of negative outcomes (Brown, 2010; Sundstrom and Fields v. Frank, 2011) such as surgical self-treatment by autocastration, depressed mood, increased gender dysphoria, and/or suicidality (Brown, 2010; Maruri, 2011).

If an individual in an institution does receive gender affirming hormones and/or surgeries, decisions regarding housing in sex-segregated facilities may need to be reassessed for the safety and well-being of the TGD person (Ministry of Justice [UK], 2016).

Statement 4:
We recommend that staff and professionals charged with providing healthcare to TGD individuals living in institutions recommend and support gender affirming surgical treatments in accordance with SOC-8, when sought by the individual, without undue delay.

TGD people with Gender Dysphoria should have an appropriate treatment plan to provide medically necessary surgical treatments with similar elements to those who reside outside institutions (Brown 2009; Adams v. Federal Bureau of Prisons, No. 09-10272 [D. MO June 7, 2010]; Edmo v. Idaho Department of Corrections, 2020). The consequences of denial or lack of access to gender affirming surgeries for residents of institutions who cannot access such care outside of their institutions may be serious, including substantial worsening of gender dysphoria symptoms, depression, anxiety, suicidality, and the possibility of surgical self-treatment (e.g., autocastration or autopenectomy; Brown, 2010, Maruri, 2011; Edmo v. Idaho Department of Corrections, 2020). It is not uncommon for residents of institutions to be denied access to evaluation for gender affirming surgery as well as denial of the treatment itself, even when medically necessary (Kosilek v. Massachusetts/Dennehy, 2012; Edmo v. Idaho Department of Corrections, 2020). The denial of medically necessary evaluations for, and the provision of, gender affirming surgical treatments is inappropriate and inconsistent with these Standards of Care.

Statement 5:

We recommend that administrators, healthcare professionals, and all others working in institutions charged with the responsibility of caring for TGD individuals allow those individuals who request appropriate clothing and grooming items to obtain such items concordant with their gender expression.

Gender expression refers to people having hairstyles, grooming products, clothing, names, and pronouns associated with their gender identity in their culture and/or community (American Psychological Association, 2015; Hembree et al., 2017). Gender expression is the norm among most people within a culture or a community. Social transition is the process of T/GD persons beginning and continuing to express their gender identity in ways that are socially perceptible. Often, social transition involves behavior and public presentation differing from what is usually expected for people assigned a given legal gender marker at birth. A gender marker is the legal label for a person's sex which is typically assigned or designated at birth on official documents (American Psychological Association, 2015). This is most commonly recorded as male or female, but also intersex or "X" in some municipalities. TGD individuals need the same rights to gender expression afforded cisgender people living both outside and inside institutional settings. Staff acceptance of social transition also sets a tone of respect and affirmation that may enhance respect and affirmation with others residing in the institution, thereby increasing safety and reducing some aspects of gender incongruence

Research indicates that social transition and congruent gender expression have a significant beneficial effect on the mental health of TGD people. (Boedecker, 2018; Devor, 2004; Bockting and Coleman, 2007; Glynn et al., 2016; Russell et al., 2018). For a concordant gender expression, these recommendations include being allowed to wear gender congruent clothing and hairstyles, to obtain and use gender-appropriate hygiene and grooming products, to be addressed by a chosen name or legal last name (even if unable to change the assigned name legally yet), and to be addressed by a pronoun consistent with one's identity. These elements of gender expression and social transition, individually or collectively as indicated by the individual's needs, reduce gender dysphoria/incongruence, depression, anxiety, self-harm ideation and behavior, suicidal ideation and attempts (Russell et al., 2018). Furthermore, these elements of congruent gender expression enhance well-being and functioning (Glynn et al., 2016).

Statement 6:

We recommend all institutional staff address TGD individuals by their chosen names and pronouns at all times.

Given that an increasing percentage of people openly identify as gender diverse, there is a need to develop and implement practices and policies that meet the needs of these people irrespective of where they live (McCauley et al 2017). In approaching these recommendations, there was recognition that gender expansiveness can challenge some institutional norms where TGD people live. However, all institutions have the responsibility to provide for the safety and well-being of all persons living therein (Kosilek v Massachusetts 2002; Edmo v. Idaho Department of Corrections, 2020; NCCHC, 2015; Corrective Services NSW, Australia, 2015). Sevelius and colleagues (2020) demonstrated that correct pronoun usage is gender affirming for trans women and correlates with positive mental health and HIV-related health outcomes.

Statement 7:

We recommend that institutional administrators, healthcare professionals, and other officials responsible for making housing decisions for TGD residents consider the individual's housing preference, gender identity and expression, and safety considerations, rather than solely on their anatomy or sex of assignment at birth.

The separation of people based on sex assigned at birth, a policy almost universally implemented in institutional settings (Brown and McDuffie, 2009; Routh et al, 2017), can create an inherently dangerous environment (Ledesma & Ford, 2020). Gender diverse people are extremely vulnerable to stigmatization, victimization, neglect, violence and sexual abuse (Banbury, 2004; Beck, 2014; Jenness and Fenstermaker, 2016; Malkin & DeJong, 2018; Oparah, 2012; Stein, et al, 2020). This systemic sex-segregated rigidity often fails to keep TGD people safe and may impede access to gender affirming healthcare (Stohr, 2015). As a result, major institutions, e.g. the Federal Bureau of Prisons in the USA, follow procedures that routinely evaluate the housing needs and preferences of TGD inmates (Federal Bureau of Prisons, 2016). Likewise the Prison Rape Elimination Act specifically cites TGD individuals as a vulnerable population and directs prisons nationwide in the USA to consider the housing preferences of these inmates (Bureau of Justice Assistance, 2017).

Statement 8:

We recommend that institutional personnel establish housing policies that ensure the safety of transgender and gender diverse residents without segregating or isolating these individuals.

Assigning placement for a TGD resident solely on the basis of their genital anatomy or sex assigned at birth, is misguided and places people at risk for physical and/or psychological harm (Simopoulos and Khin, 2014; Yona & Katri, 2020; Scott, 2013). It is well established that within carceral settings, transgender individuals are far more likely than other prisoners to be sexually harassed and/or assaulted (James et al., 2016; Jenness, 2016; Malkin & DeJong, 2019). While placement decisions need to address security concerns, shared decision-making, including the input of the individual, should be made on a case-by-case basis (Federal Bureau of Prisons, 2016; Jenness and Smyth, 2011). Some trans women prefer to reside in a male facility while others feel safer in a female facility. Given that the range of gender identities, expression and transition status is so heterogeneous among gender diverse people, keeping residents safe requires flexible decision-making processes (Yona & Katri, 2020). One of the fears that older LBGT individuals have living in long-term care is mistreatment by roommates (Jablonski, Vance, & Beattie, 2013). Consequently, housing in nursing homes and assisted living facilities should consider assigning rooms to elders based on their self-identified gender without regard to birth assignment or surgical history, and in collaboration with the TGD patient.

Solitary confinement, sometimes referred to as administrative segregation in carceral facilities, refers to physical isolation of individuals in which they are confined in their cells for around twenty-three hours each day. The use of isolation is employed in some carceral facilities as a disciplinary measure as well as a means of protecting prisoners who are considered a risk to themselves or others, at risk of sexual assault by other inmates, or to the orderly functioning of the facility. TGD prisoners often choose voluntary isolation to avoid harm from other prisoners. However, isolating prisoners for safety concerns, if necessary, should be brief, as isolation can cause severe psychological harm and gross disturbances of functioning (Ahalt, et al, 2017; Scharff Smith, 2006). National prison standards organizations as well as The United Nations considers isolation longer than 15 days to be torture. (NCCHC, 2016; United Nations, 2015).

Statement 9:
We recommend that institutional personnel allow transgender and gender diverse residents the private use of shower and toilet facilities, upon request.

The necessity and importance of privacy is universal irrespective of gender identity. TGD individuals report avoiding public restrooms, limiting the amount they eat and drink so as not to have to use a public facility, often leading to urinary tract infections and kidney related problems (James et al., 2016). TGD individuals in institutions are often deprived of privacy in bathroom and shower use, which can result in psychological harm and/or physical and sexual abuse (Bartels and Lynch, 2017; Brown, 2014; Cook-Daniels, 2016; Mann, 2006) . Similarly, in carceral environments, pat downs, strip searches and body cavity searches should be conducted by staff members of the same sex with the understanding that this may not be possible in extreme emergencies. The incidental viewing of searches by other employees should be avoided (Bureau of Justice Assistance, 2017).

The population of aging/older TGD persons who need to be served by institutions is increasing (Caroll, 2017; Witten and Eyler, 2016). Many long term care and other facilities catering to the needs of the aging need to take into consideration the needs of their non-cisgender residents (Ettner, 2016; Ettner & Wiley, 2016). Surveys of clinicians working with elders in hospice and palliative care settings as well as other long-term care facilities report that patients who identify as TGD often do not get their basic needs met, are discriminated against in their medical care access, or are physically and/or emotionally abused (Stein, et al, 2020; Pulney, Keary, Hebert, Krinsky & Halmo, 2018) A survey of retirement and residential care providers in Australia found little experience with, or understanding of, the issues facing this population. Indeed, many elderly TGD residents admitted to concealing their gender identity, bowing to the fear of insensitive treatment or frank discrimination (Cartwright, et al, 2012; Cook-Daniels; 2016; Grant, et al, 2012; Horner, et al, 2012; Orel & Fruhauf, 2015).

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